STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009377	A. BUILDING: _____ B. WING _____	C 02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRACE NURSING HOME,THE	1615 SUNSET AVENUE WAUKEGAN, IL 60087

(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 Statement of Licensure Violation: 1 of 1 Violation 300.610a) 300.1210b) 300.1210c) 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. The written policies and procedures 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. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009377	A. BUILDING: _____ B. WING _____	C 02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRACE NURSING HOME,THE	1615 SUNSET AVENUE WAUKEGAN, IL 60087

(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	Continued From page 1	S9999		

care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

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.

Section 300.3240 Abuse and Neglect

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:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009377	A. BUILDING: _____ B. WING _____	C 02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRACE NURSING HOME,THE	1615 SUNSET AVENUE WAUKEGAN, IL 60087

(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	Continued From page 2	S9999		

Based on interview and record review the facility failed to accurately assess the use of side rails, failed to identify a medical symptom for the use of a restraint, and failed to obtain consent for side rails for a resident with a cognitive impairment. This failure resulted in a resident being entangled in the side rails resulting in a right arm Humerus fracture. This applies to 1 of 5 residents (R1) reviewed for abuse in the sample of 5.

The findings include:

R1's face sheet shows she was admitted to the facility on 12/4/19 with diagnoses that include: congestive heart failure, hypothyroidism, rheumatoid arthritis, abnormalities of gait and mobility, muscle wasting and weakness, lack of coordination, anemia, unspecified dementia without behavioral disturbances, unspecified osteoarthritis, hypertension, rhabdomyolysis, overactive bladder, and a history of falls.

R1's physician's order sheet shows an active order for 1/2 bilateral side rails for positioning and mobility.

R1's Minimum data set (MDS) assessment of 12/17/19 shows she has a score severe cognitive impairment. The same assessment shows R1 has impaired mobility to both upper and lower extremities, and requires extensive assistance of 2 people for transfers, bed mobility, and turning and repositioning. R1's current careplan with a revision date of 1/2/2020 shows that R1 requires extensive to total care with ADL's (activities of daily living). The same care plan shows that the intervention for padded side rails was not added until 2/23/2020. There is no earlier intervention in the care plan that shows that R1 was using side rails on her bed. A bed rail

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009377	A. BUILDING: _____ B. WING _____	C 02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRACE NURSING HOME,THE	1615 SUNSET AVENUE WAUKEGAN, IL 60087

(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	Continued From page 3	S9999		

consent form dated 12/4/19 (R1's admission date) has the following categories checked for clinical indication for use of bed rails: To provide the resident with sense of security due to fear of falling, position aid to enable resident to reposition self and assist with entering/exiting bed and for safety for resident to decrease risk for slipping out of bed due to seizures or neurological disorders. (There is no diagnosis of either identified) This same consent is not signed by R1 or by R1's Power of Attorney.

R1's side rail assessments dated 12/5/19 and 12/10/19 shows boxes checked as a yes for the following areas: that R1 has a history of falls, is able to get out of bed without assistance, able to express their choice about side rail use, (R1's facility assessment shows that her cognition is severely impaired), and that the use of side rails would keep the resident from voluntarily getting out of bed.

The facility's IDPH (Illinois Department of Public Health) Incident Report Form completed by V2 (Director of Nursing) with an incident date of 2/23/2020 shows, V19 CNA (Certified Nursing Assistant) reported that the resident (R1) had her arm in the side rail and was lying cross wise in her bed, she states as she was helping the resident to free her arm the resident pulled her arm free and she said "oh, it's broken." The CNA states she called the nurse to assess the resident right away. Resident noted with deformity and swelling to right upper arm. Resident transferred by Elite ambulance to (a local) ER (emergency room) for evaluation.

The facility's incident description document dated 2/23/2020 at 9:13 PM, completed by V2, shows that R1 was twisted in her bed laying across it

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009377	A. BUILDING: _____ B. WING _____	C 02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRACE NURSING HOME,THE	1615 SUNSET AVENUE WAUKEGAN, IL 60087

(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	Continued From page 4	S9999		

and had her arm through a 1/2 side rail and her legs through the opposite 1/2 side rail. V19 was assisting the resident to free her arms and legs from the side rails, and the resident pulled her arm out and said "oh it's broken." The same document shows that R1 was sent to a local community hospital emergency room for evaluation and admitted with a diagnosis of a right arm (Humerus) fracture.

On 2/25/2020 at 12:47 PM, V19 said on 2/23/2020 she had put R1 to bed and was completing care for her when V2 called her out of the room to assist another resident. V19 said R1 was lying on her back in bed with her head on a pillow lying on her side with her legs pulled up towards her chest like in a fetal position and her siderails were both up as she exited the room. V19 said she cared for another resident for about 15 minutes and then returned to R1's room. When she entered the room she saw that R1 was twisted in bed and lying across the bed with both legs through the side rail on the left side of the bed and her arms "intertwined" in the side rail on the right side of the bed. V19 said she was lying almost "kiddy corner" in the bed. V19 said she went around to the left side of the bed and was able to get her legs out of the rail easily. She then took her hips and lifted them trying to move her. She said she got one arm free when she was lifting her hips up but she couldn't get the other arm free so she was going to come around to the right side of the bed to attempt to free the arm when the resident suddenly pulled the other arm out of the bed rail and said "oh its broken." V19 said she looked at R1's arm and knew something was not right so she left the room to get help. V19 said she normally was transferring and repositioning R1 by herself because she was so small and other aides were transferring and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009377	A. BUILDING: _____ B. WING _____	C 02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRACE NURSING HOME,THE	1615 SUNSET AVENUE WAUKEGAN, IL 60087

(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	Continued From page 5	S9999		

repositioning her alone. V19 said "You should never assume you can do it yourself, I should have went out and got V2 instead of me trying to do it alone." V19 said she was alone in the room the entire time. She did not leave to go get help because " I thought I could get her out myself so I didn't go get help."

