

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014823</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/26/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SOUTH SHORE REHABILITATION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2425 EAST 71ST STREET CHICAGO, IL 60649</b>
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S 000	Initial Comments  Annual Health Licensure Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations (1 of 5):  300.610a) 300.1210b) 300.1210c) 300.1210d)6) 300.1220b)3)  Section 300.610 Resident Care Policies  a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility.  Section 300.1210 General Requirements for Nursing and Personal Care  b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal	S9999		

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
Electronically Signed

TITLE

(X6) DATE  
08/09/24

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S9999	<p>Continued From page 1</p> <p>care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. These requirements were not met as evidenced by:</p> <p>Based on interviews and record reviews, the facility failed to supervise and use the appropriate shower equipment for one (R147) resident out of</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>a total sample of 36 residents reviewed for falls. This failure resulted in R147 falling out of the shower chair and sustaining a closed nondisplaced fracture of the greater trochanter of the right femur.</p> <p>Findings include:</p> <p>R147's Admission Record documents in part medical diagnoses of dementia, seizures, cerebral infarction, hemiplegia and hemiparesis affecting the right dominant side.</p> <p>R147's 5/10/2024 Fall Risk Screen documents in part that R147 is at moderate risk for falls.</p> <p>R147's comprehensive care plan documents in part that R147 has a potential for falls and is at risk for injury from falls (initiated 10/02/2023). Intervention includes to "Anticipate and meet resident's needs" (initiated 10/21/2022). It documents in part that R147 had an actual fall on 6/26/2024 resulting in right trochanter fracture.</p> <p>On 7/23/2024 at 1:09 PM, R136 (R147's roommate) stated R136 was in the hallway when R136 saw V29 (Certified Nurse Aide-CNA) bring R147 from the shower room to the bedroom. R136 stated, "[R147] was in the shower chair, then I just heard staff say [R147] was on the floor."</p> <p>Facility's working schedule for 6/26/2024 documents in part that facility assigned V29 to care for R147 that morning.</p> <p>On 7/23/2024 at 1:13 PM, V24 (Nurse) stated V24 has been taking care of R147 since May 2024. V24 stated R147's trunk/upper body control was not good. V24 stated R147 doesn't</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>tolerate the shower chair and needs a shower bed. V24 stated this was R147's baseline status.</p> <p>On 7/23/2024 at 2:36 PM, V25 (CNA) stated V25 has been taking care of R147 for three out of five shifts a week for the past year. V25 stated R147's cannot sit up in a chair per baseline. V25 stated for bathing [V25] would bath R147 in a bed because R147 cannot sit in a shower chair.</p> <p>On 7/23/2024 at 2:40 PM, V26 (CNA) stated facility assigns [V26] mostly to the first floor. For the past 20 days, V26 has taken care of R147 four to five days out of the week. V26 stated R147 is bed bound and cannot sit up in a chair. V26 stated, "[R147] can help sit up but beyond sitting upright by [self] [R147] can't." V26 stated that on the day of R147's fall, V29 asked [V26] for assistance to put R147 into the shower chair. After the shower, V29 took R147 back to the bedroom while V26 attended to another resident. V29 told V26 that during the time [V29] went to get linens for R147's bed, R147 fell out of the shower chair. V26 stated staff are not to leave residents unattended while on the shower chair including R147.</p> <p>On 7/24/2024 at 11:17 AM, V29 (CNA) stated during date of fall [V29] gave R147 a shower with V26's assistance. V26 and V29 used a shower chair for R147. After the shower, V29 took R147 back to the bedroom while V26 attended to another resident. While R147 was sitting in the shower chair by the bedside, V29 went to the linen cart in the hallway. V29 stated "the cart was sitting by the door. I came to grab a sheet out of the cart. Once I grabbed the sheet, I turned around and [R147] was on the floor." "[R147] just kind of slid out the chair." V29 stated R147 was sitting on [R147's] bottom with upper body leaning</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>backwards towards the shower chair.