STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007868	A. BUILDING: _____ B. WING _____	C 01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAAT SOUTH HOLLAND, THE	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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 Complaint Investigation 2290378/IL142461	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210 b) 300.1210 d)6) 300.1220 b)3) 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. 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. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1	S9999		

resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

These requirements were not met as evidenced by:

Based on interviews and record reviews, the facility failed to ensure adequate supervision to prevent a fall out of bed for one resident (R1) out of 4 residents who required two person assistance with ADLs (activities of daily living) in a sample of 4. This failure resulted in R1 sustaining bruising to left side of face and a laceration to left eyebrow requiring sutures.

Findings include:

Review of R1's MDS (Minimum Data Set), dated 12/8/2021, notes R1 requires extensive assistance of two plus persons physical assistance with bed mobility.

Review of R1's previous MDS assessments note R1 has required extensive assistance of two plus persons physical assistance with bed mobility since 4/15/2021.

Review of R1's bed mobility documentation, dated 12/23/21-1/25/22, notes R1 requires

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S9999	Continued From page 2 extensive to total assistance with bed mobility. Review of R1's hospital record, dated 1/10/2022, notes R1 with laceration to left eyebrow requiring 6 sutures. R1 with bruising to left side of face. Review of R1's OT (Occupational Therapy) note, dated 1/12/2022, notes R1 is dependent on staff for bed mobility and transfers. R1 requires substantial/maximal assistance (upper body sponge bathing with maximum assistance, lower extremity sponge bathing with total dependence on staff). Range of motion to right and left arms is impaired. Right and left arm strength is impaired. Right and left hand grip strength are poor. On 1/21/2022 at 10:15am, R1 was observed lifting right arm off bed. R1 was able to lift right shoulder slightly off bed. R1 was observed lifting left arm slightly off bed. R1 is observed with a healed wound to left eyebrow and green/yellow discoloration to left side of face. On 1/25/2022 at 10:55am, V6, CNA (Certified Nurse Aide) was observed giving R1 a bed bath. R1 was observed holding the siderail with right hand when turned towards R1's left side. R1 was observed not to be able to hold self on to left side even while holding siderail. R1 does not have a siderail on the right side of bed to hold on to when turned on to right side. On 1/21/2022 at 10:15am, R1 stated about a week ago, V6, CNA, was giving R1 a bed bath. R1 stated V6 turned R1 on to R1's right side. R1 stated the mattress and R1 were wet, and R1 slid off bed, hitting head and sustaining a laceration to left eyebrow. R1 stated there is supposed to be two staff members to assist with R1's bath; V6	S9999		

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S9999	Continued From page 3 should not have done by self. R1 stated R1 is unable to assist with turning or maintain a side lying position on own. On 1/21/22 at 1:15pm, V4 (Director of Rehabilitation Therapy) stated R1 may be able to partially lift shoulder off bed to reach arm over body, but not able to turn self. V4 stated R1 has exhibited a progressive decline in functional ability over past year. V4 stated R1 is essentially immobile, requiring total assistance from staff for ADLs. On 1/25/2022 at 12:40pm, V2, Director of Nursing, DON stated R1 was not care planned for two person assist with bathing prior to fall out of bed on 1/10/22. V2 stated R1 required one staff to assist with bed mobility. (B)	S9999		