STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED C IL6016356 B. WING 02/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 960 AUDUBON WAY RADFORD GREEN LINCOLNSHIRE, IL 60069 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation Survey #2211237/II 143553 Final Observations S9999 Complaint Investigation Survey #2211237/II 143553 STATEMENT OF LICENSURE VIOLATIONS: 300.610a) 300.1010h) 300.1210b) 300.1210d)3)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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five Attachment A Statement of Licensure Violations percent or more within a period of 30 days. The

nois Department of Public Health
BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Illinois Department of Public Health

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6016356 B. WING 02/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 960 AUDUBON WAY RADFORD GREEN LINCOLNSHIRE, IL 60069 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) S9999 Continued From page 1 S9999 facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 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. Section 300.1210 General Requirements for Nursing and Personal Care 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. 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. These regulations were not as evidenced by: Based on observation, interview, and record

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: __ COMPLETED B. WING IL6016356 02/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 960 AUDUBON WAY RADFORD GREEN LINCOLNSHIRE, IL 60069 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 review the facility failed to ensure a resident received treatment in a timely manner for 1 of 3 residents (R1) reviewed for quality of care in the sample of 5. This failure resulted in R1 waiting for 4 days to receive treatment for a dislocated hip. The findings include: R1's Facesheet shows R1 was admitted to the facility on 9/1/21 with diagnoses: aftercare following joint replacement surgery left hip. unilateral arthritis, pulmonary fibrosis. dependence of oxygen, repeated falls, muscle weakness, Barrette's esophagus without dysphagia, and chronic heart failure. R1's Minimum Data Set dated 9/1/21 shows R1 is cognitively intact and requires extensive assistance of two person for activities of daily livina. R1's Nurses Note dated 9/1/21 shows R1 was admitted to the facility status post left hip replacement, is oxygen dependent, alert and oriented to person, place, and time, able to verbalize needs, and is a max assist of one person for activities of daily living and two persons for transfers. R1's Medication Administration Record (MAR) shows on 9/4/21 at 5:29 PM, R1 received oxycodone pain medication for a pain level of 5. R1's Event Report dated 9/4/21 (Saturday Night) at 6:25 PM, shows "R1 was observed sitting on the floor by chair, states he slid off while trying to push away the table...resident tried to push away table with his body weight and slid off the sheet

covered chair." This same document shows a

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED IL6016356 B. WING 02/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 960 AUDUBON WAY RADFORD GREEN LINCOLNSHIRE, IL 60069 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) \$9999 Continued From page 3 S9999 skin assessment was done with no new injury noted, the x-ray is marked N/A and doesn't contain documentation that a hip assessment or range of motion was done. R1's Nurses Notes dated 9/4/21 shows "patient observed sitting on the floor by the chair. He states that he slid off while trying to push away the table. No skin injury observed. Patient denies new pain." R1's MAR shows on 9/5/21 at 6:13 PM shows R1 received oxycodone pain medication for a pain level of 6. R1's Nurses Note dated 9/6/21 at 1:56 PM, shows "R1 stayed in bed all shift and refused to get up during physical therapy." R1's Nurses Note dated 9/6/21 at 11:14 PM. shows "R1 complains of unrelieved pain." R1's MAR shows on 9/6 /21, R1 received oxycodone pain medication at 5:48 AM for a pain level of 9, at 12:39 PM for a pain level of 7 and at 9:04 PM for a pain level of 6. R1's Physical Therapy Note dated 9/7/21 shows "patient refused therapy in AM twice despite max encouragement. Patient was agreeable to do something light in late afternoon.....Patient unable to stand longer than 10 seconds due to severe pain in the left hip.....Patient reported he was getting dizzy from all the exertion and pain and requested to go back to bed." R1's Nurses Note dated 9/7/21 at 11:00 PM. shows "R1 is very confused at bedtime making conversation that does not make logical sense.

nois Department of Public Health

surgical site with moderate swelling."

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6016356 B. WING 02/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 960 AUDUBON WAY RADFORD GREEN LINCOLNSHIRE, IL 60069 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Continued From page 4 S9999 S9999 R1's MAR shows on 9/7/21, R1 received oxycodone pain medication at 1:33 AM for a pain level of 6, at 1:31 PM for a pain level of 6, at 4:29 PM for a pain level of 6, and at 8:35 PM for a pain level of 6. R1's Nurses Note dated 9/8/21 at 2:42 PM. shows "Left lower extremity swollen and resident complained of the same intensity of pain even after oxycodone pain medication 2 hours ago. Referred to V13 (Psychiatry MD), checked with order to do x-ray on left hip." R1's Physician Progress Note by V13, dated 9/8/21, shows "Patient was seen today, nursing and therapy staff as indicated for the past 2 days patient has severe left hip pain. Patient notes pain with movement does help to oxycodone but does not relieve thoroughly X-ray immediately ordered to check for possible hip dislocation....Physical Exam: Upon closer examination of left hip patient does have shortening hip on the left with external rotation concerning a possible dislocation." R1's Left Hip X-ray Report dated 9/8/21 shows "Examination reveals total left hip replacement prosthesis with dislocation and superior displacement of the metallic head prosthesis outside the confines of the metallic acetabular prosthesis.....Impression Left Hip: Dislocated metallic hip prosthesis." R1's Nurses Note dated 9/8/21 shows "R1 left facility at 5:20 PM via ambulance. Admitted to hospital with diagnosis hip injury. On 2/14/22 at 11:00 AM, V5 Physical Therapist said she remembered when she saw R1 he was

