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
	IL6006779	A. BUILDING: ______ B. WING ______	C 03/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK LAWN RESPIRATORY & REHAB	9525 SOUTH MAYFIELD OAK LAWN, IL 60453

(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 1590923/IL75175- 300.1210 d)2)6) 1590953/IL75196- 300.1210 d)2)6)	S 000		
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS: 300.1210d)2) 300.1210d)6) Section 300.1210 General Requirements for Nursing and Personal Care 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: 2) All treatments and procedures shall be administered as ordered by the physician. 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. This requirement is not met as evidence by: Based on observation, interview and record review the facility failed to implement the use of floor fall mats, provide bilateral soft bed bolsters and ensure proper connection of sensor pads to prevent or reduce the risk of falls for two of three residents (R1 and R2) reviewed for falls in a sample of four.	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 Findings Include: 1. R1's face sheet includes diagnoses quadriplegia, respirator dependency, tracheostomy, gastrostomy, chronic respiratory failure, anoxic brain damage and seizures. R1's incident report dated 2/20/15 indicates R1 suffered an unwitnessed fall from the bed. R1's incident report indicates R1 was found on the floor to the left side of the bed with no injuries noted. R1's falls care plan dated 2/5/15 includes interventions dated 2/20/15 for sensor pads alarms, bilateral floor mats and bilateral side rails padded. R1's Physician Order Sheet dated 12/18/14 includes an order for seizure precautions soft bolsters. On 3/2/15 at 10:00 am R1 was observed resting in bed with one soft bed bolster on the left side and a pillow on the right side near his head. R1 was observed with spontaneous, involuntary, jerking body movements. E3 Assistant Director of Nursing stated that R1's bed bolsters were too large for the bed and needed to be reordered. On 3/3/15 at 9:13am E4 Licensed Practical Nurse. (LPN) stated she was notified by the Certified Nursing Assistant that R1 was found on the floor. E4 stated the sensor pad, floor mats and the bed bolsters were new interventions for R1 after the fall on 2/20/15. On 3/4/15 at 8:45am E6 Restorative Nurse stated pillows are for positioning and comfort and can be used as a measure to protect from injury.	S9999		

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S9999	Continued From page 2	S9999		

2. R2's face sheet diagnoses include respirator dependence, chronic respiratory failure, tracheostomy, gastrostomy, convulsions and dementia.

R2's incident report dated 12/4/14 revised 1/5/15 indicates R2 was observed kneeling on the floor mat by his bedside with no injuries noted.

R2's fall care plan dated 2/13/15 interventions include bed in lowest position, floor mats and sensor pad to bed.

On 3/2/15 at 10:10 am R2 was observed resting in bed the sensor alarm in place but not connected to the alarm cord. R2 was observed without floor fall mats in place. E3 ADON stated R2 would not have floor mats if restorative determined there was not a need for them. E3 stated R2 did not have any recent falls.

On 3/2/15 at 10:15 E5 Restorative Certified Nursing Assistant stated bed alarms are checked every morning. E5 stated the bed alarms are checked to see if they are plugged in and operating properly. E5 stated she was not responsible for checking the sensor alarms on R2's floor on 3/2/15.

On 3/4/15 at 8:45am E6 Restorative Nurse stated R2's sensor alarm plug was broken and had to be replaced. E6 stated all sensor alarms have a formal audit every morning and are check randomly throughout the day. E6 stated the sensor alarms are checked to make sure they are in place and operating properly.

The facility's policy and procedure falling star program indicates that upon any fall incident: a

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S9999	Continued From page 3 fall risk assessment and initial fall investigation will be completed by licensed nurse to identify any additional potential risks for falls; safety movement devices will be used as an integral tool to prevent unassisted ambulation and to prevent/reduce resident falls; all alarms and sound monitors will be installed according to manufacturer recommendations. (B)	S9999		