

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2022
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NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING AH	STREET ADDRESS, CITY, STATE, ZIP CODE 715 WEST CENTRAL ROAD ARLINGTON HTS, IL 60005
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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 Annual Licensure Survey	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>1 of 2 300.615e) 300.615f)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.</p> <p>This REQUIREMENT was not met as evidenced by:</p>	S9999	<p>Attachment A Statement of Licensure Violations</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>Based on record review and interview, the facility failed to submit background checks, check the Illinois Department of Corrections (IDOC) website, and check the Illinois State Police (ISP) website within 24 hours of admission.</p> <p>This applies to 6 of 10 residents (R63, R64, R65, R210, R212 and R309) that were reviewed for criminal background checks in the sample of 10.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The facility Admissions Report printed on 10/3/22 shows that R65 was admitted to the facility on 10/1/22. R65's name based Criminal History Information Response Process (CHIRP) Reports shows that it was completed on 10/3/22. On 10/5/22, the facility was unable to provide documentation that the ISP and IDOC website was checked for R65. 2. The facility Admissions Report printed on 10/3/22 shows that R63 was admitted to the facility on 9/24/22. R63's name based Criminal History Information Response Process (CHIRP) Reports shows that it was completed on 10/3/22. On 10/5/22, the facility was unable to provide documentation that the IDOC website was checked for R63. 3. The facility Admissions Report printed on 10/3/22 shows that R309 was admitted to the facility on 10/2/22. On 10/5/22, the facility was unable to provide documentation that the ISP and IDOC website was checked for R309. 4. The facility Admissions Report printed on 10/3/22 shows that R210 was admitted to the facility on 9/21/22. On 10/5/22, the facility was unable to provide documentation that the ISP and 	S9999		

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S9999	<p>Continued From page 2</p> <p>IDOC website was checked for R210.</p> <p>5. The facility Admissions Report printed on 10/3/22 shows that R64 was admitted to the facility on 9/27/22. On 10/5/22, the facility was unable to provide documentation that the ISP and IDOC website was checked for R64.</p> <p>6. The facility Admissions Report printed on 10/3/22 shows that R212 was admitted to the facility on 9/29/22. On 10/5/22, the facility was unable to provide documentation that the ISP website was checked for R212.</p> <p>On 10/5/22 at 10:30 AM, V17 (Receptionist) said that she does the CHIRP background check within 24 hours of admission. V17 said that they do not get done on the weekends because the weekend receptionist is having issues logging into the system, so she does them Monday morning. V17 said that the corporate office does the website checks. V17 said that R65 was admitted over the weekend so she did the report on Monday (10/3).</p> <p>The facility could not provide a policy regarding identified offender background checks.</p> <p>(C)</p> <p>2 of 2</p> <p>300.1210b1)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>1) The licensed nurse in charge of the restorative/rehabilitative nursing program shall have successfully completed a course or other training program that includes at least 60 hours of classroom/lab training in restorative/rehabilitative nursing as evidenced by a transcript, certificate, diploma, or other written documentation from an accredited school or recognized accrediting agency such as a State or National organization of nurses or a State licensing authority. Such training shall address each of the measures outlined in subsections (b)(2) through (5) of this Section. This person may be the Director of Nursing, Assistant Director of Nursing or another nurse designated by the Director of Nursing to be in charge of the restorative/rehabilitative nursing program.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to have a nurse complete the required restorative training and failed to have a nurse in charge of the restorative program. This has the potential to affect all 68 residents in the facility.</p> <p>The Resident Census and Conditions of Residents Form (CMS 672) show that on 10/4/22 there were 68 residents residing in the facility.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>On 10/5/2022 at 9:13AM, V2 Director of Nursing (DON) said the facility does not have a specific nurse to monitor the restorative program. V2 said she is unsure when the facility last had a restorative nurse. V2 said she was unsure if quarterly assessments of residents receiving restorative services are being completed.</p> <p>On 10/5/2022 at 11:30AM, V16 (Director of Physical Therapy) said the Physical Therapist makes recommendations for restorative services when residents are discharged from physical therapy. V16 said residents benefit from the restorative services recommendations provided by the physical therapy department. V16 said he is unaware of a specific nurse who oversees restorative services within the facility.</p> <p>The facility failed to provide quarterly restorative assessment documentation for residents receiving restorative services.</p> <p>The facility failed to provide a certificate of completion for a nurse that completed the restorative training program.</p> <p>The facility's ADL/Functional Rehabilitation Restorative Nursing Practice Guide, copywrite date 2011, states ". . . The licensed nurse is responsible for evaluating the patient's response to the restorative plan. . ."</p> <p>(C)</p>	S9999		