FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED IL6007843 B. WING 12/30/2021 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 (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 **Initial Comments** S 000 Facility Reported Investigation (FRI) to Incident of 12-9-2021/IL141530 S9999 Final Observations S9999 Statement of Licensure Violationss: 300.610)a 300.1210)b 300.1210d)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

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BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

b) The facility shall provide the necessary care

and services to attain or maintain the highest practicable physical, mental, and psychological

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

ANDPLAN	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DAT	E SURVEY
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		CRESTV	VOOD, IL 604	18		
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	each resident's complan. Adequate and care and personal cresident to meet the care needs of the red)Pursuant to subsecare shall include, a and shall be practice seven-day-a-week b6)All necessary precassure that the residual free of accident hoursing personnel si	ection (a), general nursing at a minimum, the following ed on a 24-hour, basis: cautions shall be taken to dents' environment remains hazards as possible. All hall evaluate residents to see				
E f	Based on interviews, acility failed to preve	and record reviews, the ent an accident for 2				
1 v	esidents (R3 and R6 . Failed to provide s hile providing incont	afe bed mobility-turning tinece care by a staff if the bed onto the floor				
tr m	iembers when perfo ansfer for one reside	ne assistance of two staff rming a mechanical lift ent (R6) while using a resulting in R6 falling from to the floor.				
	indings include:					
יט	n 12/27/21 at 12:48 irector of Nursing) arent of Public Health	PM, V2 ADON (Assistant and V13 DON (Director of				

	llinois	Department of Public	Health					U. 02/23/20 VI APPROVI	
8	TATEME	ENT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG:		X3) DAT	E SURVEY	
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⊢			CRESTW	/OOD, IL 6	30418				
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	re ree Rice	Nursing) regarding I V13 DON said, V14 attempted to provide instructed the reside incontinent brief, V1 weight while rolling copposite direction of V2 ADON said, according to derive and bruising to her fathe hospital. She has Tomography) scan the fracture. V13 DON said, during decided for bed mobiles assist due to her impreducation was provided to fast and rolling to do, have to get and is on her so she deview of the 12/10/20 ad: Per CNA in the pesident ready to go to 3 on her right side far	R3's fall incident on 12/10/21. (Certified Nurse Assistant) R3 incontinent care, V14 ent to roll over to change the 4 said, resident shifted her over. R3 rolled in the the staff. Inding to the MDS (Minimum only a 1 person assist for bed see bed rails. R3 had redness ace. She was transferred to d a CT (Computed on at said she had a facial If the investigation we lity R3 requires a 2 person aired cognition. Verbal one to change her. I turned on off the bed. I assisted off the bed. I assisted off the bed off the best of two people to assist. Close to the wall and my doesn't roll off. I progress notes by nursing or ocess of getting the off the hospital when turned on off the wall R3 fell to the oness the fall. When writer of the wall R3 fell to the oness the fall. When writer of the wall of the transfer of the or of the wall R3 fell to the oness the fall. When writer of the wall R3 fell to the oness the fall. When writer of the wall R3 fell to the oness the fall. When writer						
	- 1	-	report was reviewed.						

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	Incident reads: CNA care assisted reside brief, resident shifted right side resulting in Intervention: 2 perso Root cause: Resider due to impaired cogn. Review of the electrodated effective 12/6/2 assist with bed mobil following limitations a diagnosis: cerebrova. Interventions read: As repositioning every two	completing incontinence ent in log roll to change adult d body weight during turn to a change of plane. In assist. In inability to follow directions nition. In a comprehensive care plane and indicates: R3 requires lity as evidenced by the land potential contributing scular disease.	35555			
	necessary. Encourage R3 to assimuch as possible. R3's MDS (Minimum Assessment) section 11/30/21 reads: BIMS Status) score of 14 ouresident is cognitively R3's MDS section G F 11/30/21 reads: bed m Limited assistance. Some-person physical at R3's care plan indicate bed (bed mobility) R3 Interventions include: Natural Proposition self. Us	Data Set Comprehensive C Cognitive Patterns dated (Brief Interview for Mental at of 15, indicates the intact. Functional Status dated hobility self-performance -2. hupport provided- 2. hassist. Pass: turning/positioning in requires limited assistance. While in bed, assist R3 to se pillows and foam				
inois Departi	wedges to maintain po 12/09/21 emergency ro EMS (Emergency Medi ment of Public Health	Dom records indicates: Per				t#

