

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005284</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/03/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LEE MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1301 LEE STREET DES PLAINES, IL 60018</b>
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S 000	Initial Comments	S 000		
	Complaint Investigation 2196102/IL137370			
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610 a) 300.1210 b) 300.1210 d)6) 300.1220 b)3)</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> <p>d) Pursuant to subsection (a), general</p>	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>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 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>These regulations are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to follow its policy on fall prevention management by failing to revise a resident's care plan based upon individual resident's needs using root cause analysis after each fall incident, and the facility failed to develop new fall interventions to residents who are at risk</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>for falls and had several fall incidents to prevent future fall occurrence. This failure affects four ( R4, R5, R6 and R7) of five residents reviewed for fall prevention management. As a result of this failure, R4 fell sustaining a cut to R4's left eyebrow, requiring sutures.</p> <p>Findings include:</p> <p>1. R4 was admitted on 7/5/21, with admission fall assessment indicating a moderate risk for fall. R4 has diagnosis listed in part: Hemiplegia and Hemiparesis following Cerebral Infarction affecting left non dominant side, Epilepsy, Muscle Weakness, Lack of Coordination, Reduced Mobility.</p> <p>Minimum Date Set (MDS) assessment, dated 7/12/21, indicated she has Brief Interview for Mental Status (BIMS) score of 15 ( alert and oriented x 3). R4 needs extensive assistance of 2 persons for bed mobility and transfers. R4 needs extensive assistance with 1 person assist for Locomotion. R4 uses wheelchair for mobility.</p> <p>R4's Fall Care plan, initiated on 7/5/21, indicated : At risk for falls related to impaired mobility due to Cerebrovascular accident. Care plan interventions were not updated after the fall incidents on the following dates: 7/14/21 and 7/31/21.</p> <p>Fall incidents: 7/14/21 at 8:30am, heard R4 calling for help from R4's room. Observed her sitting in front of R4's recliner. R4 stated R4 tried to lean forward to pick up things from the floor and slipped from R4's recliner. 7/31/21 at 8:25am, Certified Nurse Assistant (CNA) reported R4 is on the floor. Observed R4</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>sitting on the floor leaning on R4's side of bed. R4 stated R4 was sitting on the edge of the bed while eating, then started to slide towards R4's left side then fell off the bed. Noted moderate bleeding as R4 has cut about 1/2 inch to R4's left eyebrow. Noted about 1-inch x 2 inch bump on R4's left side of head. Pressure applied to stop bleeding and cold compress on bump. R4 is alert and oriented x3, verbally responsive, able to move all extremities with R4's left side weakness. R4 complained of mild pain on left shoulder and left lower leg. R4 was given pain medication as ordered. R4 was sent to the hospital as ordered and family was notified. R4 returned to the facility after sutures done to the left eyebrow.</p> <p>Facility did not report injury to IDPH. V1, Administrator, and Fall coordinator/Nursing Supervisor stated they only report to IDPH if resident has fracture and subdural hemorrhage.</p> <p>2. R5 is admitted on 7/10/21, with admission fall assessment indicated moderate risk for fall. R5 has diagnoses listed in part: Hemiplegia and Hemiparesis following cerebral infarction affecting right dominant side, Epilepsy, Aphasia, History of Falling, Muscle Weakness, Gait and Mobility Abnormality, Unsteadiness on feet, Lack of Coordination.</p> <p>Minimum date Set ( MDS) Assessment, dated 7/17/21, indicated R5 needs extensive one-person assistance in bed mobility, transfer, ambulation/locomotion. R5 uses walker and wheelchair for mobility . R5 has Brief Interview for Mental Status (BIMS) score of 7 out of 15.</p> <p>R5's Fall Care plan, initiated on 7/10/21, indicated: R5 is at risk for fall due to unsteady gait, seizure disorder and history of falls . Care</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>plan interventions were not updated after numerous falls incident on the following dates: 8/6/21, 8/8/21, 8/10/21, 8/28/21 and 8/31/21.</p> <p>Fall incidents: 8/6/21 at 4:30pm, R5 found lying on the floor next to his wheelchair and bed. He unable to explain what happened, R5 stated " I just fell". 8/8/21 at 6:30pm, CNA reported to nurse R5 was found lying on his back in the dining room beside his walker. Assisted back to chair with 2 staff after assessment. R5 unable to give description of what happened. 8/10/21 at 6:15pm, observed R5 walking back to his room with walker and went off balance and fell. R5 is leaning by the bathroom door. Assisted to his wheelchair and back to his room with 3 persons assist after assessment. 8/28/21 at 12:05am, reported to nurse R5 was on the floor. Observed him lying on floor mat in a supine position, on the right side of the bed. R5 verbalized R5 wanted to go to the bathroom. 8/31/21 at 3:30am, CNA reported R5 was on the floor. When nurse came to the room, R5 was already up. Assisted R5 back to bed after assessment. R5 stated R5 just went to the bathroom.</p> <p>3. R6 is admitted on 12/20/19, with admission fall assessment indicating high risk for fall. R6 has diagnoses listed in part: Parkinson's disease, Repeated Falls, Unsteadiness on feet, Difficulty Walking, Vascular Dementia with Behavioral disturbance.