PRINTED: 11/16/2020 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: _ С B. WING IL6009112 09/17/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3800 NORTH CALIFORNIA AVENUE** PAUL HOUSE & HEALTH CR CTR CHICAGO, IL 60618 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 S 000 **Initial Comments** 2082860/IL121991 - F684 G Complaint: S9999 S9999 Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for **Nursing and Personal Care** The facility shall provide the necessary care and services to attain or maintain the highest Attachment A practicable physical, mental, and psychological Statement of Licensure Violations well-being of the resident, in accordance with

Illinois Department of Public Health

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

each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each

Electronically Signed

TITLE

(X6) DATE 10/05/20

If continuation sheet 1 of 8

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ **B. WING** 09/17/2020 IL6009112 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3800 NORTH CALIFORNIA AVENUE **PAUL HOUSE & HEALTH CR CTR** CHICAGO, IL 60618 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 1 resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 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: 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. 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 Regulations were not met as evidenced by: Based on interviews and record review, the facility failed to timely send a resident out for evaluation and treatment of a confirmed hip dislocation for one resident (R4) reviewed for improper nursing care. This failure resulted in R4 remaining in the facility for eight days with a dislocated hip joint before reduction treatment was provided in the hospital. Findings include: R4's diagnosis include but not limited to

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Dementia, Parkinson's Disease. Cognitive

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: _ **B. WING** 09/17/2020 IL6009112 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3800 NORTH CALIFORNIA AVENUE PAUL HOUSE & HEALTH CR CTR **CHICAGO, IL 60618** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 Continued From page 2 S9999 Communication Deficit and Presence of Right Artificial Hip Joint. On 9/16/2020 at 10:39 am, V23 (LPN) stated that on 2/19/2020, she called V37 (POA) to remind her about R4's orthopedic appointment on 2/20/2020 at 12:05 pm. V23 stated that V37 wanted to cancel the appointment. V23 stated that she then notified V10 (NP) that V37 needed to cancel R4's orthopedic appointment, and V10 ordered for an X-ray of R4's right hip. V23 added that if a family member or POA cannot come with a resident to a medical appointment, then the facility will offer an escort to accompany the resident. V23 could not recall if she offered V37 an escort for R4's orthopedic appointment. On 9/15/2020 at 9:33 am, V15 (Scheduler) stated that if there's no family member available to go with a resident to a medical appointment, the nurse will call her to set up an escort. Facility document, titled "Escort for Patients/Residents" and dated February 2020, documents, in part, that V37 (POA) is R4's escort for the 2/20/2020 orthopedic appointment with V21 (Orthopedic Surgeon). R4's portable X-ray results of right hip from 2/19/2020 at 8:56 pm, document, in part, "Acute posterior dislocation of femoral head prosthesis with inward rotation of femur." On 9/17/2020 at 6:31 am, V19 (RN) stated that when she received R4's first right hip X-ray result on 2/20/2020 at 12:45 am, she called V17 (NP) with the results, and V17 replied that she wanted

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R4 to attend his orthopedic appointment scheduled on 2/20/2020 and to inform V10 (NP)

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED. AND PLAN OF CORRECTION A. BUILDING: B. WING IL6009112 09/17/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3800 NORTH CALIFORNIA AVENUE PAUL HOUSE & HEALTH CR CTR CHICAGO, IL 60618 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 of this right hip X-ray result for R4. V19 stated that V17 did not give an order at this time to transfer R4 to the hospital for the right hip dislocation. Furthermore, V19 stated that on 2/20/2020 at 4:32 am, when R4's right femur and lumbar spine X-ray results came in, she called V27 (Former) Employee, NP) and read him the results. V19 stated that she informed him that she had already communicated to V17 the results of R4's first right hip X-ray and that she had ordered for R4 to attend the orthopedic appointment scheduled on 2/20/2020 and that V19 would be notifying V10 of R4's X-ray results in the morning. V19 stated that V27 did not give an order at this time to transfer R4 to the hospital for the right hip dislocation. V19 continued to state that on 2/20/2020 at 6:45 am, she called V10 (NP) and relayed R4's right hip X-ray results to her, and that V10 ordered for R4 to go to the scheduled orthopedic appointment on 2/20/20 and for V19 to call V37 (POA) to inform her of this order. V19 stated that she phoned V37 and left this new order from V10 on V37's voicemail. V19 stated that V10 did not give an order at this time to transfer R4 to the hospital for the right hip dislocation. On 2/20/2020 at 8:00 am, V36 (RN) documented, in part, that V37 (POA) wanted to reschedule V4's orthopedic appointment due to being sick. On 2/20/2020 at 10:00 am, V36 documented, in part, that R4's rescheduled orthopedic appointment was made for 2/27/2020 at 12:05 pm, and V37 and V10 (NP) were made aware of the new orthopedic appointment date. On 9/17/2020 at 6:31 am, V19 (RN) stated that

