STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011589	A. BUILDING: _____ B. WING _____	C 11/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH HOLLAND MANOR HTH & RHB	2145 EAST 170TH STREET SOUTH HOLLAND, IL 60473

(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 1998271/IL117389	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1210b) 300.1210c) 300.1210d)6) 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 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	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 and assistance to prevent accidents. These requirements were not met as evidenced by: Based on interview and record review the facility failed to follow their Bed Bath and Repositioning Policies and failed to use a 2 person physical assist while providing activities of daily living (ADL) care for 1 of 3 residents (R2) reviewed for bed mobility in a total sample of 7. This failure resulted in R2 rolling out of bed while receiving care and suffering a bruise to the jaw and a laceration to the right forehead requiring sutures. Findings Include: The Incident Report dated 10/31/19 documents that a staff member was assisting R2 with a bed bath. R2 was rolled onto the side while being cleaned. Staff was reaching for wipes and the resident was observed rolling off the bed and onto the floor. R2 was transferred to the local hospital for evaluation and treatment. Hospital Records dated 10/31/19 documents that R2 was admitted with bruising to the right side of the face and a 3.5cm laceration to right side of the forehead that required 9 sutures for repair. On 11/27/19 at 1:30pm V6 (Certified Nursing Assistant/CNA) stated "I went into the room and proceeded to provide care. I got R2 in position and rolled the resident over onto the side. I took my hands off the resident to get the wipes I needed to clean R2 up. The wipes were laying on the bed and I was getting the wipes out and the resident started rolling. I could see R2 falling but I couldn't stop it from happening. The nurse came in and we got R2 up. The resident was bleeding	S9999		

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S9999	Continued From page 2 from a cut on the head and was sent out to the hospital. R2 does roll and I usually move the resident by myself." The care plan dated 9/4/19 documents that R2 usually requires a 2 person assist with ADLs and the Quarterly Minimal Data Set (MDS) dated 10/15/19 documents that R2 requires 2 person physical assist with bed mobility and ADLs. (B)	S9999		