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
	IL6001580	A. BUILDING: ______ B. WING ______	C 04/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL NURSING HOME	2450 NORTH CENTRAL AVENUE CHICAGO, IL 60639

(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	Final Observations	S9999		

Statement of Licensure Violation:
1 of 1 Violation

300.1210b)
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.

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 that each resident receives adequate supervision and assistance to prevent accidents.

Attachment A
Statement of Licensure Violations

Section 300.3240 Abuse and Neglect

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE
Electronically Signed — 05/20/19

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S9999	Continued From page 1	S9999		

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)

These Requirements are not met as evidenced by:

Based on interview and record review, the facility failed to provide a two person assist while providing care for one of three residents (R1), reviewed for falls, in a total sample of four. This failure resulted in R1 falling from the bed while facility staff provided care. R1 was sent to the local hospital and was diagnosed with a closed fracture of the distal end of the humerus.

Findings include:

R1 is non-verbal and non-interviewable. R1 has the following diagnoses: cerebrovascular disease, cerebral infarction, quadriplegia, epilepsy, malignant neoplasm of brain, and aphasia.

On 04/26/2019 at 12:15PM, R4 stated, "A loud sound woke me up. R1 was on the floor. It was just one CNA (Certified Nursing Assistant) giving R1 care. It was supposed to be two CNAs changing R1. It was a very loud bump."

On 04/26/2019 at 12:57PM, V5 (Assistant Director of Nursing) stated, "This happened the night shift before breakfast. V4 (Certified Nursing Assistant) was providing care for R1 and R1 started to slide. V4 lowered R1 to the floor and

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S9999	Continued From page 2	S9999		

then she called the nurse. V4 was by herself. R1 is supposed to have two people to assist her."

Progress note dated 04/17/2019 documents that V7 (Registered Nurse) responded to a call light coming from R1's room. V7 observed R1 on the floor. Per V4 (Certified Nursing Assistant), V4 was giving care to R1, V4 turned R1 to change her incontinence brief when R1 started to slide off the bed. V4 eased R1 to the floor and notified V7 for assistance.

On 04/26/2019 at 1:10PM, V4 stated, "I was providing care to R1 on 04/17/2019. I have always given care by myself to R1 and have never had a problem. I was changing R1 and I turned R1 to her side facing me. R1's legs slid out and the weight from R1's legs made her come out of the bed. I put my arm around R1 and slid her to the floor. The facility is fine with it."

On 04/26/2019 at 1:34PM, V7 stated, "I was the medication nurse that night. I responded to a call light from R1's room. Staff called me to check on R1's room. When I got there R1 was on the floor. V4 was the CNA that was giving R1 care and R1 started to slip. We were short staffed at that time."

MDS (Minimal Data Set) dated 03/26/2019 documents that R1 is a total dependence resident with a two person assist when R1 is turned side to side and positioning in bed. Care plan, undated, notes that R1 is a two person assist for ADL (Activities of Daily Living) care and is a high risk for falls.

Hospital records dated 04/17/2019 document that R1 has a closed fracture of the proximal end of the left humerus after a fall out of bed.

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