Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015135	A. BUILDING: _____ B. WING _____	C 03/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLFVIEW DEVELOPMENTAL CENTER	9555 WEST GOLF ROAD DES PLAINES, IL 60016

(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
Z 000	COMMENTS CO# 1890597/IL99859 CO# 1890999/IL100293	Z 000		
Z9999	FINDINGS Statement of Licensure violations: 350.620a) 350.1210 350.1220j) 350.1230d) 350.3240a) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following Section 350.1220 Physician Services j) The facility shall notify the resident's physician of any accident, injury, or change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not	Z9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 03/22/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015135	A. BUILDING: _____ B. WING _____	C 03/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLFVIEW DEVELOPMENTAL CENTER	9555 WEST GOLF ROAD DES PLAINES, IL 60016

(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
Z9999	Continued From page 1 limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days Section 350.1230 Nursing Services d) Direct care personnel shall be trained in, but are not limited to, the following: 1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical, nursing or psychosocial intervention. 2) Basic skills required to meet the health needs and problems of the residents. 3) First aid in the presence of accident or illness. Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These Regulations are not met as evidenced by: Based on record review and interview, the facility failed to ensure nursing met the health needs of 1 of 1 client (R2) in the sample who was diagnosed with a stroke, and expired 5 days later in the hospital, and for 1 of 1 client (R1) in the sample who developed cellulitis, an open wound of her left lower extremity, and sepsis. Findings include: 1. The incident report involving R2, dated and	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015135	A. BUILDING: _____ B. WING _____	C 03/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLFVIEW DEVELOPMENTAL CENTER	9555 WEST GOLF ROAD DES PLAINES, IL 60016

(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
Z9999	Continued From page 2	Z9999		

timed 1/19/18 at 1:45am. The incident states that R2 was found lying on the floor in his room by agency staff, Z3(Direct care staff), on his right side, next to his roommate's bed. R2's fall was unwitnessed. The care rendered was an abrasion noted to his right buttock was cleansed and bandaged, and R2 was to be monitored by Z3. A second incident report involving R2 for the same date of 1/19/18, at 9:50AM was reviewed. This report indicates that R2 is being transferred to the Emergency room via 911. Care rendered indicates that after speaking with E2(Assistant Director of Nursing), that R2 appears to be worse, with no pupil reaction, although can track to voice with his eyes, therefore, 911 was called. The Public Health notification for the same date and time indicates that R2 was transferred to the ER via 911 for hypertension, hyperglycemia and tachycardia, but the incident report does not indicate any of those findings.

R2's nursing quarterly assessment dated 11/22/17 indicates that R2 is verbal, alert and oriented to person and place, with baseline vital signs of 120/72 blood pressure, and 83 heart rate. R2's vision is normal. R2 is independent with his mobility, does not use an assistive device, and when ambulating, has a steady gait. R2's Physician Order Sheet dated 12/28/17 was reviewed. R2 has the noted diagnoses of Moderate Intellectual Disability, Hypertension, Agitation, Type II Diabetes, Secondary Parkinsonism, and Hypothyroidism.

R2's Nursing Notes: 8pm on 1/18/19. The entry from 8:00pm states that R2 had an emesis, and they will continue to monitor him. The entry from 10pm states that R2 has an unsteady gait, but denies pain. Entry from 11:30pm states that R2 was awake to go to the bathroom, but needed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015135	A. BUILDING: _____ B. WING _____	C 03/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLFVIEW DEVELOPMENTAL CENTER	9555 WEST GOLF ROAD DES PLAINES, IL 60016

