

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001796	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/14/2019
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NAME OF PROVIDER OR SUPPLIER CLARK MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 7433 NORTH CLARK STREET CHICAGO, IL 60626
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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
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S 000	Initial Comments Facility Reported Incident of 11/01/19 - IL117235	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210a) 300.1210 d)6) 300-3240 a) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/06/19
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S9999	<p>Continued From page 1</p> <p>that each resident receives adequate supervision and assistance to prevent accidents</p> <p>Section 300.3240 Abuse and Neglect</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 interview and record review, the facility failed to follow the current care plan interventions for an agitated resident by attempting to physically restrain the resident for 1 of 3 residents (R1) reviewed for behaviors. This failure resulted in R1 increasing agitated behavior and in the process obtaining lacerations to 4 fingers in his right hand, which required R1 to be sent emergently to the hospital and obtaining 14 stitches to the right hand.</p> <p>Findings include:</p> <p>On 11-13-19 at 12:55pm, R1 stated, "one day (10-26-19) in the afternoon I wanted to go down to buy a soda. I asked V4 (Certified Nursing Assistant, C.N.A.) if I can go downstairs to buy a soda and he told me no. I was by the elevator on the 4th floor when the elevator door opened and I went in. V3 (chef) was in the elevator and he told me I need to get out otherwise he will lose his job. I tried to get to the elevator buttons but he did not allow me by blocking them. I went out of the elevator because V4, (C.N.A.) and V12, (Activity Person) were pulling on me. I grabbed the elevator door to open it up, then V12 grabbed me from behind, holding my pants and dragged me out of the elevator. When V12 dragged me my</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>fingers got cut by the sharp metal edge from the elevator door. I went to the hospital and my fingers were sutured."</p> <p>On 11-13-19 at 12:15pm, V3 (Chef) stated, "I was delivering a salad and I held the elevator door open on the 4th floor. I was the only one in the elevator. I stopped the elevator by pulling the stop button, R1 came into the elevator and was reaching for the elevator button. The male C.N.A. (V4) and (V12) activity person came to redirect him. He eventually went out of the elevator. I released the stop bottom from the elevator, the elevator door was closing, and from the outside the patient grabbed the door with both hands. I pushed the stop botton again. R1 was screaming and using profanity. R1 was being held by a staff member. I could not see the person behind R1. The next thing I saw was blood all over the place.</p> <p>On 11/13/2019 at 2:11pm, V12, Activity Aide, stated, "R1 gets along with me and I told R1 to let go of the elevator door. In the mean time I was holding R1 from his waist and pulling him to stop him from going back into the elevator and I observed R1 with blood in his hand. The care plan interventions we need to use with R1 are talking to him to deescalate his behavior, to re-direct R1 to a quiet area but not to put our hands on the patient. On that day R1 was not listening to anyone because his goal was to go downstairs. The security talked to him and took him down to smoke after the nurse bandage his hand.</p> <p>On 11/13/19 at 3:10pm, V10 (Security Guard) stated, "On 10-16-19 at about 7:00pm I was called from the 4th floor because R1 was agitated. I talked to him and re-directed him and I took him down for a smoke break. R1 has a</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>history of giving staff trouble. R1 wants to go to the elevator and down to the first floor. R1 is in the locked unit and R1 needs staff supervision when he leaves the floor. R1 goes to the elevator and pushes people around when he wants to go into the elevator. I am not able to put my hands on anyone, the best way to calm a patient is talking to the patient.</p> <p>Per Nurses notes, dated 11/14/19, reads R1 went to the ER on 10-26-19.</p> <p>Per Hospital records, dated 10-26-19, reads R1 Laceration/ hand injury.</p> <p>Care Plan, dated 9-20-2019, reads R1 under focus: "R1 verbally aggressive behavior when agitated. Interventions; R1 becomes verbally or physically abuse attempt to calm R1, talk to him in a calm manner and walk with him to a quiet area to discuss concern."</p> <p>In-service validation form, dated 10-17-19, Title customer service, and outlines approaches on how to deal with residents with aggressive behaviors to be able to calm them down.</p> <p>On 11-13-19 at 2:20pm, V2 (director or nursing) stated we follow the nonviolent crisis interventions (CPI). We do verbal de-escalation with the patient, no staff is to physically hold or restraint the patient when they are aggressive or agitated.</p> <p>Nonviolent crisis intervention foundation course workbook reads on page 39, using a physical approach, staff may accelerate the individual's behavior rather than decelerate it.</p> <p>(B)</p>	S9999		
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