

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016497	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/17/2020
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NAME OF PROVIDER OR SUPPLIER SOUTH SUBURBAN REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 19000 SOUTH HALSTED HOMEWOOD, IL 60430
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(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 2094961/IL124209 - Refer to 300.1010 h)	S 000		
S9999	Final Observations Statement of Licensure Violations Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notificati These Requirements were not met as evidenced by: Based on interview and record review the facility failed to notify provider of critical lab results for one (R2) of one residents reviewed for notification. Findings include: R2 was admitted to facility on 6/12/2009 with diagnoses including Alzheimer's disease, dysphagia, type 2 diabetes, bipolar and hypertension. On 7/1/2020 at 4:09 pm, V2 (Director of Nursing) stated, "When staff receive any critical labs	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>results nurse should be contacting MD when they receive the results. They should document in progress notes that they called provider and follow any orders given by MD. I do not see any notification to provider of lab results on 4/24/20."</p> <p>On 7/2/2020 at 12:05pm, V8 (Physician) stated he was not notified of lab results on 4/24/2020 and would expect to be notified of any critical lab results immediately. V8 stated a high sodium could be from dehydration and would have ordered IV fluids. V8 stated he did not think that would of changed her outcome due to her other comorbidities and covid diagnosis. V8 stated he would not have sent her to the hospital after lab results or lack of covid test.</p> <p>On 7/2/2020 at 12:48pm, V9 (Nurse) stated lab called with results for R2 but R2 was transferred to Covid unit. V9 stated she transferred the call downstairs to R2's unit and did not receive results. When lab results are received, nurse should call md and notify them of results. Chart any orders and document in progress notes that md was notified of results.</p> <p>R2's progress note dated 4/24/2020 at 07:38 AM by V9 (Nurse) documents, "V8 (MD) called at this time to notify of resident fever. New order received for STAT CBC, CMP, Covid-19 test, and chest x-ray. New order also received to monitor vitals every 4 hours and to isolate. Resident scheduled for IHT to room 217. Will continue to monitor."</p> <p>R2's laboratory results dated 4/24/2020 were faxed and phoned to V9 (Nurse) at 16:49. Results document a critical high Sodium 156 (Reference range 131-145).</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>R2's progress notes do not document any notification to V8 (MD) of lab results dated 4/24/20.</p> <p>R2's physician order sheet for April 2020 do not document any new orders related to lab results.</p> <p>R2 progress notes dated 5/2/2020 document resident sent to local hospital for further evaluation.</p> <p>R2's hospital record dated 5/2/2020 at 14:50 document sodium 174 (Reference range 131-145) and positive Covid test. R2's diagnosis documents hypernatremic dehydration from inadequate water intake unclear if related to advanced dementia or a more acute process in setting of Covid 19 infection.</p> <p>Facility policy dated 11/2016 titled "Notification of Resident Change in Condition" policy documents the licensed nurse shall promptly inform resident, consult with resident physician of a significant change in residents health,, mental or psychosocial status in either life threatening conditions or clinical complications of if a need to alter treatment significantly. The licensed nurse will document in the nurse notes all assessment findings and all attempts to notify physician.</p> <p>(B)</p>	S9999		
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