Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
IL6007843		B. WING		C 01/29/2021		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		199
PALOS F	IEIGHTS REHABILITA	13259 SO	UTH CENTR	AL AVENUE		
	<u> </u>	CRESTWO	DOD, IL 604	18	2.5	00
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000	¥3		1.2
		and Licensure survey				5.
	Complaint Investiga 2190411 / IL130325					
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
50 50	300.610a) 300.1210b) 3001210d)3) 300.1220 b)2 300.3240a)					
	a) The facility shall I procedures governing facility. The written be formulated by a Committee consisting administrator, the amedical advisory conformities shall complete written policies the facility and shall	dvisory physician or the immittee, and representatives in services in the facility. The y with the Act and this Part. shall be followed in operating be reviewed at least annually documented by written, signed				
	Nursing and Person b)The facility shall p and services to atta practicable physical well-being of the res each resident's com plan. Adequate and	General Requirements for all Care brovide the necessary care in or maintain the highest mental, and psychological sident, in accordance with aprehensive resident care properly supervised nursing		Attachment A Statement of Licensure Viole	itions	
IIINOIS Depar LABORATORY	tment of Public Health ONECTOR'S OR PROVIDE	ER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE	TITLE	-	(X6) DATE

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PRINTED: 03/11/2021

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_ B. WING IL6007843 01/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 13259 SOUTH CENTRAL AVENUE PALOS HEIGHTS REHABILITATION CRESTWOOD, IL 60418 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 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: 3)Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status. sensory and physical impairments, nutritional status and requirements, psychosocial status. discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. 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) These requirements were not met evidence by: Based on interview, record review, and

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observation the facility failed to provide care and services that ensures a resident's dignity,

PRINTED: 03/11/2021 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ C B. WING IL6007843 01/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 13259 SOUTH CENTRAL AVENUE PALOS HEIGHTS REHABILITATION CRESTWOOD, IL 60418 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 self-esteem and self-worth is maintain by not immediately removing biliary fluids from a resident's clothing and bed linen and not knocking before entering a resident's room. This applies to 2 of 24 sampled residents (R46 and R148). As a result, R46 experienced psychosocial distress by having to wait for assistance from staff to provide care and service due to a leaking biliary drainage (fluid from ostomy) bag. Findings include: 1. On 1/26/2021, at 12:42p.m, R46 was observed laying in bed, holding his sheets in his hand. R46's gown and bed linen were observed with a green substance. R46 showed the surveyor that his drainage bag was leaking, R46 said he reported this to the aide, and she reported this to the nurse, and when the nurse came in the room she said she did not know how to change it and that she needed to find some who knew how to change the bag. R46 said "he feels sad that he has to sit in the soiled linen and wait for someone to change the leaking biliary bag". R46 put the call light on and V16 (CNA) arrived, V16

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immediately when leaking.

immediately said this bag has been leaking since breakfast trays arrived and I reported this to V23 (Nurse) around 9:30a.m- 10:00a.m. V16 said she does not know how to change this drainage bag.

On 1/21/2020, at 1:00p.m, V23 (Nurse) said she went in R46's room at around 12:00 p.m and she knew the drainage bag is leaking, V23 said she has not changed the bag because she is prioritizing her tasks. V23 said the fluids leaking from R46's drainage bag can cause skin

breakdown. V23 said the bag should be changed

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that include and are not limited to: spondylosis. Raynaud's syndrome and anxiety. R148 is alert and oriented able to verbalized her needs.

On 01/26/21, at 11:40AM, observation was made that a light was illuminated over R148's entry door and R148 was calling out "I need the nurse." R148 said, " I have the call light on for over 20 minutes and no one is answering it, sometimes it takes more than 30 minutes before they come."

At 11:56 AM, V15 (Certified Nursing Assistant).

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STATEMENT OF DEFICIENCIES (X1) PRO

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY
		IL6007843	B. WING _	<del>-</del>		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	<u>U1/2</u>	29/2021
	HEIGHTS REHABILITA	TION 13259 SO		RAL AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFILE OF THE A	D BE	(X5) COMPLETE DATE
S9999	came into the room asked R148 "did yo At 12:00 PM, V15 s answer the call light need to knock or as soon as I had time that 12:15 PM, V12 (I "we are responsible soon as we possibly is not acceptable to without knocking an is the part of the rest to observe when call observe when call lights. The call us know they need I call light as soon as ask for permission than identify yourself name, turn the light the requests. It is did to go into the patient asking for permission V1 (Administrator) puight" dated 3-2019. The purpose of this the resident's requestall light as soon as room, ask for permission ask for permission than asking for permission value of the purpose of this the resident's requestall light as soon as room, ask for permission was soon as room, ask for permission ask for	and turned the light off, then u call, what can I do for you?"  aid, "I came to the room to the the door was open, I do not sk for permission, I came as to answer it. " icensed Practical Nurse) said, to answer the call light as your can, within 10-15 minutes. It come into the patient's room asking for permission, that spect and dignity that we need ring for all the patients."  40 AM, V3 (Director of the patient is able to answer the partment is able to answer the partment is able to answer the possible, knock on the door, o enter, wait for response, for call the patient by his/her off, and assist the patient with isrespectful and unacceptable the transport of the call o	S9999			

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CRESTWOOD, IL 60418					
(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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