</p> <p>During a witnessed interview among other surveyors on 7/23/2024 at 2:50 PM, V27 (Restorative Director) stated worked as the Restorative Director/Nurse since 10/2023 but worked at facility as floor nurse since 12/2022. V27 stated R147 cannot use a shower chair due to poor trunk control and one-sided weakness. V27 stated, "[R147] has been like that since I've been working here." V27 stated R147 is not able to hold self-up even when sitting upright on the bed. V27 stated being part of the interdisciplinary team that investigated R147's recent fall on 6/26/2024. V27 stated, "they shouldn't have utilized a shower chair. [R147] was improperly transferred and the wrong equipment was used for [R147]." V27 stated staff were supposed to use a shower bed for R147's showers. V27 stated facility did care plan for it. However, when reviewing R147's care plan, facility did not include shower bed intervention until 6/27/2024-after the fall. V27 stated after the fall R147 went to the hospital where they diagnosed R147 to have a right trochanter fracture.</p> <p>R147's 6/27/2024 hospital records and discharge papers document in part an acute nondisplaced fracture of the right greater trochanter.</p> <p>Facility's 8/2008 "Falls-Clinical Protocol" documents in part: "As part of the initial assessment, the physician will help identify individuals with a history of falls and risk factors for subsequent falling." "The staff will document risk factors for falling in the resident's record and discuss the resident's fall risk."</p> <p>(A)</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Statement of Licensure Violations (2 of 5):</p> <p>300.615e) 300.615f) 300.615g)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at <a href="http://www.isp.state.il.us">www.isp.state.il.us</a> and the Illinois Department of Corrections sex registrant search page at <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a> to determine if the individual is listed as a registered sex offender.</p> <p>g) If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of Public Health based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>resident's health or lack of potential risk, such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-201.5(b) of the Act) The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within 5 days after receiving inconclusive results of a name-based background check. The fingerprint-based background check shall be conducted within 25 days after receiving the inconclusive results of the name-based check.</p> <p>This STANDARD was NOT MET as evidenced by:</p> <p>Based on record review and interview, the facility [A] failed to obtain Criminal History Information Response Process (CHIRP) reports within 24 hours of admission for 5 out of five (R1, R53, R62, R153, R159) residents in the sample.</p> <p>Findings Include:</p> <p>R62 was admitted to the facility on 4/9/24. On 7/23/24, V3 [Social Service Director] provided R62's Criminal History Background Check [CHIRP] completion date of 4/24/24, noted a positive hit.</p> <p>R1was admitted to the facility on 5/17/24. On 7/23/24, V3 provided R1's CHIRP completion date of 5/21/24, noted a positive hit.</p> <p>R153 was admitted to the facility on 5/10/24. V3 provided R153's CHIRP completion date of 5/14/24, noted a positive hit.</p> <p>R53 was admitted to the facility on 5/17/24. V3 provided R53's CHIRP completion date of</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>5/21/24, with a positive hit.</p> <p>R159 was admitted to the facility on 12/29/23. V3 provided R159's CHIRP completion date of 4/25/24, with a positive hit.</p> <p>On 7/24/24 at 12:15 PM, V3 stated, "I stated in this position in April 2024, the administrator trained me. The CHIRP needs to be completed in with in twenty-four hours of admission. R1, R53, R62, R153, and R159's CHIRP was completed after the admission date."</p> <p>On 7/24/24 at 1:24 PM during interview with V1 (Administrator) stated, "I started working here 4/16/24. The top date on the Criminal History Information Response Process (CHIRP) is the date requested and date received. The CHIRP needs to be completed prior or on the resident's admission. If there is hit, request for fingerprints need to complete the same day. Once the fingerprints are completed it is important to make sure the results are received to observe the risk assessment and include the recommendations into the resident's plan of care. I trained V3, I am not sure why the background checks and fingerprints were not completed timely."</p> <p>Policy Identified Offender Policy documents in part: Identifying Offenders -Check for the resident's name on the Illinois Sex Offender Registration Web site. <a href="http://www.isp.state.il.us">www.isp.state.il.us</a></p> <p>-Check for the resident's name on the Illinois Department of Corrections sex registrant search page. <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a></p>	S9999		