(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
Z9999	Continued From page 3	Z9999		

assistance due to his unsteady gait. Vital signs were assessed and R2's blood pressure (B/P) and heart rate (HR) were 130/89 and 113. R2's O2 saturation level was 98% on room air(RA). The entry from 1/19/18 at 1:45am states that R2 was found on the floor in his bedroom, next to his roommates bed, lying on his right side, with his body up off the floor. An abrasion to his right buttock was noted, and was cleansed and bandaged. Vital signs at this time were HR of 101 and B/P 138/78. This was an unwitnessed fall, but no neurological assessments are documented, nor are any assessments regarding movement of his extremities. States that R2 was put back to bed, and no other injuries are noted. The physician was contacted, but no return call from the physician. Entry from 4:00AM states that R2 was up in his wheel chair, and in the nurses station. The dressing to his right buttock was intact, clean and dry. Vital signs indicate that his B/P is 135/38 and his HR is 116. An attempt to contact the physician was made, but again no answer from the physician's office. The entry from 6:30AM states that R2 was assessed and is now lethargic, but responsive. Vital signs indicate that R2's B/P is now 160/110, HR is 104, and is O2 sat is 97%. His blood sugar is elevated at 320. An attempt was made to contact the physician, but they were unable to reach him. R2 was reassessed and his blood sugar was 280, he refused to have his B/P taken, and his HR was 95 with an O2 sat of 97%. The author of this assessment (E2-Assistant Director of Nursing) writes that a discussion was had with the day nurse(E3) and both agreed to send R2 to the hospital. The next entry is timed at 10am. The writer of this note is E3, who indicates that she received report from E2(ADON), and after receiving report she contacted the physician's office nurse around 8:50am, informed her of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015135	A. BUILDING: _____ B. WING _____	C 03/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLFVIEW DEVELOPMENTAL CENTER	9555 WEST GOLF ROAD DES PLAINES, IL 60016

(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
Z9999	Continued From page 4	Z9999		

situation with R2, and that she was going to send R2 out to the ER for evaluation, (non emergent), based on the report she received from E2 and R2's change in condition. E3 called for an ambulance to transfer R2 at about 9:10am-9:15am, with an estimated time of arrival of 30 minutes. E3 then continues her note, stating that she then went into R2's room to assess him, and R2's B/P at this time was 160/100, with a HR of 111. R2's left arm was contracted(which is not his norm) and verbalized, "no" to the question of pain, but had no other verbal response. R2 seemed to track E3's voice with his eyes, but as he did, it appeared that his pupils were very small. E3 used the flashlight from her phone to check reaction two times, and did not get any reaction. E3 states that she discussed with the ADON, E2 and it appeared that R2's condition had worsened since E2's assessment, so a decision was made to call 911. Both 911 and the ambulance service arrived at the same time, but 911 transferred R2 to the ER. The next entry from 2:30pm indicates that the nurse practitioner called their facility at 1:30pm to inform them that R2 suffered a cerebral artery stroke and was in the Intensive Care Unit. The entry from 1/24/18 at 2:15pm indicates that R2 was either going to go for organ donation today or tomorrow, and the last entry from 1/24/18 at 3:30pm states that the physician's office called to let them know that R2 had passed away.

The paramedic report dated 1/19/18, indicates that they arrived at R2's bedside at 9:48am, and were dispatched because of altered mental status and heart problems. The nurse at the bedside, (unnamed) told the paramedics that R2 is always talkative, but now is not and his left arm is contracted which is not the norm for R2. The nurse told the paramedics that the last time R2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015135	A. BUILDING: _____ B. WING _____	C 03/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLFVIEW DEVELOPMENTAL CENTER	9555 WEST GOLF ROAD DES PLAINES, IL 60016

(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
Z9999	Continued From page 5	Z9999		

seemed normal was 9:30pm on 1/18/18.. The nurse continued to tell the paramedics that R2 was found on the floor at 5am(review of nursing notes and interviews indicate R2 was found on the floor at 1:45am). Paramedic assessment states that R2 had no resistance in his right arm when moved by their crew staff. The nurse also reported to paramedics that R2 had altered mental status. When the paramedics asked R2 to move his right lower extremity, he only was able to shake his left lower extremity. A lead was attached to assess cardiac status, and R2 was in normal sinus rhythm. The paramedic assessment reads that R2 is unresponsive, with decerebrate posturing, and is unable to move his right upper or lower extremity. His blood sugar level is 272, and is B/P is 170/100, with a HR of 98. R2 had no verbal response or motor response. Departure time is noted as 9:56am, with an ER arrival time of 10:00am.

