

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007793</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/26/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>REGENCY REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6631 MILWAUKEE AVENUE NILES, IL 60714</b>
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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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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a)</p> <p>300.1210b)</p> <p>300.1210d)6)</p> <p>300.3240a)</p> <p>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.</p> <p>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.</p>	S9999		
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>01/17/15</b>
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*Attachment A  
Statement of Licensure Violations*

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S9999	<p>Continued From page 1</p> <p>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:</p> <p>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.</p> <p>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)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide adequate supervision for one of five residents (R4) who required toileting assistance with supervision due to ADL (Activities of Daily Living) and Self-Care Performance Deficit related to limited mobility and failed to follow their Fall Reduction Program policy and procedure. This failure resulted in R4 falling off the toilet while unsupervised resulting in admission to hospital with a right hip fracture and open reduction and internal fixation of the right hip.</p> <p>Finding Includes:</p> <p>The face sheet indicates R4 is 89 year old with diagnoses Spinal Stenosis, Osteoarthritis, Diabetes Mellitus Type 11, Essential Hypertension, Muscle weakness, History of Ankle</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Fracture, Difficulty Walking, Depressive Disorder, Anxiety, Obesity, History of Fall and Senile Dementia.</p> <p>The Minimum Data Sets date 11/24/14: Section C0500 Summary Score is 05 (00-15), C1000) Cognitive skills for daily decision making blank. C1300 Sign and Symptoms of Delirium coding (B). Disorganized thinking - Was the resident's thinking disorganized or incoherent was score 2 (rambling or irreverence conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)? The Functional Status Section G: (B): Transfer score was 3/3 (Extensive assistance -resident involved in activity, staff provide weight-bearing support and Two plus person physical assist). Section: G0300 and 0400: Balance During transition and walking and Functional Limitation in range of motion score was 2/2 (not steady, only able to stabilize with staff assistance and impairment on both sides).</p> <p>The progress notes date 12/03/14 at 4:00pm indicates resident was on the toilet, and this writer heard resident voice went to her room and found resident on floor lying by the toilet. This writer assessed, but resident was not able to move her right leg complaining of pain. Supervisor and Director of Nurses made aware. Resident was transferred to bed immobilized long rolled. The medical Physician notified and ordered transfer to hospital.</p> <p>Z3 (hospital) progress notes dates 12/04/12 indicates Resident suffered unwitnessed fall in the bathroom yesterday (12/03/14). X- Ray of right hip imaging revealed intertrochanteric fracture. She also was noted to have new onset</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>atrial fibrillation, evaluated by cardiology.</p> <p>Z4 (Consult -Orthopedic) date 12/07/14 indicates resident needed surgery for open reduction internal fixation with intramedullary rod and trochanteric fracture of right hip.</p> <p>The employee report date 12/04/14 indicates on the date E7 placed a resident in the bathroom alone with a history of Dementia, Weakness, Depression. Unattended the resident the resident attempted to get up and fall resulting in a right hip fracture. Because of the seriousness of the injury which could be avoided we the facility falls dismissed is necessary.</p> <p>E7 (Certified Nurse Aide) on 12/26/14 at 12:43pm states I put her (R4) on toilet. I told her push the call light. I told her I would come back and check on her. I went attended the needs of another resident. I heard shouting from the outside the room and when I got back R4 was on the bathroom floor. She usually does not get off the toilet. She needs assistance in transfer.</p> <p>E8 (Nurse) on 12/26/14 at 1:43pm states I heard shouting and went to the patient room and found her sitting on the floor near the toilet. She complained of pain on her right leg. I immobilized the area, administered pain medication and call the doctor. I got order to send out to the hospital. The Fall Reduction Program Policy and Procedure: The standard Fall/Safety Precaution: All Resident: (10). Residents who require staff assistance will not be left alone after being assisted to bath, shower or toilet.</p> <p>(A)</p>	S9999		
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# Imposed Plan of Correction

483.25(h)  
F 323

The facility does ensure that a resident's environment remains as free of accident hazards as is possible.

In order to maintain compliance, the facility submits the following:

1. R 4 no longer resides in our facility.
2. In order to prevent reoccurrence of the alleged deficient practice, the facility has taken the following measures:
  - a. Nurses and CNAs were inserviced regarding the facility's Fall Reduction policy and procedure with emphasis on not leaving residents with dementia unattended on the toilet. (See att. 1)
  - b. Over the next quarter, the facility will conduct a random audit to ensure that residents with dementia are not left unattended while in the bathroom. (See att. 2)
  - c. Staff will receive on the spot re-education if any issues are noted.
  - d. Any further issues with unattended residents will be referred to the CQI Committee for further action.
3. The DON, ADON or their designee will be responsible for monitoring for compliance.

Completion date: January 14, 2015

acceptable

Attachment B  
Imposed Plan of Correction