

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006779	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/27/2024
NAME OF PROVIDER OR SUPPLIER OAK LAWN RESPIRATORY & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 9525 SOUTH MAYFIELD OAK LAWN, IL 60453		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments FRI of 9/28/2024/IL180441	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)6 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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 care needs of the resident.	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/09/24

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S9999	<p>Continued From page 1</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>These Requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to prevent an accident for a resident assessed to require two staff assistance with incontinence care. This failure affected one (R1) of three residents reviewed for falls and resulted in R1 experiencing a fall while being assisted with incontinence care by only one staff member. R1 required emergent hospital transfer for evaluation and sustained a left forehead hematoma, skin tear to right forearm, and left fifth metacarpal fracture.</p> <p>Findings include:</p> <p>R1 is an 85 year old female admitted to the facility on 02/14/2022 with the diagnosis history of left Peri-prosthetic hip fracture, non-displaced fracture of 5th metacarpal of left hand, left subdural hematoma, COPD, left foot drop, osteoporosis, cataract, depression, hypertension, and Gastro-esophageal reflux disease.</p> <p>Per record review, on 09/28/2024 R1 rolled out of bed while receiving incontinence care requiring</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R1 to go to the emergency room for further evaluation. Hospital records documented that R1 had a hematoma to the left forehead, skin tear to right forearm and Xray results showed Left fifth metacarpal fracture. On 10/02/2024 R1 had a change of mental status and returned to the hospital. Hospital records reviewed with computerized tomography of the head showed a left 7mm subdural hematoma with 4mm midline shift as well as falcine and tentorial subdural hematoma. R1 was admitted to the NCCU (Neuroscience Critical Care Unit) for closer monitoring.</p> <p>On the (MDS) Minimal data Set assessment of 08/01/2024 section C the BIMS (Brief Interviewed Mental Status) score was 15/15. On MDS of 08/01/2024 GG section R1 is dependent with toileting and roll side to side. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity.</p> <p>On 11/25/24 at 10:44 AM R1 said that V7 (Certified Nursing assistant) was changing her brief and turned her towards the window and she rolled off the bed and hit her face on the oxygen concentrator. R1 said, "It happened too fast, I fell face down, the staff helped me back to bed and the ambulance was here. The staff placed the mechanical lift pads under me and lifted me to bed. I still cannot understand what happened, and we did not do anything else differently. I went to the hospital and got all the testing done I got a fracture to my hip, left little finger and a big bump to my left side of my head. I was in the ER until 2:00AM before I came back to the facility. I returned to the hospital because I noticed that I did not make sense and I knew that something was not right. I ended up having a bleed in my</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>brain, the hospital kept me for couple days and I came back." R1 said that she is not able to help with transfers and turn from side to side by herself and requires assistance. R1 said that she requires two assistants when she is getting changed, repositioned and getting out bed but that V7 changed her briefs by herself on the day of the fall.</p> <p>On 11/25/2024 at 12:06PM V7 (Certified Nursing Assistant/CNA) said that R1 rolled out bed during incontinence care. R1 crossed her right leg and rolled out the bed. V7 said that she was providing incontinence care by herself when R1 rolled out bed. R1 requires two person assistance for incontinence care but V7 was the only one providing incontinence care during the fall in question.</p> <p>On 11/25/2024 at 02:08PM V9 (Agency Registered Nurse) said that she was passing medications when she heard a loud "boom" coming out from R1's room and immediately went there to check and saw the R1 on the floor. V9 stated that R1 was stable and assessed her and assisted her back to bed by using a mechanical lift with two certified nursing assistants and called 911 and sent R1 to the hospital. V9 (Agency Registered Nurse) said that R1 is dependent and requires two person assistance with her care and because of her size and not able to help much. V9 affirmed that on the day of the fall, V7 (Certified Nursing assistant) was providing incontinence care to R1 by herself.</p> <p>On 11/26/2024 at 12:27PM V2 (Director of Nursing) said that nursing is expected to follow (MDS) Minimal Data Set assessment GG section while providing incontinence care. Certified nursing assistants can check under tasks under</p>	S9999			

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S9999	<p>Continued From page 4</p> <p>the electronic medical records and check how many assistants each resident requires and how to care for residents. When a resident is dependent with care, staffs are expected to follow the requirements of two assistants. V7 (Certified Nursing assistant) should have asked for assistance and placed the call light for someone to come and help her with R1's incontinence care.</p> <p>On 11/26/2024 at 02:00PM V1 (Administrator) said that V7(Certified Nursing Assistant) was suspended during the investigation and if R1 required two assistants for incontinence care, V7 should have followed the requirement and gotten assistance.</p> <p>On 11/26/2024 at 02:15PM V10 (Nurse Practitioner) said that R1 fell on 09/28/2024 and gave orders to send R1 to the hospital for further evaluation. R1 returned during the night and on 10/02/2024 R1 was having confusion which is not common for her because R1 is very alert and oriented. V10 gave orders to send R1 to the hospital for further evaluation and computerized tomography scan of the head; report showed that R1 had a subdural hematoma. V10 said, "I don't know why the hospital did not keep R1 after the fall to monitor her head trauma. Even though the computerized tomography scan of the head was negative the day of the fall, it is not uncommon to have a subdural hematoma 36 hours to 48 hours later."</p> <p>On 11/25/2024 at 2:23PM V1(Administrator) presented facility Policy Titled, Incontinence Care, (undated) which includes: Policy: It is the policy of the facility to ensure that resident's receive as much assistance as needed for cleansing the perineum and buttocks after an</p>	S9999		

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S9999	Continued From page 5 incontinence episode or with routine care daily. Procedure: 7. Assist resident to the side lying position by turning towards caregiver, unless more than one caregiver is present. If more than one caregiver present, one caregiver provides support of the resident side lying position while the other caregiver completes the procedure. (A)	S9999			