The Hospital report for R2 from 1/19/18 states that R2 was diagnosed with a left MCA (middle cerebral artery) ischemic stroke with right hemiparesis with left sided gaze deviation-did not receive IPA as was out of IPA window, acute respiratory failure, likely inability to protect airway, and hypernatremia. The history of present illness states that R2 presented to the emergency room with altered mental status, and per history obtained from medical records, R2 was baseline at 9:30pm the previous night. Usually R2 talks frequently with clear speech, but at around 5am this morning, he was found on the floor. Helped back into bed. He woke up, and patient was not moving the right side of his body, and was not talking anymore. He also had an episode of urinary incontinence. He was noted to be more confused. Once seen and examined, R2 was noted to be unresponsive, not protecting his

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015135	A. BUILDING: _____ B. WING _____	C 03/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLFVIEW DEVELOPMENTAL CENTER	9555 WEST GOLF ROAD DES PLAINES, IL 60016

(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
Z9999	Continued From page 6	Z9999		

airway well and demonstrating cheyne stokes breathing. R2 had left gaze preference and spontaneously moving left upper extremity only.

The death certificate for R2 was reviewed. Cause of death was hemorrhagic stroke. Date and time of death was 1/24/18 at 12:28pm.

During a telephone interview with Z5(Guardian) on 2/20/18 at 10:30am, Z5 stated that E3 had called her on 1/19/18 at 9:15am, to inform her that R2, her brother, had a fall at 5am. E3 told her that R2 was found on the floor in his room, and that staff put him back to bed. Z5 stated that she wanted to speak with R2, but E3 wouldn't let Z5 speak with R2. Z5 stated that she called the facility back at 9:45am, and was told that R2 was going to the ER. Z5 stated that on the 20th, R2 suffered 2 seizures, and on Tuesday, 1/24/18, they made the decision to donate R2's organs because he was brain dead at this point. Z5 stated that every time she asked the facility about his status on 1/19/18, staff (E3) would say she didn't know. Z5 stated that when she arrived at the hospital on 1/22/18, his whole right side was flaccid, and his eyes were shifted to the left. Z5 stated that R2 had suffered a stroke, but because it took so long for R2 to get emergency assistance at the hospital, R2 was out of the 5 hour window, and the medication that R2 needed after a stroke(IPA), could no longer be administered.

During an interview with E2(ADON) on 2/20/18 at 11:30am, E2 stated that when she arrived for work the morning of 1/19/18 at 5am, Z4(agency nurse) told her that R2 had fallen earlier, but that they got him up ok, and put him back to bed, but that now he was unsteady, or not at his "baseline". E2 stated that she then assessed R2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015135	A. BUILDING: _____ B. WING _____	C 03/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLFVIEW DEVELOPMENTAL CENTER	9555 WEST GOLF ROAD DES PLAINES, IL 60016

(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
Z9999	Continued From page 7	Z9999		

and he was responsive, and squeezed her hand and said, "ya" when asked if he was ok. E2 stated that she then assisted Z4 with the medication pass. E2 stated that when the medication pass was almost finished, she checked on R2 again, and E3 went in to assess him too, and then they made a decision to send him out at 8:00am. When it was pointed out to E2 that her documentation states that she assessed R2 at 6:30am, not 5am as he had just indicated, she stated that 6:30am was when she charted, but the assessment was from 5am. When pointed out to E2 that her charting indicates that she made a decision with the day nurse to send R2 out to the hospital at 6:30am, but documentation indicates that R2 was not sent out until 9:48am, as per the paramedic report, E2 stated that she just assumed that Z4 would take care of it, and transfer R2 out. E2 stated that Z4 never called to send R2 out, so E3 had to send him out when she started her shift on the third floor. E2 explained that this was the first day Z4 ever worked at their facility. E2 was asked if R2 should have been sent out at 6:30am, as her documentation states a decision was made to do so. E2 stated that there was a change in his condition, that is why a decision was made to send him out. E2 was asked why she did not assist with the transfer, to ensure R2 received timely medical care. E2 stated that she needed to finish the medication pass, but that Z4 had information posted at the nursing station with the proper forms that needed to be filled out. E2 was asked if any other assessment of R2 was completed between her last assessment at 5am, and the assessment E3 completed at 9:15am. E2 confirmed, after looking at the nursing notes, that no other ongoing assessment was completed on R2. This writer asked to see the video surveillance footage from 1/19/18, to see what

