Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6016497 08/09/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 19000 SOUTH HALSTED **SOUTH SUBURBAN REHAB CENTER** HOMEWOOD, IL 60430 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S 000 Initial Comments S 000 Complaint Investigation 1995291/IL114118 1995758/IL114616 \$9999 Final Observations S9999 Statement of Licensure Violation 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. Attachment A d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, **Statement of Licensure Violations** seven-day-a-week basis: 6) All necessary precautions shall be taken to

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

Electronically Signed

TITLE

(X6) DATE 08/30/19

PRINTED: 09/19/2019 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAIN OF CURRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C IL6016497 B. WING 08/09/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 19000 SOUTH HALSTED SOUTH SUBURBAN REHAB CENTER HOMEWOOD, IL 60430 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 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. 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 have two staff members present during incontinence care for one of three residents (R5) requiring extensive staff assistance of two or more staff for incontinence care. This failure resulted in R5 falling from an elevated bed to the floor and sustaining a laceration (cut) to her head and a subcaptial femur fracture (broken hip). Findings include: Review of the facility's incident report of 07/19/2019 documents: "Investigation conducted with assigned nurse and CNA revealed fall occurred due to resident rolling out of bed during incontinence care." Review of R5's hospital record of 07/17/2019 documents: "Nurse was changing her diaper and was way too aggressive with her causing her to fall off the bed. Laceration above right eye was closed with two sutures. X-ray of right femur noted a subcapital fracture of the the left femur (hip fracture) requiring in situ pinning of the left hip (type of surgery using pins, screws or plates to hold broken bones together)."

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PRINTED: 09/19/2019 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION INVINIDER: COMPLETED A. BUILDING: B. WING IL6016497 08/09/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 19000 SOUTH HALSTED SOUTH SUBURBAN REHAB CENTER HOMEWOOD, IL 60430 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 2 \$9999 V16 (Certified Nursing Assistant, 08/07/2019 8:58) AM-9:14 AM, 11:21 AM-11:32 AM) stated: "I was doing patient care. I got the materials I needed. explained the procedure to her. I raised the bed just above my waist so I could get the proper reach. I undid her brief, I brought her toward me and up in the bed (using the pad underneath resident). I used the pad to pull her on her side. I guess in helping me she continued to roll over. I tried to grab her but I couldn't catch her. She could move in bed, cuz (sic) when she moved over that's when she continued out of bed. There was nothing on her bed that she could grab onto that I can remember." V16 stated. "You're supposed to read the care card. If you need assistance, you ask for assistance. I didn't read the care card. My personal opinion is that you would need two (staff for incontinence care for resident). I didn't get help because I didn't think I needed it at the time. I don't know, I think I was on the last round. You have other patients, I guess I was trying to get done before the end of my shift." V16 stated the last in-service regarding proper procedure for residents who require assistance with ADLs (Activities of Daily Living) was after R5 fell. Prior to that in-service V16 stated: "I can't remember the last time; I probably had it years ago."

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V15 (Fall Nurse, 08/07/2019, 3:03 PM-3:19 PM) stated: "R5 was able to complete bed mobility herself. V15 stated V16 failed to read R5's care card before rendering care and did not get assistance to help with incontinence care. V15 stated: "I had to remind her (V16) to get help. You

someone on the other side. God forbid you don't

want her (R5) safe and you should have

get assistance and someone falls."

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S9999 V12 (Licensed Practical Nurse, 08/07/2019, 1:42 PM-1:57 PM) said, "I was notified by V15 that R5 fell out of bed; she was on the floor on the side of her bed. I asked her what happened. She told me she rolled over too far during incontinence care. She had a skin tear to her arm, a laceration to her head (described both as small, did not qualify small, (did not measure)." Review of V12's progress note in R5's medical record (07/19/2019 at 4:15 AM) confirms the above statement. Review of R6's Care Card (no date) and MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 07/15/2019 documents R5 requires extensive assistance with transfers (requires use of mechanical lift) and toileting. R5's "At risk for abuse" care plan (initiated 05/21/2019) documents R5 has accused staff of improper nursing care and under Approach, "Staff will provide care in pair."	

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