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on 2/20/2020 at 7:45 pm, she witnessed R4

INTERENT DEPARTMENT OF DEPARTMENT OF DEPARTMENT OF DEPARTMENT OF STREET OF DEPARTMENT OF STREET OF DEPARTMENT OF THE OFFICE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE OF T	FORM APPROVED													
NAME OF PROVIDER OR SUPPLIER PAUL HOUSE & HEALTH CR CTR 3800 NORTH CALIFORNIA AVENUE CHICAGO, IL 6618 PROVIDERS CHEACH OR STREET ADDRESS, CITY, STATE, ZIP CODE 3800 NORTH CALIFORNIA AVENUE CHICAGO, IL 6618 PROVIDERS CHEACH OR STREET OF DEFCIENCES (EACH DEFICIENCY MUSTS BE PRECEDED BY PULL REGULATORY OR USE DEMIFYING INFORMATION) S9999 Continued From page 4 standing up from R4's wheelchair and fell to the floor. V19 stated that she immediately went to R4 while calling of help and then assessed R4. She stated that R4 complained of right hip pain and upon checking for range of motion, R4 had limited movement of the right leg. V19 stated, "I didn't force the movement (R4) had limited movement because of pain." V19 stated that she informed V27 (Former Employee, RP) of R4's fell and complaints of right hip pain, and he gave orders for X-rays of R4's right hip, femur and spine. V19 stated that on 2/21/2020 at 3:00 am, when she faxed R4's X-ray results from 219/2020, were "almost the same" and ordered to send both sets of R4's hip X-rays results with R4 to the orthopedic appointment scheduled on 22/72/2020. V19 stated that V27 (did not give an order at this time to transfer R4 to the hospital for the right hip risplacement prosthesis." On 9/17/2020 at 6:31 am, V19 (RN) stated that on 2/21/2020 at 6:31 am, V19 (RN) stated that on 2/21/2020 at 6:31 am, V19 (RN) stated that on 2/21/2020 at 1:23 am, V8 (LPN) stated that on 2/21/2020 at 1:23 am, V8 (LPN) stated that on 2/21/2020, she set up transportation with a non-emergency transportation provider company for R4 to go to the 2/27/2020 orthopedic	Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:													
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PAUL HOUSE & HEALTH CR CTR CHICAGO, IL 60618 PREFEX (PLAN DEFICIENCY MUST SEPRECEDED BY FILL TAG PREFIX TAG S9999 Continued From page 4 standing up from R4's wheelchair and fell to the floor. V19 stated that she limmediately went to R4 while calling of help and then assessed R4. She stated that R4 complained of right hip pain and upon checking for range of motion, R4 had limited movement of the right leg. V19 stated that she informed V27 (Former Employee, NF) of R4's fall and complaints of right hip pain, and he gave orders for X-rays of R4's right hip, femur and spine. V19 stated that CAY, results from 220/2020, when compared to the previous X-ray results from 2179/2020, were "almost the same" and ordered to send both sets of R4's in X-rays results with R4 to the orthopedic appointment scheduled on 2277/2020. V19 stated that V27 did not give an order at this time to transfer R4 to the hospital for the right hip peliacement prosthesis with subluxation of the metallic acetabular prosthesis." On 9/17/2020 at 6:31 am, V19 (RN) stated that she would be able to transport R4 to the 2277/2020 orthopedic appointment. On 9/14/2020, she set up transportation with a non-emergency transportation provider company for R4 to go to the 2277/2020 orthopedic On employed that she captor orthopedic appointment. On 9/14/2020, she set up transportation with a non-emergency transportation provider company for R4 to go to the 2277/2020 orthopedic On the did that the control orthopedic company for R4 to go to the 2277/2020 orthopedic On the did that the control orthopedic company for R4 to go to the 2277/2020 orthopedic On the provision of the provision or the provision of the provision of the provision or the provision or the provision of the provision or the provision of the provision or the provision of the provision or				DESS CITY S	TATE ZIP CODE									
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	Illinois Depa	would be able to troorthopedic appoint On 9/14/2020 at 1 on 2/21/2020, she non-emergency trafer R4 to go to the	ransport R4 to the 2/27/2020 tment. 1:23 am, V8 (LPN) stated that set up transportation with a ansportation provider company 2/27/2020 orthopedic											

