

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015648	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/18/2021
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NAME OF PROVIDER OR SUPPLIER SUNSET OF HAZEL CREST	STREET ADDRESS, CITY, STATE, ZIP CODE 3701 WEST 183RD STREET HAZEL CREST, IL 60429
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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
S 000	Initial Comments Complaints: 2194409/IL135279 - Refer to 330.780a)b)c) 2193209/IL133752 - No Findings	S 000		
S9999	Final Observations Statement of Licensure Violations: 330.780a)b)c) Section 330.780 Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident. b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 330.785, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a	S9999	<p>Attachment A Statement of Licensure Violations</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.</p> <p>This requirement is not met as evidence by:</p> <p>Based on interview and document review the facility failed to report an incident to Illinois Department Of Public health within 24 hours in 1 of 3 residents (R1,R2, R3) in a sample of 9.</p> <p>Findings include:</p> <p>Facility incident report dated 6/12/21 states on 6/12/21 at 7:48PM, R1 was found in her room lying flat on back in front of bed. R1 States she was reaching for blanket on bed and fell. Resident noted crying and complaining of left leg pain. Left leg noted shortened and turned outward. Walker noted in front of resident night stand. Non slip socks on resident feet. Resident sent to hospital for further evaluation.</p> <p>Review of hospital record shows on 7/12/21 R1 was admitted to the hospital with diagnosis of Closed comminuted intertrochanteric fracture of left femur initial encounter. On 6/15/21 at 16:19 (4:19pm) expired at the hospital.</p> <p>Review of fax transmission verification report dated 6/24/21 shows this incident report was first sent to Illinois Department Of Public Health on 6/24/21.</p> <p>7/17/21 at 11:14AM, V1 (Administrator) stated we</p>	S9999		

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S9999	Continued From page 2 do not have proof that the incident was reported within 24 hours. (C)	S9999		