

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014781	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2020
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NAME OF PROVIDER OR SUPPLIER SOUTHPOINT NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WEST 95TH STREET CHICAGO, IL 60643
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S 000	Initial Comments	S 000		
S9999	<p>Complaint Investigation #2087901/IL127475</p> <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.1210 b) 300.1210 c) 300.1210 d)6) 300.3240 a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>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:</p> <p>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.</p> <p>Section 300.3240 Abuse and Neglect</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These regulations are not met as evidenced by:</p> <p>Based on interviews and record review, the facility failed to follow their policies on Transfer/Mobility and Fall Prevention for one of three residents(R3) reviewed for falls with serious injuries. This failure resulted in V3 (Certified Nursing Assistant-CNA) transferring R3 who is coded on the Minimum Data Set (MDS) as a two person physical assist for transfer/mobility without assistance, causing R3 to fall to the floor. R3 sustained a fracture of the left femoral shaft. R3 was transferred to the hospital and underwent an emergency surgical procedure. R3 has been hospitalized since 10/2/2020.</p> <p>Findings Include:</p> <p>During review of R3 's hospital record on 10/7/2020 at 12:50 pm, R3 an 83 year old who sustained a fracture of the left femoral Shaft. R3 had to have emergency surgery on 10/2/2020. Per the hospital record R3 sustained the fall at the nursing home. The paramedics transferred R3 from the nursing home to the hospital emergency room.</p> <p>On 10/6/2020 at 11:00 am, review of nursing note by V4 (Nurse)read R3 complained of pain on 10/01/2020 at 11:07 pm. Another nursing note entered as a Late Entry by V4, reads; R3 was lowered to the floor after complaining of pain to the left leg on 10/01/2020 at 11:59 pm.</p> <p>During interview on 10/6/2020 at 9:42 am, V2 (Director of Nursing-DON) stated R3 fell and was</p>	S9999			

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S9999	<p>Continued From page 2</p> <p>sent to the hospital on 10/2/2020. V2 was asked for the investigation report, V2 stated she was still investigating and could only tell me on 10/2/2020, V3 (Certified Nursing Assistant-CNA) said R3 knees buckled and she lowered her to the floor.</p> <p>On 10/07/2020 at 11:40 am, review of R3 's Minimum Data Set (MDS) dated 07/09/2020, Section (G) (Transfer = 3/3, Bed Mobility = 3/3, Dressing = 3/3, Toileting = 3/3, Personal Hygiene = 3/3. R3 requires Extensive assistance with a Two Person Physical Assist. R3 is totally dependent on staff for all activities of daily living (ADL's).</p> <p>Review of R3's care plan for falls noted R3 had 6 falls, 01/03/2020, 01/23/2020, 03/17/2020, 04/13/2020, 07/09/2020 and 10/2/2020.</p> <p>During phone interview on 10/8/2020 at 10:23 am, V3 (CNA) stated she was getting R3 out of bed and transferring her to the wheelchair. R3 stated, "I had my gait belt on her (R3) and she was sliding, her knees buckled and I lowered her to the floor". V3 asked if she was familiar with R3 and she said, "Yes, I am her regular CNA". V3 was asked if she always transferred R3 by herself and she stated yes. V3 was asked if she knew R3 was a 2 person assist with transfer. V3 said well over her bed is a B-1 and that means a one person assist and that is what I go by.</p> <p>During phone interview on 10/08/2020 at 10:46 am, V5 (Treatment Nurse) stated I was out in the hallway and V3 was yelling for help. When I came in I saw R3 who was not sitting completely in the wheelchair. R3 was saying please don't let me fall. I told R3 I won't let you fall. I helped V3 lower the resident to the floor and I told her to go and tell the nurse that R3 was on the floor. V5 was</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>asked how long has she worked for the facility; she stated, since Jan 2019. V5 was asked what B-1 meant over the resident bed, she said 1 person assist.</p> <p>During interview with V4 (Nurse) on 10/08/2020 at 10:27 am, V4 (Nurse) said V3 told her R3's leg was hurting. V5(Treatment nurse) heard V3 yelling for help, she went in and helped assist V3 with R3. V4 was asked how long has she worked at the facility; she stated 7 years. V4 was asked what does B-1 over a resident's bed mean; V4 said I don't know. V4 was asked how would you know what the residents ability for transfer or mobility might be if they needed your assistance. V4 stated, I would go by what the CNAs tells me, they know if they are a mechanical lift or a sit to stand.</p> <p>During phone interview on 10/08/2020 at 10:39 am, V6 (Quality Assurance Nurse - QA) stated I was the nurse who initiated the investigation of R3's incident. V3(CNA) told me she went in to do patient care on R3 before lunch. V3 said she was trying to transfer R3 from the bed to the wheel chair. V3 said when R3 stood up her legs buckled. She tried to put her back in the chair but was not able to put R3 in the chair completely, so she yelled for help. V6 was asked how long had she worked for the facility, she stated, 1 month. V6 was asked what does B-1 over the resident bed mean. V6 stated a 1 on top of the B-1 means, 1 person transfer and the b-1 means bed mobility.</p> <p>Facility's Policy - Fall Prevention and Management :</p> <ul style="list-style-type: none"> This facility is committed to safety and maximizing each resident ' s physical, mental and psycho-social well- being. 	S9999		