nois Department of Public Health

EODA AF						D: 04/17/2022 1 APPROVED
initios bepartment of Public Health						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPF IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
IL6016		IL6016356	B. WING			C 1 4/2022
NAME OF PROVIDER OR SUPPLIER STREET AD			DRESS, CITY,	STATE, ZIP CODE		
RADFORD GREEN 960 AUDUBON WAY						
LINCOLNSHIRE, IL 60069						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D RE	(X5) COMPLETE DATE
S9999	Continued From page	ge 5	S9999			
	in a lot of pain, and she reported to the nurse that R1's leg didn't look good, it was swollen and his pain was getting worse, something was not right. V5 said she asked can someone order an x-ray for unusual pain and the nurse told her no he was fine he has been cleared, go ahead with therapy. V5 said the next day she reported to V13 what was going on with R1 and he ordered an x-ray. V5 said she was told R1's foot slipped while using the commode, it was not really a fall. V5 was not aware R1 had had a fall and was found on the floor, she was only aware of the commode episode. V5 said if he did fall they should have done an x-ray right away. On 2/14/22 at 1:01 PM, V13 said when he came into the facility after the holiday weekend, therapy staff reported R1's pain and refusal of therapy and he ordered an x-ray. V13 said during his exam of R1 he noticed slight external rotation of the left hip. V13 said the x-ray technician, pulled him aside to show him the film. V13 said R1's x-ray showed rotation, the hip was dislocated. V13 stated "I was upset, why did this take so long? I had a talk with the nursing staff that when the pain was reported why didn't they inform primary or get an x-ray right away especially with a history of a full hip replacement? This shouldn't have taken so long. This is a shame this happened." V13 said he was unaware of a fall, he was just told R1's leg slipped while using the commode. V13 stated "if he did fall why didn't they follow some protocol and get an x-ray? During the fall, R1 could have flexed his legs and		38888			

GRKD11

PRINTED: 04/17/2022 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: A. BUILDING: COMPLETED C IL6016356 B. WING 02/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 960 AUDUBON WAY RADFORD GREEN LINCOLNSHIRE, IL 60069 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 was noticed, and or if therapy was reporting a change she would notify the doctor right away and get an x-ray to see if the hip was dislocated. On 2/14/22 at 12:32 PM, V2 Director of Nursing said she didn't know the details of R1 or the fall, she only looked up R1's information after he was sent out. V2 said after a fall, nursing should monitor for changes in condition from baseline including: increased pain, increased swelling. behavior changes, or reports of change from therapy and should notify the doctor right away. On 2/15/22 at 11:20 AM, V14 (R1's wife) said R1 went to the facility on 9/1/21 after a left hip replacement for therapy. V14 due to COVID restrictions at the time, she was unable to visit but spoke with R1 on the phone daily. V14 said R1 didn't answer his phone all day on Saturday 9/4/21 but she was finally able to reach him on Sunday 9/5/21. V14 said R1 said he fell in the bathroom and was screaming he couldn't move his leg it was like a balloon, and he couldn't straighten it. V14 said he sounded drugged and not himself so she called the nurse. V14 said the nurse said nothing was wrong he was ok. V14 said on Monday 9/6/21 when she talked to R1 he said the therapist said something about inflammation in his leg. V14 said she again called the nurse and was told R1 was a liar and he didn't know what he was talking about. On 9/7/21, V14 said when she called R1 was talking about grasshoppers on the ceiling so she called the nurse again to tell them he was hallucinating. V14 said again the nurse said he was OK. V14 said on 9/8/21 she received a call from the facility around 6 PM, saying they were sending R1 to the Emergency Room. V14 said she called the Emergency Room as was told R1's left hip was extremely dislocated. V14 said she went to the

nois Department of Public Health

PRINTED: 04/17/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED С B. WING IL6016356 02/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 960 AUDUBON WAY RADFORD GREEN LINCOLNSHIRE, IL 60069 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 hospital on 9/9/21 and R1's hip was externally rotated and his leg was 6 inches shorter according to the nurses. V14 said the orthopedic surgeon reported the hip had so much inflammation from waiting so long he couldn't be sure there wasn't a fracture. V14 said the orthopedic surgeon performed a closed reduction surgery for R1's left hip that day. V14 said R1 went to another facility for rehab after and later passed away due to an infection and respiratory problems. The facility's Falls Clinical Protocol dated 11/2011 does not address resident treatment/monitoring after a fall. (A)

nois Department of Public Health

Illinois Department of Public Health