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015135	A. BUILDING: _____ B. WING _____	C 03/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLFVIEW DEVELOPMENTAL CENTER	9555 WEST GOLF ROAD DES PLAINES, IL 60016

(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
Z9999	Continued From page 8 staff was going in and out of R2's bedroom on the day in question, but E2 stated that the footage only records the last two weeks, and as more time has passed, it is no longer available to review. During interview with E3(Day nurse) on 2/20/18 at 12:15pm, E3 stated that she arrived at the facility at 5:30am, and started to work on the second floor.(R2 resides on the third floor). E3 stated that she had over heard that R2 was unsteady, and was a 1 on 1, because of R2 being unsteady. E3 stated that after she completes the medication pass on the second floor, she reports to the third floor, and that is when she officially was responsible for R2, after Z4 gave her report at 8:50am. E3 stated that Z4 had reported R2's vital signs, and his blood pressure and blood sugar were still very high. E3 stated that she knows that R2 is not an insulin dependent diabetic, and with his blood sugar being so high, she just felt she needed to call for an ambulance. E3 stated that she called the physician's office to inform the nurse of the transfer, and also called R2's guardian. E3 stated that she was told the ambulance would arrive in about 30 minutes. E3 stated when she went in to assess R2 at about 9:15am, and took her own vital signs, she noticed that R2's left arm was contracted, and that his eyes just didn't look right,so she decided to call 911. When asked if she had a discussion with E2 about sending R2 out to the hospital at 6:30am, as E2's documentation reads, E3 stated that she did not have that conversation until she came up to the third floor, which would have been about 8:50am. E3 stated that E2's time on her nursing note is incorrect. E3 stated that when she assessed R2, she could see it was a scary situation, and with his left arm being contracted and the way his eyes looked, she knew she had	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015135	A. BUILDING: _____ B. WING _____	C 03/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLFVIEW DEVELOPMENTAL CENTER	9555 WEST GOLF ROAD DES PLAINES, IL 60016

(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
Z9999	Continued From page 9	Z9999		

to call 911. E3 also confirmed that no further(neurological or physical) assessment was completed in the chart after E2's charting at 6:30am(which was really a 5am assessment) through 9:15am, when she herself documented her assessment.

During a telephone interview with Z3(Agency Direct care staff) on 2/21/18 at 10:20am, Z3 confirmed that she was the staff who found R2 on the floor. Z3 stated that she heard a scream, and when she went into R2's bedroom, she found R2 on the floor. Z3 stated that she yelled for the nurse, and Z4 and her put R2 back into bed. Z3 stated that she was told to stay with R2 in his bedroom, because he was unsteady, and they didn't want him to fall anymore. Z3 stated that R2 was not talking, but just trying to get out of bed. Z3 stated that if you would call his name, he would just look at you, and turn his head toward you, but he did not talk.

