Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011332	A. BUILDING: ____ B. WING ____	C 08/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE AT VICTORY LAKES, THE	1055 EAST GRAND AVENUE LINDENHURST, IL 60046

(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 Facility Reported Incident of 8-2-18/IL104949	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1210b) 300.1210c) 300.1210d)6) 300.3240a) 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. Restorative measures shall include, at a minimum, the following procedures: c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 08/30/18

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011332	A. BUILDING: ______ B. WING ______	C 08/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE AT VICTORY LAKES, THE	1055 EAST GRAND AVENUE LINDENHURST, IL 60046

(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
S9999	Continued From page 1 nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met as evidenced by: Based on observation, interview and record review the facility failed to safely reposition a resident during personal care. This failure resulted in R4 falling out of bed and sustaining a right leg femur fracture. This applies to 1 of 3 residents (R4) reviewed for falls in the sample of 5. The findings include: R4's Minimum Data (MDS) set dated June 13, 2018 shows R4 has diagnoses of hemiplegia or hemiparesis, a history of transient ischemic attack and cerebral infarction, and a history of falling. The same MDS shows R4 is cognitively intact, requires extensive assist of two people for bed mobility, and has upper and lower extremity impairment to one side. The facility's Incident Report dated August 2, 2018 shows "On August 2, 2018 at 1:10 PM, while Certified Nursing Assistant (CNA) was doing pericare on R4 in bed, CNA turned resident to her right side using a bed pad when resident's legs started to fall. CNA was not able to get control of the legs falling."	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011332	A. BUILDING: ______ B. WING ______	C 08/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE AT VICTORY LAKES, THE	1055 EAST GRAND AVENUE LINDENHURST, IL 60046

(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
S9999	Continued From page 2	S9999		

R4's Nurses Notes dated August 2, 2018 at 10:45 PM, shows "spoke with emergency room, patient admitted to hospital with fracture to right femur."

On August 15, 2018 at 12:45 PM, V12 Nurse Practitioner said R4 was in the hospital for a right femur fracture due to a fall.

On August 15, 2018 at 10:02 AM, R4 was in bed with her right leg in an immobilizer brace. R4 said she fell out of bed recently when the CNA rolled her. R4 stated "I slipped out of bed and ended up on the floor. She was a new CNA. It hurt terribly."

On August 15, 2018 at 10:07 AM, V3 (R4's husband) stated "They are saying R4 fell out of bed, but I have doubts on how it happened because she can't roll around well. R4 had an aide that day that I had never seen before and I'm here every day." V3 said R4 broke her leg and just had surgery a few days ago.

On August 15, 2018 at 12:07 PM, V2 CNA said she worked at the facility on an as needed basis and usually worked in the assisted living building. V2 said she had been working in the skilled area some this summer, but August 2, 2018 was the first time working in R4's section. V2 said she was not familiar with any of the residents in that wing and only received in report from the night CNA that R4 was a mechanical lift with two assist for transfers. V2 said she was never told R4 couldn't roll well, or was weak on the left side. V2 stated "To be honest, I was so busy that day, I didn't look at the residents' activities of daily living in the computer until the end of my shift." V2 stated when R4's fall occurred, she was alone, without anyone else helping her. R4 was in bed and she was providing incontinence care. V2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011332	A. BUILDING: ______ B. WING ______	C 08/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE AT VICTORY LAKES, THE	1055 EAST GRAND AVENUE LINDENHURST, IL 60046

(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
S9999	Continued From page 3	S9999		

stated she rolled R4 onto R4's right side (toward the door) to put the incontinence brief underneath her and R4's legs fell out of the bed. V2 stated that R4 was so heavy for V2 and was falling out of the bed, so V2 climbed onto the bed and grabbed underneath R4's arms to lower her to the floor so R4's head didn't hit the floor. V2 said R4 ended up on the floor with her head at the foot of the bed and her feet by the head of the bed.

On August 15, 2018 at 10:25 AM, V5 CNA said she was working the day R4 fell. V5 said it was the first time V2 was taking care of R4. V5 said she was in the hall when V2 called for help. V5 said when she went into the room R4 was on the floor next to the bed with her head at the foot of the bed and her feet at the head of the bed. V5 stated "I couldn't understand how R4 was turned around and fell with her head at the end of the bed." V5 said, "R4 has left side weakness and can't grasp anything with her left hand. It can be difficult to roll R4 due to her weakness."

On August 15, 2018 at 10:36 AM, V10 Registered Nurse (RN) said she went to R4's room when the aid called for help and found R4 on the floor with her head at the foot of the bed. V10 said R4 kept saying "It's my leg, my leg" when asked if anything hurt. V10 said V2 explained that she was rolling R4 in the bed to change her and R4 legs swung out of the bed and R4 went down. V10 said she could understand how this could happen since R4 is weak on one side and can't hold on.

On August 15, 2018 at 11:10 AM, V11 Restorative CNA said R4 has left side weakness from a stroke and sometimes doesn't hold on to the bed rail with her left hand well when being changed. V11 said R4 can hold on with her right hand if

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011332	A. BUILDING: ____ B. WING ____	C 08/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE AT VICTORY LAKES, THE	1055 EAST GRAND AVENUE LINDENHURST, IL 60046

(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
S9999	Continued From page 4 she's turned to the left. On August 15, 2018 at 12:55 PM, V4 CNA said R4 is only able to help you if you roll her to her left side. V4 stated, "I don't think V2 knew you can't turn R4 toward the door." On August 15, 2018 at 1:08 PM, V7 Physical Therapy Director said R4 is dependent on staff for activities of daily living. V7 said for bed mobility, R4 can only hold on to the bed rail with her right hand if rolled to the left. V7 said R4 would be unsteady if rolled to the right side and would need another person on that side of the bed for safety. On August 15, 2018 at 1:09 PM, V8 Occupational Therapist said R4 has no movement on her left side from a stroke. On August 15, 2018 at 12:50 PM, V5 CNA said V2 should have asked for help with R4 to prevent her from falling. On August 15, 2018 at 2:15 PM, V1 Director of Nursing stated, "R4's MDS is coded as two person extensive assist for bed mobility because she sometimes needs two assist." V1 stated, "After R4's fall, we reviewed R4's needs and decided to make sure for safety to have two staff for bed mobility." V1 said if staff is unsure how to care for a resident the staff should ask for help. R4's Care Plan dated June 13, 2018 shows R4 "needs assistance from staff for activities of daily living due to functional deficit related to history of cerebral vascular accident with left sided hemiparesis. R4 has minimal function to left arm and leg and is a fall risk." The same Care Plan shows "Bed Mobility: Extensive assist of two."	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011332	A. BUILDING: ________ B. WING ________	C 08/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE AT VICTORY LAKES, THE	1055 EAST GRAND AVENUE LINDENHURST, IL 60046

(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
S9999	Continued From page 5 The facility's Falls and Fall Risk Policy dated October 1, 2012 shows "....based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling." (A)	S9999		