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S9999	<p>Continued From page 4</p> <ul style="list-style-type: none"> · The purpose of our Fall Prevention and Management Program is to: · Provide our residents with an interdisciplinary approach to assess risk of falls · Provide appropriate interventions to prevent falls · Ensure that in the event a fall occurs, the fall will be investigated, appropriate emergency treatment will be provided and additional interventions will be implemented to prevent another fall from occurring as much as possible. <p>The Fall Prevention and Management Program uses clinical accepted guidelines to guide the prevention and management of falls. The program will:</p> <ul style="list-style-type: none"> · Identify risks for falls · Decrease the incidence of falls · Decrease the incidence of falls with injuries. <p>Transfer/Bed Mobility Policy and Procedure:</p> <p>Policy: All resident care will be provided in a safe, appropriate and timely manner in accordance with the individual resident Care Plan. All residents will be assessed by the facility Care Plan team with regard to the need for bed mobility assistance with transfer activities, mobility or repositioning in accordance with MDS procedures and requirements. The Care plan Team will make determinations regarding the bed mobility, transfer needs and other ADL needs based off the daily nursing Point of Care ADL documentation, speaking with unit staff at minimum during the Assessment Reference Date- ARD time frame of the MDS, review of rehabilitation programming, maintenance of functional abilities and review of chronic and acute medical conditions.</p> <p>Procedure: Sec. B -</p>	S9999		
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S9999	<p>Continued From page 5</p> <ol style="list-style-type: none"> 1. Transfer assistance, bed mobility assistance and other resident handling and movement task are to be carried out in accordance with the MDS, care Plan and written implementing instructions pertaining to the individual resident. 2. If a variance from the MDS and Care Plan is necessary, the supervisor (DON, ADON, MDS Nurse and Restorative Nurse will be contacted. 3. The staff will develop a plan of care by reviewing the actual resident needs with review of the facility 's ADL Tracking Point of Care and with interview of the unit staff and also the resident as applicable. This review during the MDS ARD time frame at minimum will assist the MDS, restorative Nursing staff of the actual resident transfer, repositioning and toileting needs. The MDS Nurse scoring of section " G " will follow the coding directions from the Resident Assessment Instrument (RAI) manual. Residents can and will often have fluctuations in their ADL ' s. 4. The MDS, Section G and the Point of Care ADL Tracking Log will be the primary nursing tool to assist in the assessment and determination of each resident ' s need for assistance with transfer activities, mobility or repositioning. The Care Plan team will determine and identify the proper and appropriate means of transfer and mobility assistance for each resident in accordance with this policy and these will be noted in the care plan and communicated to staff. <p>(A)</p>	S9999		