Telephone interview with E4(Physician) on 2/21/18 at 10:45am, E4 stated that he never saw the ambulance report, and never saw the records from the facility, but the ER report indicated that R2 had a fall around 5am. This writer informed E4 that through documentation review and interview, R2's fall actually occurred at 1:45am, and not 5am, as the ER report indicates. E4 stated that at some point through the night, R2 suffered a stroke. E4 stated that if R2 really fell at 1:45am as the facility documentation indicates, and it was an unwitnessed fall, nursing should have completed a thorough assessment with documentation, and not just taking vital signs. E4 stated that he would expect neuro checks to be completed every couple of hours after an unwitnessed fall. E4 stated that they need to document if an assessment is completed,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015135	A. BUILDING: _____ B. WING _____	C 03/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLFVIEW DEVELOPMENTAL CENTER	9555 WEST GOLF ROAD DES PLAINES, IL 60016

(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
Z9999	Continued From page 10	Z9999		

because if it is not documented, than you cannot confirm an assessment was performed. E4 stated that he would have expected the nursing staff to perform a more thorough assessment, and also made sure that R2 got to the ER much sooner than 10:00am.

During an interview with E1(Administrator) on 2/21/18 at 11:15am, E1 was made aware of the above information. E1 stated that the nursing staff should have at least made sure that R2 was sent out after the assessment that was documented by E2 at her 6:30am entry, which showed a very high blood sugar and blood pressure reading, and lethargy. E1 also stated that E2 should have assisted Z4 with the necessary paperwork, and called for emergency assistance, instead of focusing on the medication pass. E1 said it is more important to send out a client to the ER who is in declining health, than making sure a medication pass is completed on time.

2. The incident report involving R1, dated and timed 1/14/18 at 4:45pm. The incident states that R1 was sent out to the Emergency Room for evaluation of a temperature of 103.9, and swelling. The report does not indicate where the swelling is located on R1. The incident Report is authored by E2(Assistant Director of Nursing). The nursing notes for R1 state the following: date of 1/14/18 at 9am indicates that R1 had an emesis, and later that day, at 2:30pm. R1 indicated that she was cold. R1's temperature was assessed and she was low grade at 99.6. A sweater was provided to R1, and she was placed in bed. There is not another entry until 10:00pm, when E2 wrote that she had just received report from the PM nurse, who told E2 that R1 was sent

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015135	A. BUILDING: _____ B. WING _____	C 03/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLFVIEW DEVELOPMENTAL CENTER	9555 WEST GOLF ROAD DES PLAINES, IL 60016

(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
Z9999	Continued From page 11	Z9999		

out to the Emergency Room for evaluation due to redness, swelling and warmth to the touch to her lower extremities. The next entry, at 1/15/18 at 1:30am, indicates that R1 was admitted to ICU (Intensive Care Unit) for the diagnosis of severe sepsis. The PM shift nurse did not document any information from her assessment, when R1 when out to the Emergency room, or whether or not she called the guardian, physician or administrator.

The ambulance report dated 1/14/18 indicates that R1, upon arrival to the facility at 17:55(5:55pm) had a fever as her chief complaint of 103.9. The narrative states that the facility staff are not aware of how long R1 had this temperature, but that the nurse reported to the paramedics that R1 also had a left leg that has become red, swollen and with a laceration on her left foot. The paramedics assessment corroborates this as well, indicating that R1's left lower leg is swollen, and her left ankle has an abrasion.

Emergency Room report 1/14/18 indicates that R1, upon arrival to the ER , the facility staff who accompanied R1 to the ER told hospital staff that R1 has an open and tender lesion on the dorsal aspect of her left foot with erythema extending up to her mid shin. ER assessment verified this information, measuring a 1.5cm(centimeter) wound over the dorsum of the foot without active drainage, but was painful. This was on R1's left lower extremity. Lab work shows that R1's white count was elevated at 17.5 (indicating infection). The ER's final assessment was severe sepsis, celllulitis and a urinary tract infection. On 1/20/18, R1 required a left lower extremity limited medial and lateral fasciotomy, for cellulitis which was worsening.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015135	A. BUILDING: _____ B. WING _____	C 03/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLFVIEW DEVELOPMENTAL CENTER	9555 WEST GOLF ROAD DES PLAINES, IL 60016

(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
Z9999	Continued From page 12	Z9999		

