STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011589	A. BUILDING: _____ B. WING _____	C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH HOLLAND MANOR HTH & RHB	2145 EAST 170TH STREET SOUTH HOLLAND, IL 60473

(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 1991873/IL110401	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	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011589	A. BUILDING: _____ B. WING _____	C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH HOLLAND MANOR HTH & RHB	2145 EAST 170TH STREET SOUTH HOLLAND, IL 60473

(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	S9999		

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.

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 interview and record review the facility failed to follow the current MDS (Minimum Data Set) assessment and Kardex and utilize 2 person assist for bed mobility while providing direct care to 1 of 3 residents (R1) reviewed for safe bed mobility. This failure resulted in R1 being turned/repositioning by 1 staff person and R1 falling out bed and sent to hospital and diagnosed with a right and left femur fracture.

Findings include:

R1's facility face sheet/clinical records show R1 is 76 year old person with diagnoses of weakness, cerebral infarct, hemiplegia, morbid obesity, altered mental status, muscle weakness, pain right arm, difficulty walking, chronic obstructive pulmonary disease, lack of coordination, abnormal posture, arthritis, gout and dyspnea.

A review of facility incident report dated 02/25/2019 time stamp of 5:39pm documents: Witnessed fall, resident (R1); incident location: resident's room; person preparing report: V8 (Nurse); during position change and perineum check resident (R1) rolled to floor. Evaluated by NP (Nurse Practitioner)/(V7), abrasion above

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011589	A. BUILDING: _____ B. WING _____	C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH HOLLAND MANOR HTH & RHB	2145 EAST 170TH STREET SOUTH HOLLAND, IL 60473

(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		

right eyebrow. BP (Blood pressure) 107/76, P (Pulse) 99, po2 (pulse oximetry) 98% room air, NP (V7) giving orders to send out to hospital. Family notified. Resident (R1) taken to hospital: Y (yes). Injuries at time of incident: No injuries observed. Pain level "0", mental status: orientated to person; injuries reported post incident: no injuries observed post incident; predisposing environmental factors: none; predisposing physiological factors: confused, incontinent; predisposing situation factors: none; witnesses: no witnesses found; agency notified: physician.

R1's progress notes dated 02/25/19 at 09:41pm documents resident (R1) admitted to local hospital.

R1's progress notes dated 02/25/19 at 5:40pm documents see nurse note on incident.

R1's progress notes dated 02/25/2019 at 03:26pm shows V7 documented: "Asked by nursing to urgently evaluate 76 y/o female (R1) who sustained a fall out of the bed while she was being turned. Upon entry to the room, the bed was noted lowest position and patient was laying on the floor. Patient is obese and staff was unable to get her up from the floor. Patient is also unable to reposition herself at all, 911 called and arrived to facility within minutes to transport her (R1) to nearest facility for further evaluation. I (V7) spoke with daughter/ POA and notified her of situation. I (V7) told her I don't have any specific information regarding the fall or where she will be sent. Nurse will call her back and provide full details of the situation. PMHx (past medical history), comments: CVA, Afib (Atrial Fibrillation), GI (gastrointestinal) bleed, dysphagia, CHF (congestive heart failure), obesity, gerd, SOB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011589	A. BUILDING: _____ B. WING _____	C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH HOLLAND MANOR HTH & RHB	2145 EAST 170TH STREET SOUTH HOLLAND, IL 60473

(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		

(shortness of breath), colostomy - ileus, depression, cholecystitis, COPD (chronic obstructive pulmonary disease), DM (Diabetes Mellitus), HTN (hypertension), gout. Family hx: unknown; comments: lives LTC (long term care), non-smoker, non ETOH (alcohol); ROS (Review of systems) not performed due to severity of situation, complaining of facial pain, vitals: BP (Blood pressure) 107/76, HR (heart rate) 76, R (respirations) 22.0, temp: 98.1, SpO2 (Oxygen Saturation) 98%. Objective - GEN (generalized) in distress, laying on floor, blood coming from nose, RESP (respiratory) lungs clear to auscultation, CV (cardiovascular): RRR (regular rhythm, rate), BLE (bilateral lower extremities) - trace edema, GI + BS (bowel sounds): non tender to palpitation, obese abdomen, Derm (dermatitis): skin warm to touch and dry, MUSC (musculoskeletal): limited ROM (range of motion), Psych AOx2 (alert and oriented), assessment - facial injury: unspecified injury to face; initial encounter modified 25 February 2019. Plan - facial injury, send out 911 for further evaluation. V7- FNP (Family Nurse Practitioner).

On 3/28/19 at 01:15pm reviewed R1's diagnosis/abbreviations and progress notes dated 2/25/2019 with V7.

R1's progress notes dated 02/25/2019 at 2:21 p.m documents late entry - all care needs met by staff, tolerated fair. A/O (alert and oriented) 2-3 at this time with periods of confusion. Ate good for meal time, taking fluids well. Colostomy care as ordered - tolerated well. During position change - resident (R1) fell on floor - evaluated by V7. BP (blood pressure) 107/76, P (Pulse) 99, SpO2 (Pulse oximetry) 98% room air. Noted nickel size abrasion above right eyebrow - tip of nose with several scratches; 911 called as well as family.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011589	A. BUILDING: _____ B. WING _____	C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH HOLLAND MANOR HTH & RHB	2145 EAST 170TH STREET SOUTH HOLLAND, IL 60473

(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	S9999		

A review of R1's hospital records dated 02/25/2019 document: Chief complaint: patient presents with fall, 76 year old female presents to ER (emergency) via EMS (emergency medical services) after being found on the ground next to her bed. Patient states she (R1) rolled over and fell out of bed. Patient is poorly mobile. She has bilateral heel pads and is morbidly obese. She states currently that her left knee is uncomfortable. She is unsure if she lost conscious but believes she did not. She has not ambulated in 5-6 years. Physical exam: facial abrasion. Imaging results dated 02/25/2019 - XR knee bilateral 3 view final results: there is communicated fracture involving the distal diaphyseal region of the right femur with displacement of the distal right femur anteriorly; there is associated soft tissue swelling. Arthritic changes noted to the right knee joint. There is communicated fracture involving the distal diaphyseal region of the left femur with associated soft tissue swelling. Arthritic changes noted to the left knee joint. Impression: diffuse osteoporosis, bilateral displaced comminuted fractures involving the distal bilateral femurs.

