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
	IL6001259	A. BUILDING: ______ B. WING ______	C 07/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURGESS SQUARE HEALTHCARE CTR	5801 SOUTH CASS AVENUE WESTMONT, IL 60559

(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 Facility Reported Incident of June 24, 2021 IL135437	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 d)6) 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. 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.	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001259	A. BUILDING: ________ B. WING ________	C 07/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURGESS SQUARE HEALTHCARE CTR	5801 SOUTH CASS AVENUE WESTMONT, IL 60559

(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
S9999	Continued From page 1 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: 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. These requirements are not met as evidenced by: Based on interview and record review, the facility failed to ensure safe practices or follow their policy when turning a resident in bed for a confused resident with a high fall risk. This failure resulted in the resident falling out of bed sustaining a subacute subdural hemorrhage and was admitted to the Intensive Care Unit. This applies to 1 of 3 residents (R1) reviewed for falls. The findings include: According to the Electronic Health Record (EHR), R1 had diagnoses including nontraumatic chronic subdural hemorrhage, urinary tract infection, orthostatic hypotension, rheumatoid arthritis, skin cancer, asthma, anxiety disorder, colon cancer, prostate cancer, and anemia. The Minimum Data Set (MDS), dated 06/11/2021, showed R1 needed extensive assistance of one person for bed mobility, transfers, walking, dressing, hygiene, and toilet use. R1 was frequently incontinent of bowel and bladder. The MDS showed R1's cognition was severely	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001259	A. BUILDING: ______ B. WING ______	C 07/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURGESS SQUARE HEALTHCARE CTR	5801 SOUTH CASS AVENUE WESTMONT, IL 60559

(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
S9999	Continued From page 2 impaired. A care plan showed R1 had decreased functional mobilities, transfers, and Activities of Daily Living (ADLs) due to weakness post hospitalization; R1 had an acute confusional state characterized by changes in consciousness, disorientation, environmental awareness, and behavior related to traumatic subdural hemorrhage and depressive disorders; and neurological deficits related to a recent craniotomy on 05/17/2021 and a craniotomy six years prior. An Admission Assessment, dated 06/07/2021 at 4:15 PM, showed (R1) was alert and oriented to self, and was unable to communicate ADL care needs to staff. R1 was noted to be a high fall risk at this time. A Behavior Assessment progress note, dated 06/07/2021 at 5:08 PM, showed R1 had attempted to get out from chair and bed without assistance despite staffs present in the room. Has forgetfulness and confusion and does not utilize call light., attempting to get out of bed, forgets to utilize ambulation devices, has had frequent falls, slides out of wheelchair or chair, attempts to self-transfer, forgets to utilize call light and/or notify for staff assist, including wandering. A Fall Risk Assessment, dated 06/21/2021 at 3:42 PM, showed R1 was a high fall risk with interventions including low bed at rest, floor mats, and personal alarm. The assessment shows R1 had poor bed mobility and used quarter side rails for positioning. An Admission Assessment, dated 06/21/2021 at 3:42 PM, showed R1's level of consciousness fluctuates, R1 displayed poor bed mobility, had a	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001259	A. BUILDING: ______ B. WING ______	C 07/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURGESS SQUARE HEALTHCARE CTR	5801 SOUTH CASS AVENUE WESTMONT, IL 60559

(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
S9999	Continued From page 3	S9999		

history of falls, and was at a high risk for falls with interventions including floor mats, and a personal alarm.

A Physical Therapy Evaluation, dated 06/22/2021, showed R1 needed moderate assistance for bed mobility and rolling and had underlying impairments of balance deficits, strength impairments, and proximal instability.

An Occupational Therapy Evaluation, dated 06/22/2021, showed R1 had impaired left sided strength, impaired distal reach, impaired command following, impaired problem solving, impaired safety awareness, impaired sequencing, impaired orientation, and impaired new learning. R1 requires maximum cues for initiation and sequencing of tasks.

A Skilled Daily Nursing Note, dated 06/22/2021, showed R1 was oriented to self only, had a sitter in the room, was confused and difficult to reorient.

A Skilled Daily Nursing Note, dated 06/23/2021, showed R1 was oriented to self only, had a sitter in the room, and a personal alarm.

A hospital Surgical Critical Care Admit Note, dated 06/24/2021 at 11:53 PM, showed (R1) who was a poor historian, presented to the emergency room following a witnessed fall out of bed with a subacute subdural hemorrhage on the left side. The note included a Computerized Tomography (CT) scan report, dated 06/24/2021, which showed R1 had a left sided subdural mixed density hematoma measuring 1.8 centimeters (cm) in maximal thickness, new since the prior CT scan. Additionally, there is new hyperattenuation along the left tentorium likely due to acute blood. There is left frontal scalp

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001259	A. BUILDING: ______ B. WING ______	C 07/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURGESS SQUARE HEALTHCARE CTR	5801 SOUTH CASS AVENUE WESTMONT, IL 60559

(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
S9999	Continued From page 4	S9999		

swelling. Left periorbital/frontal soft tissue swelling is seen. The note included R1 was admitted to the Intensive Care Unit (ICU) "This patient is critically ill with a medical condition that impairs one or more vital organ systems and there is a high probability of imminent or life-threatening deterioration the patient's condition."

On 07/01/2021 at 12:12 PM, V5 (CNA) said R1 needed extensive assistance with turning in bed and had confusion, especially when he was tired. V5 said if R1 was having more confusion she would have had a second person to assist. V5 said if she had to turn R1 by herself, she would stand on the side of the bed R1 was turning toward, not away from.

