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: _ C B. WING IL6015630 06/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2600 NORTH ANNIE GLIDDEN ROAD **DEKALB COUNTY REHAB & NURSING DEKALB. IL 60115** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation #1713766/ IL94962 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)3)6) 300.1220b)2) 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. Attachment A Section 300.1210 General Requirements for Nursing and Personal Care Statement of Licensure Violations b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological

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

TITLE

(X6) DATE

07/17/17

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6015630 06/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2600 NORTH ANNIE GLIDDEN ROAD **DEKALB COUNTY REHAB & NURSING** DEKALB, IL 60115 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) S9999 S9999 Continued From page 1 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. 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 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 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 2)Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ C B. WING IL6015630 06/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2600 NORTH ANNIE GLIDDEN ROAD **DEKALB COUNTY REHAB & NURSING DEKALB, IL 60115** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) S9999 S9999 Continued From page 2 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 requirements were not met as evidenced bv: Based on interview, and record review, the facility failed to identify agitated behaviors for a Dementia resident as an indicator of pain. The facility failed to asses swelling to a residents leg on June 11, 2017. These failures contributed to R1 having a delay in treatment, R1 was found to have a femur fracture and a deep vein thrombosis on June, 12, 2017. This applies to 1 of 3 residents (R1) reviewed for falls and injuries in the sample of 5. The findings include: R1's Diagnosis Sheet shows she was admitted on February 12, 2016 with diagnoses including Alzheimer's disease, anxiety, osteoarthritis, osteoporosis, and hyperlipidemia. The sheet shows R1 has sustained previous fractures since her admission. On June 27, 2017 at 10:50 PM, R4 (R1's former roommate) said R1 bumped her leg on her wheel chair a couple weeks ago. R4 said R1 sat up real

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fast and threw her legs over the side of the bed,

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6015630 06/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2600 NORTH ANNIE GLIDDEN ROAD **DEKALB COUNTY REHAB & NURSING DEKALB. IL 60115** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 bumping her legs on the chair. R4 said this occurred the day before R1 was sent to the hospital (R1 went to the hospital on June 12. 2017). R1's Care Plan last updated June 1, 2017 shows R1 requires limited assistance of 1 staff member and gait belt for ambulation. On June 27, 2017 at 4:30 PM, E7 (Registered Nurse-RN) said she was R1's nurse from 3:00 PM-11:00 PM on June 11, 2017. E7 said R1 was velling and screaming the entire shift. E7 stated, "(R1) usually yells out, but I have never heard her scream like that." E7 said after eating supper, R1 was transferred from the wheel chair to the recliner in the hallway near the nurse's station. E7 said R1 was not there for long because she was still screaming, so she had the CNAs transfer her into bed. On June 28, 2017 at 12:58 PM, E9 (Certified Nursing Assistant-CNA) said she worked on June 11, 2017 from 3:00 PM-11:00 PM. E9 said the first shift staff reported to her that R1 had been screaming all day. E9 said "When we came in it was more of the same." E9 said R1 was "Screaming at the top of her lungs ...like in a panic." E9 said R1 was very stiff and could hardly move. E9 said R1 was "Very stiff and anxious. panicked." E9 said she was in with R1 for 45 minutes to an hour that night and it did not stop her from screaming. On June 27, 2017 at 3:00 PM, E8 (CNA) said "From the moment I walked onto that hall at 2:45 PM (R1) was yelling and screaming." E8 said she has dealt with R1's yelling before but not to this level. E8 said at bedtime R1 was transferred from her wheel chair to the bed for care. E8 said R1

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Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: С B. WING IL6015630 06/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2600 NORTH ANNIE GLIDDEN ROAD **DEKALB COUNTY REHAB & NURSING DEKALB. IL 60115** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 4 S9999 was combative during care. R1 was then transferred from the bed to the wheel chair and then transferred into the recliner in the hallway. On June 27, 2017 at 8:49 AM, Z1 (R1's family member) said on June 11, 2017 the facility called her around 7:00 PM and asked if she could come to the facility due to R1's agitation. Z1 said when she got to the facility R1 was distraught. Z1 said usually she can calm R1, however she was not able to on that date. Z1 said R1 complained that her left leg hurt. Z1 said R1 also complained that her head and her stomach hurt, so she did not know what to make of it. Z1 said she stopped by and spoke with E7 (RN) and asked her to call the doctor and get something for her pain and anxiety. Z1 said R1 had a history of yelling out, but she could tell this time R1 was in pain. On June 27, 2017 at 2:40 PM, E11 (RN) said she worked the overnight shift from 11:00 PM on June 11, 2017 through 6:00 AM on June 12, 2017. E11 said R1 was calling out, complaining of pain in her left arm, her right arm, and her left leg. E11 said she noticed R1's left knee was swollen. On June 27, 2017 at 1:53 PM, Z2 (Agency CNA) said she worked the overnight shift (11:00) PM-7:00 AM) on June 11, 2017, Z2 said around midnight R1 woke up and started yelling out. Z2 said she went to move R1 and R1 screamed out and said her left knee hurt. Z2 said she noticed a cut on R1's leg. R1 was transferred from her bed to her wheel chair and then taken out to the hall and transferred to the recliner. Z2 said as they were transferring her, R1 complained of pain again. Z2 said after R1 had her feet up in the

