

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/22/2025
NAME OF PROVIDER OR SUPPLIER ZAHAV OF BERWYN		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 SOUTH HARLEM AVENUE BERWYN, IL 60402		
(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 Complaint Investigation Survey: #2590379/IL184507	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.690b) 300.690c) 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 300.690 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the	S9999		

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

TITLE

(X6) DATE

Electronically Signed

02/06/25

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S9999	Continued From page 1 Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. 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. 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: 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	S9999		

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S9999	Continued From page 2 that each resident receives adequate supervision and assistance to prevent accidents. This regulation was NOT MET as evidenced by: Based on interview and record review the facility failed to follow their fall prevention policy by not reporting a fall incident that resulted in a serious injury. This failure applied to one (R1) of three residents reviewed for falls. Findings include: R1 is a 73-year-old male admitted to the facility on 01/14/2025 with medical diagnosis that includes and not limited to Cerebral vascular accident, hemiplegia affecting the left side, respiratory failure, diabetes, and clostridium difficile. According to R1's progress notes dated 01/15/2025 at 9:15PM R1 was found by V3(Licensed Practical nurse) on the floor facing down next to the bed with an abrasion to left eyebrow and swelling to left hand. R1 was sent to a local hospital by ambulance for further evaluation. According to R1's progress notes dated 01/16/2025 at 4:16 AM V3 called the hospital and nurse on duty provided report that R1 had broken ribs, left shoulder out of socket and fluid in muscle and was transferred to another local hospital. On 01/21/2025 at 11:00AM V3 (Licensed Practical Nurse) said, R1 had his right leg dangling on the sides of the bed and assisted him back to bed while I finished passing medications for another resident and I parked the cart by the nursing station. About 9:00PM before going to my	S9999		

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S9999	Continued From page 3 break time I completed a walking round in the unit. I observed R1 on the floor facing down and between the bed and the wall. I called V4 (Certified Nursing Assistant) who spoke Spanish and translated for me while I was doing R1 assessment. I sent R1 to the hospital and notified the family and director of nursing of the fall. I called the hospital four to five hours later; I received the information that R1's shoulder was out of the socket and had broken ribs. On 01/21/2025 at 1:53PM V2(Director of Nursing) said, I did not send a report to IDPH (Illinois Department of Health) because there is no report from the hospital, "I am not going to report a fracture if I don't have the x-rays results and I am not going to rely on the progress notes from the nurse." On 01/22/2025 at 11:20AM V2 said that the facility still was not able to obtain emergency record for R1 from 01/15/2025 hospital visit. On 01/21/2025 at 1:50PM V2 (Director of Nursing) presented facility Policy Titled, Fall Prevention and Management (date reviewed 08/2024), which reads: Facility Guideline following a fall incident: 6-All incidents and accidents with serious physical injury will be reported to IDPH within 24 hours. A full written investigation report is required by IDPH within (5) days of the incident. (C)	S9999		