On 07/01/2021 at 1:02 PM, V6 (CNA) said R1 "was so confused" sometimes he would be screaming and hallucinating, would try to grab things and couldn't focus when V6 would tell him things. V6 said she would try to have a second person assist since it was difficult to change R1's incontinence brief because R1 couldn't follow commands. R1 would calm down when V6 explained what they were going to do, but once the staff started changing R1, he would get agitated. V6 said R1 would often put his legs out of the bed and was more agitated during the morning shift on 06/24/2021. V6 said R1 had a sitter during the evening shift.

On 07/06/2021 at 1:38 PM, V11 (Therapy Director) said R1 needed moderate assistance for bed mobility, meaning when turning, the resident does half of the task and the staff member would do the other half of task. V11 said in a perfect world the staff member should be standing on the side of the bed the resident was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001259	A. BUILDING: ______ B. WING ______	C 07/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURGESS SQUARE HEALTHCARE CTR	5801 SOUTH CASS AVENUE WESTMONT, IL 60559

(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
S9999	Continued From page 5	S9999		

turning toward. "It's just common sense for the staff to be on the side the resident was turning toward to hopefully stop the resident for rolling further and off the bed."

On 07/06/2021 at 2:05 PM, V4 (Certified Nursing Assistant/CNA) said R1 was alert and oriented to person and maybe place, but was confused, and needed extensive assistance from one person. V4 said R1 was "really confused" the day he fell (06/24/2021). V4 stated during incontinence care approximately 5:00 PM, V4 stood on R1's right side of the bed and told R1 to turn toward his left side, while V4 remained behind R1. R1 rolled onto his back after V4 cleaned him. While remaining on R1's right side, holding the clean incontinence brief in his hands and not touching the resident, V4 told R1 to turn to his left side again. V4 said as R1 was turning "he was moving like a snake, his upper body and his lower body were all just moving", then R1 kept rolling off of the left side of the bed closest to the window. V4 said he never pulled R1 toward him on the right side of the bed before telling him to roll onto his left side. V4 said R1 had landed on his face first on the floor. After the nurse arrived, V4 said R1 had blood coming from his nose and mouth and had a scrape on the bridge of his nose.

On 07/06/2021 at 3:17 PM, V7 (Registered Nurse/RN) said R1 was pleasant but confused. When V7 was informed R1 had fallen on the floor, V7 noted R1 was lying on the floor prone between the bed and the window. R1 had a little laceration on the left side of his forehead, a nosebleed and may have bit his tongue because there was some bleeding from his mouth. R1 wanted to get up right away. V7 said R1 was a tall guy but he was not obese.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001259	A. BUILDING: ______ B. WING ______	C 07/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURGESS SQUARE HEALTHCARE CTR	5801 SOUTH CASS AVENUE WESTMONT, IL 60559

(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
S9999	Continued From page 6	S9999		

On 07/06/2021 at 3:28 PM, V8 (Certified Nursing Assistant/CNA) said R1 was confused, it was difficult for him to get the words out, and it frustrated him. V8 said R1 needed constant cueing, would try to get out of bed constantly, and had a sitter during the evening shift. V8 said when R1 was confused he would get frustrated and would need a second person to assist with R1's care.

On 07/06/2021 at 4:09 PM, V9 (CNA) said R1 was confused and didn't really follow directions. V9 said she would always get someone else to help turn R1 because it would be very hard to turn him with just one person.

On 07/06/2021 at 4:26 PM, V10 (Director of Clinical Services) said R1 had a history of cerebrovascular accident (CVA) and subdural hematoma. V10 thought R1 was alert and could follow commands. When asked why R1 needed a sitter, V10 said "because he was a restless guy, he was moving a lot, and when he was sitting up he would try to stand up." V10 said before a staff person moves or transfers a resident they should know what's going on with the resident, including knowing if the resident was more confused than usual. V10 said when turning a resident it should be "away from you so you can clean the back of the resident. How else would you clean their back or bottom if the staff member was in front of them?"

The United States National Library of Medicine Medline Plus, dated 10/09/2019, showed the following steps should be followed when turning a patient from their back to their side or stomach: Explain to the patient what you are planning to do so the person knows what to expect. Encourage the person to help you if possible. Stand on the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001259	A. BUILDING: ______ B. WING ______	C 07/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURGESS SQUARE HEALTHCARE CTR	5801 SOUTH CASS AVENUE WESTMONT, IL 60559

(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
S9999	Continued From page 7	S9999		

Continued From page 7

opposite side of the bed the patient will be turning towards, and lower the bed rail. Move the patient towards you, then put the side rail back up. Step around to the other side of the bed and lower the side rail. Ask the patient to look towards you. This will be the direction in which the person is turning.

The American Congress of Rehabilitation Medicine Caregiver Guide and Instructions for Safe Bed Mobility, dated 2017, included bed mobility refers to activities such as scooting in bed, rolling (turning from lying on one's back to side-lying), side-lying to sitting, and sitting to lying down. It also includes scooting to sit on the edge of the bed when preparing to stand or transfer. The instructions include to decide which side of the bed the patient should get out from based on their strength, and position yourself to that side of the bed. The patient should always roll toward you not away from you. Patient safety included to assist the patient on their weaker side and if you are ever unsure, get needed help.

The facility's Bed Mobility policy, dated 05/2020, included to slide the resident's buttocks toward you using draw sheet, place one hand on the resident's shoulder nearest you, place your second hand under resident's buttocks, gently assist the resident to turn on their side.

(A)