</p> <p>Minimum date Set ( MDS) Assessment, dated 7/20/21, indicated R6 needs extensive one-person assistance in bed mobility, transfer and locomotion. R6 uses wheelchair for mobility. R6 has Brief Interview for Mental Status (BIMS)</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>score of 15.</p> <p>R6's Fall care plan Care plan indicated: R6 is at high risk for falls related to agitation, and other behaviors, gait/balance problems, history of falls, incontinence and disease process. R6 has had an actual fall with minor injury related to poor balance and unsteady gait. Care plan interventions were not revised/updated after each fall on the following dates: 4/20/21, 6/30/21, 7/6/21, 7/21/21, and 7/24/21.</p> <p>Fall incidents: 4/20/21 at 12:00pm, found R6 on the floor on right side lying position. Found a bump on the right side of the forehead. R6 stated R6 bent down to pick up paper from the floor. 6/30/21 at 6:15pm, Nurse observed R6 pushing R6's wheelchair in the hallway, R6 suddenly reached for the siderail on her left side and started lowering herself to the floor and lay down. R6 was assisted back to R6's wheelchair. R6 unable to explain what happened. 7/6/21 at 3:30pm, CNA reported R6 was sitting on the floor. Observed R6 sitting on the floor by R6's toilet, leaning on the wall. R6 stated R6 attempted to transfer R6 but lost balance and fell on the floor, hitting R6's head on the wheelchair armrest. 7/21/21 at 6:30pm, R6 heard calling for help from R6's room. Observed R6 lying on R6's right side facing the bed. R6 was assisted back to the wheelchair after assessment. R6 refused going back to bed. R6 unable to explain what happened. 7/24/21 at 6:10pm, CNA observed R6 lying on the floor in front of the closet with wheelchair on R6's left side. R6 was assisted back to wheelchair after assessment. R6 stated R6 sat on the floor.</p> <p>4. R7 is admitted on 7/11/21, with admission fall</p>	S9999		



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S9999	<p>Continued From page 6</p> <p>assessment indicating high risk for falls. R7 has diagnoses listed in part: Hemiplegia and Hemiparesis following cerebral infarction affecting left non-dominant side, Parkinson's disease, Difficulty walking, limitation of activities due to disability.</p> <p>Minimum date Set ( MDS) Assessment, dated 7/18/21, indicates R7 needs extensive two-persons assistance in bed mobility. R7 needs extensive assistance with one-person assistance in transfer and locomotion. R7 needs limited one-person assistance in ambulation. R7 uses a walker and wheelchair for mobility . R7 has Brief Interview for Mental Status (BIMS) score of 13.</p> <p>R7's fall care plan, initiated on 7/11/21, indicates: R7 is risk for fall related to left sided weakness, gait impairment, psychoactive use and Parkinson's disease. Care plan interventions were not revise/update after each fall on the following dates: 8/2/21, 8/9/21 and 8/22/21.</p> <p>Fall incidents: 8/2/21 at 4:10pm, R7's roommate reported to CNA R7 was on the floor in the bathroom. CNA went to the room and observed R7 sitting on the floor in front of the toilet. R7 stated R7 went to the bathroom and saw toilet paper on the floor and bent down to pick it up. When R7 lost her balance, R7 sat on the floor. 8/9/21 at 1:10am, reported by CNA R7 was on the floor in her room. Observed R7 laying on R7's left side on the floor. R7 stated R7 wanted to get something out of the drawer. R7 stated R7 knew nothing would have happened if R7 did not get up alone. R7 denied pain. Observed bruise on left hand dorsal/back side. 8/22/21 at 4:15pm, heard R7 calling for help. Observed R7 on the floor. R7 stated R7 was</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>walking, and R7 wanted to sit on the bed, but slid down on the floor.</p> <p>On 9/1/21 at 9:20am, surveyor reviewed fall incident with root cause analysis and fall care plan with V4, Fall coordinator of R4, R5 and R6. Records indicated fall care plan of 3 residents who had several falls were not updated. V4 stated after each resident's fall incident, investigation/ root cause analysis of the incident is done, and the individualized care plan is updated based on root cause analysis. New intervention is implemented to prevent future falls. V4 stated she does the root cause analysis, but V4 is not responsible for updating the care plan. V24 is the one updating the fall care plan after it was discussed in morning meeting.</p> <p>On 9/2/21 at 11:07am, V24, MDS/Case manager, stated he is responsible for updating the fall care plan. He is also responsible for infection control program. He is the infection Coordinator of the facility, and they had a COVID outbreak with an employee last month, and V24 got busy. V24 also works on the unit if needed. V24 works almost 50% on the unit as floor nurse for the last 1 and ½ months. V24 acknowledged not V24 was not able to update/revise the care plan of 4 residents after fall incidents due to V24's other responsibilities.</p> <p>Facility's policy on Fall Management Program documents: provides an environment that is free from accidental hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents.</p> <p>Procedure: h. Resident's care plan will be updated as necessary by the MDS/Care Plan/Case Manager</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>based upon individual resident's needs.</p> <p>4. The safety committee will conduct root cause analysis and will use data to analyze risk factors such as environment hazards, need to educate the staff, need to revise resident's plan of care, among others.</p> <p>Facility's policy on Fall Risk Management and Intervention :</p> <p>Procedure:</p> <p>8. New intervention will be initiated and will be care planned.</p> <p>Facility's policy on Fall Prevention Committee: Resident who are considered at risk for falls are identified to ensure that residents are provided a safe environment and resident are identified as at risk for falls.</p> <p>Procedure:</p> <p>3. Resident's plan of care will be updated as necessary.</p> <p>(B)</p>	S9999		