FATE FORM

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PA	LOS I	HEIGHTS REHABILITA	ATION 13259 SC		FRAL AVENUE				
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		the floor from a fall. face and left arm. V	dominal swelling from her arrival they found patient on Patient having pain to nose, Vound to nose and left elbow. d in ability to explain what is						
	- 1	nasai bone bilaterall	ography) scan findings: A is demonstrated along the y. he facility, unable to be		eg.				
		anemia, chronic oste Hyperlipidemia. R6 I for Mental Status) of	nas a BIMS (Brief Interview 15 and is able to be ents that occurred on				8		
	l n	'ead on 12/15/2021	and the facility fall reports R6 had a fall from the staff was assisting her with a r to the toilet.						
	b th a b	330pm -9:00pm, at n C.N.A). The C.N.A was athroom we got acro nat hold's me up cam nd I tried to hold mys ut it didn't help, and I he ran so fast to get i	D5am R6 said, it was about ight, it was just me and her as taking me to the ss the room and the belt e loose from the machine elf up with the other side went down to the floor and me help I told them I didn't at me up and put me in the		974			ti di	
	Di	irector of Nursing) sa	9am V2 ADON (Assistant id, CNA that was working lift to transfer her when the R6 fell. CNA was						

inois Department of Public Health

TATE FORM

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STATEME	NTOF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	IPLE CONSTRU	CTION		(V2) DAT	E OHONEY
	TO CONTECTION	IDENTIFICATION NUMBER:		NG:				E SURVEY IPLETED
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	-		09999	1				
	should not have bee	g the lift safely. No she n using the lift on her own,						
	she should have had	d a second person with her.						
	On 12/29/2021 at 2:4	43pm V19 (Certified Nursing						
1	Assistant) said, I was	s taking R6 to the hathroom 1						
	the bathroom one of	stand as we were going into the straps snapped out. I ran		1				
	to get the nurse and	we lowered her to the floor		1				
	we used the Mechino	cal Lift to get her up I should I						1
	nave nad someone v	vith me but R6 was adament I						
1	about going to the ba	throom so I just tried to take			W4			
	her so she wouldn't h	ave accident.						
	R6's MDS (Minimum	Data Set Comprehensive		Ü				
114	Assessment) section	G / Functional Status for						
- 11	ransfers and toilet us	se reads that R6 requires		1			, di	
1	wo plus persons phy	sical assist.						!
1,	acility presented not	icy titled: Safe Lifting and						
l i	Movement of resident	ts dated March 2019 reads		1				i i
1	ınder policy statemer	nt: in order to protect the		1				
S	atety and well-being	of staff and residents and						
l te	promote quality car	e, this facility uses		l.				1
a	ppropriate technique 10ve residents.	s and devices to lift and					1	1
1"	iove residents.	1						- 1
F	acility presented Med	chanical Total lift skill						
Į V	alidation Form that re	eads: Place mechanical lift						ŀ
in in	position with the ass	sistance of a 2nd caregiver					197	
(F	osition lift directly in	front of the client seated in						16
a	ngle- to a client in be	lift perpendicular -right						
Le	etter D states: Demoi	nstrate/verbalize safety						1
a	wareness of the 2nd	caregiver responsibilities			2			è
∫ Q≀	Jring lift procedure. D	o not proceed without	1					
as	sistance of a 2nd ca	regiver.					F3	
		.1						8

If continuation sheet 7 of 7

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