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S9999	<p>Continued From page 8</p> <p>-Conduct a Criminal History Background Check: Within 24 of admission, request a name-based Uniform Conviction Information Act (UCIA) criminal history background check based on name, date of birth and other identifiers required by the Department of State Police for any resident seeking admission to the facility. If the resident was admitted from the hospital AND the hospital notified the facility that the UCIA name check was ordered, it does not have to be ordered. However, if the name check response initiated by the hospital is not received within 3 days of admission, the facility will order another UCIA name check.</p> <p>(C)</p> <p>Statement of Licensure Violations (3 of 5):</p> <p>300.625c)2) 300.625g)</p> <p>Section 300.625 Identified Offenders</p> <p>c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following:</p> <p>2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.</p> <p>g) Facilities shall maintain written documentation of compliance with Section 300.615 of this Part.</p> <p>This STANDARD was NOT MET as evidenced by:</p> <p>Based on interviews and record reviews, the facility failed to arrange fingerprinting within 72 hours of the positive Criminal History Information Response Process (CHIRP) for 5 residents out of 5 (R1, R53, R62, R153, R159) residents who had a positive CHIRP in a total sample of five residents.</p> <p>Findings include:</p> <p>R62 was admitted to the facility on 4/9/24. On 7/23/24, V3 [Social Service Director] provided R62's Criminal History Background Check [CHIRP] completion date of 4/24/24, noted a positive hit. Fingerprints was completed on 5/9/24.</p> <p>R1was admitted to the facility on 5/17/24. On 7/23/24, V3 provided R1's CHIRP completion date of 5/21/24, noted a positive hit. Fingerprints were completed on 6/6/24.</p> <p>R153 was admitted to the facility on 5/10/24. V3 provided R153's CHIRP completion date of 5/14/24, noted a positive hit. Fingerprints completed on 5/21/24.</p> <p>R53 was admitted to the facility on 5/17/24. V3</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>provided R53's CHIRP completion date of 5/21/24, with a positive hit. Fingerprints completed on 6/6/24.</p> <p>R159 was admitted to the facility on 12/29/23. V3 provided R159's CHIRP completion date of 4/25/24, with a positive hit. Fingerprints completer on 5/6/24.</p> <p>On 7/24/24 at 12:15 PM, V3 stated, "I stated in this position in April 2024, the administrator trained me. Once I receive a hit on a CHIRP, I emailed for fingerprints to be completed. The fingerprint company comes out with in the same week. R1, R53, R62, R153, and R159 fingerprints was not ordered with in 72hours of the CHIRP hit. I only received the fingerprint results back for R62 and R159, I have not had a chance to call for the results."</p> <p>On 7/24/24 at 1:24 PM during interview with V1 (Administrator) stated "I started working here 4/16/24. The top date on the Criminal History Information Response Process (CHIRP) is the date requested and date received. The CHIRP needs to be completed prior or on the resident's admission. If there is hit, request for fingerprints need to complete the same day. Once the fingerprints are completed it is important to make sure the results are received to observe the risk assessment and include the recommendations into the president's plan of care. I trained V3, I am not sure why the background checks and fingerprints were not completed timely."</p> <p>Policy Identified Offender Policy documents in part: Identifying Offenders -Check for the resident's name on the Illinois Sex Offender Registration Web site.</p>	S9999		