On 2/25/2020 at 11:45 AM, V2 said she was R1's nurse on 2/23/2020 when R1 sustained an arm fracture. V2 said that V19 came and told her that R1 was twisted in her bed, and something was wrong with her arm. When V2 entered the room she noticed that R1 was guarding her arm, she palpated the arm, immobilized it the best she could, and R1 was sent to a local emergency room. R1 was diagnosed with a Humerus fracture. On 2/26/2020 at 12:47 PM, V2 additionally said that when she palpated R1's arm she could feel the deformity in it. V2 said she leaves some autonomy with the staff to determine how many people they need to transfer or reposition a resident, but the facility Minimum Data Set (MDS) is the most accurate indicator of how many staff are needed. R1's 12/17/19 MDS shows she requires 2 people to turn and reposition in bed. V2 also said she does not see anything indicated on R1's care plan about the use of restraints/side rails that restorative should have addressed. There is nothing documented in R1's progress notes showing that R1's family representative gave verbal consent for the use of bed rails. She didn't care for the bed anyway that R1 was using, and a new bed without side rails and low to the ground was being delivered to the facility for R1.

On 2/25/19 at 1:45 PM, V12 (CNA) said that R1 is not able to use the side rails to turn herself.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009377	A. BUILDING: _____ B. WING _____	C 02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRACE NURSING HOME,THE	1615 SUNSET AVENUE WAUKEGAN, IL 60087

(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	Continued From page 6	S9999		

On 2/25/2020 at 2:00 PM, V13 (Restorative CNA) said that R1 was supposed to have 2 staff assisting her with bed mobility and transfers and that she has no idea why R1 had the side rails because she wasn't able to use the side rails to turn and was always trying to get up on her own.

On 2/25/2020 at 3:05 PM, V2, V19, this surveyor, and another surveyor were present and went to the room and the bed R1 had been in when the incident occurred. V19 showed us how R1 was positioned in the bed when she found her. She described that R1 was on her back with her upper body turned toward her right side and her arms through the side rail. R1's legs were through left side rail. V19 demonstrated, she walked around the bed to the left side and freed R1's legs. She said she (from the left side of the bed) lifted R1's hips to try to free her arms and then suddenly R1's arm flopped on her chest and R1 said "Oh its broken." V19 then walked around to the right side of the bed to ask R1 what she had said. V19 said that her arm didn't look right so she left the room and got help.
There were partial side rails on both sides of the bed, which were in the middle 1/3 of the bed, and approximately 2-3 feet long. The side rails had multiple bars parallel to each other with (approximate) 4 inch gaps in between each bar. The openings in between the bars of the side rails would allow for a residents arms and legs to go through them. Both sides of the bed were open at the head and foot area. V19 had to use both of her hands to pull the knob that was on the outside of the siderail to put it up and down.

On 2/26/20 at 10:00 AM V3, (Director of Therapy) said that R1 had severe rheumatoid arthritis and deformities to her hands which limited her movements and ability to grab/hold items. He

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009377	A. BUILDING: _____ B. WING _____	C 02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRACE NURSING HOME,THE	1615 SUNSET AVENUE WAUKEGAN, IL 60087

(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	Continued From page 7	S9999		

additionally said that due to R1 being cognitively impaired it could prevent her from figuring out how to get her body out of the side rails.

On 2/26/2020 at 1:20 PM, V15 (R1's physician) said "I always thought her side rails were to prevent her from getting up." V15 also said with the description that is being described to her it is highly possible the fracture resulted from that action itself, of the CNA pulling on R1's hips while trying to free her from the rail. V15 stated, "for sure she should have gotten help to free her from the bed rails she is so tiny and fragile."

R1's records from a local community hospital transcribed on 2/24/2020 show that R1 presented after her arm was caught in a railing at the nursing home and was found to have a right humeral fracture and orthopedics were being consulted. Additional records from the same hospital titled *Preliminary Report* performed by V21 (Orthopedic Physician Assistant) and electronically signed by V20 and V21 (Orthopedic Physician) show, " Pt. presents with deformity to right upper arm. Per nursing home staff, pt has a history of falls, but had her arm stuck in the railing tonight." "Assessment/Plan: Fracture of the right Humerus maintain sling. Diagnostic Results show R1 has a right Humerus displaced and angulated fracture." V20 and V21 were attempted to be contacted on 2/26/2020 with no return call.

The facility's 12/2017 Bed Rails Policy shows, Every resident will have a safe and comfortable sleeping environment and bed. Therefore bed rail(s) use is discouraged due to the risks for injury and death. However, if a resident (or resident's representative) chooses to have bed rails of any form installed on the bed in the facility, he or she may do so with the appropriate

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009377	A. BUILDING: _____ B. WING _____	C 02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRACE NURSING HOME,THE	1615 SUNSET AVENUE WAUKEGAN, IL 60087

(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	Continued From page 8 consent. Procedure: A written consent is obtained from the resident or his/her representative via bed rails consent form. The facility may use a phone consent until a written consent is attained from the representative. A care plan will be written addressing the resident's needs/request for the bed rails and reviewed quarterly. (B)	S9999		