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R1's left lea.

recliner, Z2 said she saw "serious swelling" to

PRINTED: 08/04/2017 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: _ C B. WING IL6015630 06/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2600 NORTH ANNIE GLIDDEN ROAD **DEKALB COUNTY REHAB & NURSING DEKALB. IL 60115** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRFFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 5 On June 28, 2017 at 9:11 AM, E12 (CNA) said she worked June 11, 2017 from 11:00 PM-7:00 AM. E12 said Z2 called her into R1's room and she noticed a little blood on R1's sheet. E12 said there was a little scrape on R1's left leg and the leg was swollen from her hip to past her knee. E12 said R1 always complains of pain but this time it was different. E12 said R1 had increased restlessness that shift. On June 27, 2017 at 2:30 PM, Z3 (Agency LPN) said she worked the day R1 was sent out to the hospital (June 12, 2017). Z3 said R1 was complaining of pain in her left leg when she got up that morning and there was swelling in her left leg. Z3 said she received the Physician order to send R1 to the hospital for evaluation. On June 27, 2017 at 8:00 AM, E3 (Assistant Director of Nursing-ADON) said she received a call about R1 after 11:00 PM on June 11, 2017. E3 said she was informed by E11 that R1 had a bad night and the doctor had been called to get an order for Ativan (an anti-anxiety medication). E3 said she was informed R1 was calling out and restless, and had swelling to her left knee. On June 28, 2017 at 1:42 PM, E2 (DON) said if the nurse sees swelling on a resident, she would expect them to inform the doctor. On June 28, 2017 at 1:45 PM, E1 (Administrator) said according to the facility's census sheets R1

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go to the ER.

left the building at 11:10 AM on June 12, 2017 to

Nurse's Progress Notes of June 11, 2017 show at 3:30 PM "Tramadol (pain medication) given for general discomfort. Resident continued to scream out. "Get me out of here" over and over. Pt

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
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DEKALB COUNTY REHAB & NURSING DEKALB, IL 60115							
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S9999	Continued From page 6		S9999				
	snacks and fluids yes Creamed out after screaming. Unable asked "Do you hurt notes show at 9:10 10:00 PM R1 conting The Nurse's Progres 11:00 PM-7:00 AM complained of pain bilateral upper extreedema to R1's left to The Nurse's Progreshow at 9:00 AM, put 12 minutes later, R1	ess Notes of June 11, 2017 shift show resident to left lower extremity and emities. The notes show					
	May 7, 2017 shows impairment and req 1 staff member for members for transfe hygiene, and bathin R1's as needed me	Set (MDS) assessment of she had severe cognitive uired extensive assistance of ambulating and 2 staff ers, dressing, personal g. dication record shows R1 Tramadol 25-50 milligrams					
	(mg) every 6 hours	as needed or Tylenol 650 mg on June 11, 2017 receiving					
	2017 shows "During department patient evaluation and she oblique fracture throextending into the jo	ry and Physical dated June 12, g initial evaluatioin, emergency has undergone extensive has been diagnosed to have a bugh the left distal femur pint space. Venous ultrasound rextremity was positive for					

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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: C B. WING IL6015630 06/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2600 NORTH ANNIE GLIDDEN ROAD DEKALB COUNTY REHAB & NURSING DEKALB. IL 60115** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) S9999 Continued From page 7 S9999 acute deep vein thrombosis involving left common femoral vein to left posterior tibial and peroneal veins." The notes show R1 had open reduction internal fixation surgical procedure to her left leg for a distal femur fracture. The facility's Employee Action Sheet (form staff fill out regarding incidents) shows prior to 11:30 PM while Z2 and E12's (CNAs who worked June 11,2017 on the 11:00 PM-7:00 AM shift) were transferring R1 they noticed a small cut on her left leg and R1 complained of pain in her left knee. R1's knee and her led were swollen. The form also shows R4 reported to the CNAs that R1 had fallen about 2 hours earlier. The Employee Action sheet with E8's (CNA who worked June 11, 2017 on the 3:00 PM-11:00 PM shift) statement shows R1 was extremely agitated and restless on June 11, 2017. Calmed for brief periods only. Was one-on-one for several hours. The sheet shows R1's left knee was slightly swollen. A January 22, 2017 Diagnostic Imaging Department report shows R1 suffered a displaced fracture of the left ischial tuberosity 6 months previously. The report shows R1 had mild osteoarthritis affecting her hips and her bones appear demineralized. The facility's undated Pain Management Guidelines shows "The goal of the pain management program is to provide optimal comfort, reduce complications, and enhance each resident's well being. Program goals will be accomplished by timely recognition, assessment, and management of pain." The guidelines shows B. Pain Assessment: c. For cognitively impaired or unconscious residents, utilize nonverbal

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