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S9999	<p>Continued From page 11</p> <p><a href="http://www.isp.state.il.us">www.isp.state.il.us</a></p> <p>-Check for the resident's name on the Illinois Department of Corrections sex registrant search page. <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a></p> <p>-Conduct a Criminal History Background Check: Within 24 of admission, request a name-based Uniform Conviction Information Act (UCIA) criminal history background check based on name, date of birth and other identifiers required by the Department of State Police for any resident seeking admission to the facility. If the resident was admitted from the hospital AND the hospital notified the facility that the UCIA name check was ordered, it does not have to be ordered. However, if the name check response initiated by the hospital is not received within 3 days of admission, the facility will order another UCIA name check.</p> <p>-Check the UCIA response against the statute citation numbers from the IDPH Identified Offender Conviction List and the IDPH Sex Offenses List.</p> <p>Fingerprints</p> <p>-Request a live scan UCIA fingerprint check:</p> <p>-If the UCIA name check states a fingerprint inquiry must be submitted; or</p> <p>-If the identifying information on the UCIA name response is inconclusive; or</p> <p>-It does not match the individual submitted.</p> <p>-The fingerprint-based background must be requested within 72 hours after receiving the name-based background check and must be conducted within five business days after receiving the name-based results.</p> <p>(C)</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014823</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/26/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SOUTH SHORE REHABILITATION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2425 EAST 71ST STREET CHICAGO, IL 60649</b>
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S9999	<p>Continued From page 12</p> <p>Statement of Licensure Violations (4 of 5):</p> <p>300.650c)</p> <p>Section 300.650 Personnel Policies</p> <p>c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file.</p> <p>This requirement was NOT MET as evidenced by:</p> <p>Based on interviews and record reviews, the facility failed to keep a copy of three nurses' licenses in their individual personnel files for three of three nurses reviewed for healthcare background checks.</p> <p>Findings include:</p> <p>On 7/23/2024 at 1:19 PM, surveyor reviewed employee files with V28 (Human Resources Director). Facility did not have a copy of V44 (Nurse), V45 (Nurse), and V46's (Nurse) nursing licenses in their employee files. V28 stated [V28] thought once the facility looks them up on [Illinois Department of Financial and Professional Regulation] website it was sufficient. V28 stated did not have a copy of the licenses for the three new nurses.</p> <p>Requested facility's staff new-hire policies and procedures. Facility's undated "Fingerprint Background Checks Implementation Overview" policy did not document in part placing a copy of</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014823</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/26/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SOUTH SHORE REHABILITATION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2425 EAST 71ST STREET CHICAGO, IL 60649</b>
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S9999	<p>Continued From page 13</p> <p>nursing licenses in the employees' individual files. Facility did not provide any other policy. (C)</p> <p>Statement of Licensure Violations (5 of 5):</p> <p>300.661</p> <p>Section 300.661 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. (Source: Amended at 45 Ill. Reg. 11096, effective August 27, 2021)</p> <p>This requirement was NOT MET as evidenced by:</p> <p>Based on interviews and record reviews, the facility failed to check the additional background check websites prior to hiring four staff members (V31, V49, V50, V51) for four out of ten staff members reviewed for health care worker background check.</p> <p>Findings include:</p> <p>On 7/23/2024 at 1:19 PM, surveyor reviewed employee files with V28 (Human Resources Director). V28 stated facility does the background checks prior to hire. When reviewing V31 (Certified Nurse Aide-CNA), V49 (CNA), V50 (CNA), and V51's (CNA) employee files, facility did not have background checks with the Illinois Sex Offender Registry, Department of Corrections' Sex Offender Search Engine, Department of Corrections' Inmate Search</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014823</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/26/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SOUTH SHORE REHABILITATION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2425 EAST 71ST STREET CHICAGO, IL 60649</b>
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S9999	<p>Continued From page 14</p> <p>Engine, Department of Corrections' Wanted Fugitive Search Engine, or the Health and Human Services Office of Inspector General. V28 stated [V28] did not check the additional registries. V28 thought once facility checks the healthcare worker registry, it was sufficient. V28 did not know that facility had to check the additional websites.</p> <p>Requested facility's staff new-hire policies and procedures. Facility's undated "Fingerprint Background Checks Implementation Overview" policy did not document in part checking the additional background check websites prior to hire. Facility did not provide any other policy.</p> <p>(C)</p>	S9999		