R1's MDS (Minimum Date Set) dated 01/04/2019 section "G0110" documents that R1 requires extensive assist with two person physical assist with bed mobility, transfer, toilet use and personal hygiene.

On 3/26/2019 at 10:30a.m V2 (Director of Nursing) said on 02/25/2019 V3 (Certified Nursing assistant/CNA) was providing incontinence care to R1. V2 said as V3 turned R1, R1 rolled out of the bed. V2 said V3 turned R1 by herself and R1 requires extensive assist with two persons with turning. V2 said there

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011589	A. BUILDING: _____ B. WING _____	C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH HOLLAND MANOR HTH & RHB	2145 EAST 170TH STREET SOUTH HOLLAND, IL 60473

(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	S9999		

should have been two people to assist with turning R1. V2 said the CNAs should check the resident's Kardex/miniature care plan daily, prior to care to review the care needs.

On 3/26/19 at 01:40p.m V3 (CNA/Certified Nursing Assistant) said on 02/25/19 she went to R1's room to provide incontinence care. V3 said she asked for assist from V9 (CNA). V3 said while waiting on V9, she (V3) had completed half of the task (cleaning the front area of body/perineum) and so she thought she could turn R1 by herself. V3 said while standing to the right side of R1's bed she pulled the sheets toward her. V3 stated, "I could not pull too much because R1 has a large body size and see how short I am?" (V3 stated she is 4'9 tall".) V3 said she then turned R1 on her left side; V3 said she had to use force to turn R1 by herself. V3 said once she turned R1, R1 held on to the chair's arm rest that was next to her bed for support. V3 said she washed R1's back and R1 fell out the bed. V3 said she could not stop R1 from falling. V3 said R1's upper body rolled out of the bed first and her lower body followed. V3 said she often uses the chair for support for R1 because there are no bed rails. V3 said she is aware that R1 requires extensive assist of two people for turning/bed mobility. V3 said she reviewed R1's Kardex/care plan at least monthly and it shows R1 needs two person assist. V3 said she used poor judgement when turning R1 by herself.

On 3/26/19 at 10:30 a.m. request was made to review R1's Kardex/miniature care plan.

On 03/26/19 V2 stated she cannot view the kardex and she will contact the consultant regarding the issue.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011589	A. BUILDING: _____ B. WING _____	C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH HOLLAND MANOR HTH & RHB	2145 EAST 170TH STREET SOUTH HOLLAND, IL 60473

(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 6 On 3/27/19 at 11:00a.m V2 stated she cannot provide the kardex/miniature care plan and the consultant was not able to access that kardex. V2 stated the consultant did not give rationale on why the kardex/miniature care plan was not accessible. On 3/28/2019 1:00p.m a request made for a screen shot of task page showing bed mobility with a letter "K" next to it. V2 said the "K" next to the word bed mobility shows that bed mobility is on the kardex and on the kardex it will show many people are required for bed mobility, which is two person assist. On 3/28/19 at 01:15p.m V7 said that R1's injuries could have resulted from a fall. V7 said that it is not a good practice to have any resident holding onto a chair for support during care. V7 said R1 should be turned/repositioned with assist of two persons. V7 said R1 would not have been able to support herself due to her physical weakness, limited range of motion in extremities and morbid obesity. Review of facility policy titled "turning resident on his/her side" (dated August 2008) documents: Purpose of this procedure are to provide comfort to the resident, to prevent skin irritation and breakdown and promote good body alignment. Preparation: Review the resident care plan to asses for any special needs of the resident. On 3/27/19 at 1:00 p.m. V2 asked about policy for two or more person assist turn; V2 said the facility does not have a policy for two or more person assisted turn. On 03/28/19 at 01:18 p.m. V2 stated the facility does not have a policy on how to turn a resident	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011589	A. BUILDING: _____ B. WING _____	C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH HOLLAND MANOR HTH & RHB	2145 EAST 170TH STREET SOUTH HOLLAND, IL 60473

(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 7 using two person assist. V2 said she is responsible for training the staff and preceptors on turning/repositioning. V2 said the facility practice is that there should be a pad/pull sheet underneath the resident to allow for easy positioning, there should be one person on each side of the bed (left and right), and the resident should be repositioned/pulled nearest the opposite side of the bed that the staff is planning to turn. V2 said the resident's arm should be placed on top of the body and the resident's leg should be crossed over. V2 said the staff on the side that the resident is planning to turn should grab hold of the pad/sheet and start the turn, while the second staff guide the turn by placing the one hand nearest the resident's shoulder and one hand nearest the resident's hip area. V2 said this action is to allow for proper body alignment and safety. V2 said the rationale for bringing the resident to the opposite side of the bed prior to turning is to allow room for the turn, so that the resident does not fall from the bed. (A)	S9999		