STATE FORM

PRINTED: 11/16/2020 **FORM APPROVED**

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6009112 09/17/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3800 NORTH CALIFORNIA AVENUE PAUL HOUSE & HEALTH CR CTR CHICAGO, IL 60618 (X4) ID PREFIX **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 Continued From page 5 S9999 appointment at 12:05 pm. On 9/14/2020 at 1:19 pm, V10 (NP) was shown R4's right hip and femur X-ray results that were performed on 2/19/2020 and 2/20/2020, and V10 stated, "Oh my God, (R4) should have been sent out." V10 stated that R4 should have been sent out to the hospital with a dislocated hip. V10 stated that she cannot manually adjust a dislocated hip joint and that this treatment has to be done in the hospital. On 9/16/2020 at 10:39 am, V23 (LPN) stated that on 2/24/2020, V23 (LPN) stated that she received a new order from V10 (NP) for scheduled Acetaminophen twice a day for R4's right hip pain. V23 stated that due to R4's dementia, R4 wouldn't complain of any pain and would not request any pain medication. V23 stated that Acetaminophen was ordered twice a day for R4 for right hip pain relief coverage. On 2/24/2020 at 4:43 pm, V10 (NP) documented. in part, that R4 was examined, complained of right hip pain with a history of a recent fall with right hip dislocation and not taking any whenever (PRN). R4's Order Summary Report, with an order date of 2/25/2020, documents, in part, "Acetaminophen 325 mg, Give 2 tablets by mouth every 12 hours for right hip pain." On 9/15/2020 at 4:16 pm, V21 (Orthopedic Surgeon) stated that he has seen R4 on several occasions for he met R4 for the first time during R4's orthopedic office visit on 2/27/2020. V21 stated that he immediately could see that R4's right leg was contracted. V21 said that he immediately performed an X-ray in his office

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which showed that R4's right hip was dislocated. V21 stated that he attempted to "pop it back in,"

(X3) DATE SURVEY

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(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING:		COMPLETED		
		IL6009112	B. WING		C 09/17/2020		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3800 NORTH CALIFORNIA AVENUE CHICAGO, IL 60618							
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S9999	Continued From pa	ge 6	S9999				
78	difficult to do without when he asked R4 been like this, R4 stated that he sent hospital emergency R4's right hip joint.	eady in pain and that "it's ut sedation." V21 stated that how long R4's right hip has aid that R4 had "no idea." V21 R4 emergently to the nearest room to reduce and relocate					
	Surgeon) the right had that were taken and 2/20/2020, V21 right hip dislocation	read V21 (Orthopedic hip and femur X-ray results for in the facility on 2/19/2020 I stated that R4's confirmed on 2/19/2020 "needed to be red in a hospital emergency	70				
	suffered harm caus send out R4 for treadays, from 2/19/202 "With the nature of week, it makes it dikeep it in the socke of future dislocation parts don't get dam that it is R4's soft tist that get damaged that get damaged that can't always must have experier	16 pm, V21 stated that R4 sed by the facility's delay to atment at a hospital for eight 20 to 2/27/2020. V21 stated, R4's hip being out for over a fficult to put back in, harder to at and increased R4's chances as." V21 said that artificial aged with a dislocation, but ssues surrounding the hip joint the longer it stays dislocated that since R4 has dementia ake needs known to staff, R4 aced right hip pain during the nding R4 out to the hospital.					
	of 3/6/2020, docum dislocates hip, call s ambulance."	ry Report, with an order date lents, in part, "If (R4) 911 and go to hospital by epartment hospital records on				r.	
		020 revealed that R4 had right hip and received					

(X2) MULTIPLE CONSTRUCTION

Illinois Department of Public Health

PRINTED: 11/16/2020 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 NUMBER:** COMPLETED A. BUILDING: __ IL6009112 B. WING 09/17/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3800 NORTH CALIFORNIA AVENUE **PAUL HOUSE & HEALTH CR CTR** CHICAGO, IL 60618 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 intravenous sedation to reduce and set R4's right hip joint. (A)

Illinois Department of Public Health