During an interview with Z1(guardian) on 2/8/18 at 11:00am, via the telephone, Z1 stated that on 1/14/18 at 6:25pm, she received a call from the agency nurse(Z2) who told her that R1 had a temperature of 103.9 and that her left lower extremity was swollen, red and very hot, and that R1 had vomited one time. Z2 told Z1 that they were sending R1 to the ER for evaluation. Z1 stated that Z2 never mentioned any open wound or laceration to her left leg. Z1 stated that after speaking with the physician and nurse at the ER, that was how she learned that R1 had an open wound to her left leg and that R1 was being admitted for cellulitis, and urinary tract infection and that she had a laceration to her left foot. R1 was being admitted to MICU(Medical Intensive Care Unit) for monitoring and IV antibiotics. Z1 stated that no one mentioned to her that R1 had a laceration to her left foot from any facility staff. Z1 stated that R1 was not improving in the hospital, and required surgery on her left leg on 1/20/18. Z1 stated that R1 is recovering at a nursing facility for wound care currently. Z1 stated that she was told the infection started from the wound on her left foot.

During an interview with E1(Administrator) on 2/16/18 at 12:10pm, E1 was asked if the nurse caring for R1 on 1/14/18 was their own staff or agency staff. E1 verified it was agency staff(Z2) who cared for R1 this date on the pm shift. E1 was asked if he was notified of the un-planned ER visit for R1. E1 stated that he was on vacation, but the on call administrative staff was notified. E1 was informed that the incident report does not indicate that administration was notified, nor that the guardian was notified. E1 presented this writer with an email to E1 from E2(Assistant Director of Nursing) that R1 was being sent out for an evaluation of her left leg and foot being red,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015135	A. BUILDING: _____ B. WING _____	C 03/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLFVIEW DEVELOPMENTAL CENTER	9555 WEST GOLF ROAD DES PLAINES, IL 60016

(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
Z9999	Continued From page 13	Z9999		

hot and swollen and a temperature of 103.9. This email states that the guardian and administrator on call were both notified, but E1 confirmed that this email does not indicate that R1 had an open wound/laceration to her left foot. E1 was asked what should be documented in their nursing notes, when a client is sent out to the hospital. E1 stated that the nurse who is on duty at the time should document her assessment, and also document if the client is being sent out to the hospital or not. E1 confirmed that they have a specific policy which indicates what should be documented, and confirmed that Z2 did not document anything from her shift in the nursing notes for R1's left lower extremity and elevated temperature. E1 stated that even though Z2 is agency staff, she has been through orientation and knows what is expected of her. E1 provided this writer with a copy of their charting and documentation policy.

The charting and documentation policy (undated) was reviewed. This document indicates that all observations must be documented in the resident's clinical record. All incidents, accidents or changes in the resident's condition must be recorded. The documentation should include the date and time treatment was provided, the name and title of who provided the care, and assessment or any unusual findings obtained, notification of family or physician if indicated, and finally the signature and title of the individual documenting.

During an interview with E2 on 2/20/18 at 11:15am, E2 stated that she was the nurse who relieved Z2 from her shift on 1/14/18, the night R1 went out to the ER. E2 stated that Z2 told her that R1 had not been feeling well, and had a temperature of 103.9 with a red leg that was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015135	A. BUILDING: _____ B. WING _____	C 03/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLFVIEW DEVELOPMENTAL CENTER	9555 WEST GOLF ROAD DES PLAINES, IL 60016

(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
Z9999	Continued From page 14 warm to the touch. Z2 told E2 that she was sent out to the ER. E2 explained that she was not aware that Z2 never documented any of her assessment in the nursing notes, and also discovered that Z2 never filled out an incident report. E2 stated that when she was looking for the incident report on 1/16/18, and could not find one, she figured it out that Z2 never started the paperwork. E2 stated that was when she completed an incident report and faxed it to public health. E2 stated Z2 should have notified public health on 1/14/18, and also completed all the necessary paperwork, but confirmed that she Z2 did not. E2 also confirmed that Z2 had been trained on all of their policies and procedures related to sending someone out to the ER, documenting her assessment, notifying the doctor and guardian, and the documentation to verify this has been completed. (A)	Z9999		