

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011589	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/10/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOUTH HOLLAND MANOR HTH & RHB	STREET ADDRESS, CITY, STATE, ZIP CODE 2145 EAST 170TH 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 Compliant Investigation: 2291655/IL144147- 2291146/IL143436- 2291251/IL143571- Facility Reported Incident Investigation of 01.28.22/143250-	S 000		
S9999	Final Observations Compliant Investigation: 2291655/IL144147- 2291146/IL143436- 2291251/IL143571- Facility Reported Incident Investigation of 01.28.22/143250 STATEMENT OF LICENSURE VIOLATIONS: 1 of 2 300.610a) 300.1210b) 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.	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 _____

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011589	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/10/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOUTH HOLLAND MANOR HTH & RHB	STREET ADDRESS, CITY, STATE, ZIP CODE 2145 EAST 170TH 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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>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.</p> <p>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: 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.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observations, interviews, and records reviewed the facility failed to have effective fall prevention interventions to prevent or reduce the risk falls and fall related injury for 1 of 3 residents (R6) reviewed for falls with injury.</p> <p>Findings include:</p> <p>R6 is 86 years old with diagnosis of Dementia, Weakness, Hypertensive Heart and Kidney Disease, and Dysphagia following Cerebrovascular Disease.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011589	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/10/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOUTH HOLLAND MANOR HTH & RHB	STREET ADDRESS, CITY, STATE, ZIP CODE 2145 EAST 170TH 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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>On 3/4/22 at 11:36AM R6 was observed in his room, in his bed, in a nightgown, and with the privacy curtain pulled so R6 is not easily visible from the hall. R6's room is the last room on the left side of the hallway, furthest from the nurses' station.</p> <p>On 3/4/22 at 12:53PM R6's lunch tray was delivered to his room by V13, Certified Nursing Assistant (CNA).</p> <p>On 3/4/22 at 12:04PM V11, Registered Nurse, said R6 is a fall risk and has Dementia. V11 said she was working when R6 fell on 2/8/22. V11 said she sent R6 to the hospital and he required sutures. V11 said R6 told her he was trying to get from his bed to his truck.</p> <p>On 3/8/22 at 12:23PM V17, CNA, said she did not get R6 out of bed on the morning of 2/8/22. V17 said she had seen R6 scooting in his bed on 2/8/22 before lunch time, at least 3 times. V17 said at lunch time she was assigned to be in the dining room and was not able to see R6 from the dining room. V17 said she reported to the nurse that R6 was not out of bed and in his chair and the nurse did not verbally respond. V17 said if the nurse had given him a new intervention to follow when she reported that R6 was still in bed, then she would have carried it out.</p> <p>On 3/8/22 at 12:50PM V2, Director of Nursing, said on 2/8/22 V11 had told V17 to get R6 up and into his chair because he was a fall risk. V2 said we know if R6 stays in his bed he starts fidgeting. V2 said R6 was supposed to be in his chair on 2/8/22.</p> <p>On 3/8/22 at 1:13PM V11 said she had seen R6</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011589	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/10/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOUTH HOLLAND MANOR HTH & RHB	STREET ADDRESS, CITY, STATE, ZIP CODE 2145 EAST 170TH 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
S9999	<p>Continued From page 3</p> <p>with his feet out of bed on the morning of 2/8/22 and she repositioned him back into the bed. V11 said at lunch time R6 should have been in his chair and in the lounge because he was a fall risk. V11 said she was informed between 12:15 and 12:30PM on 2/8/22 that R6 had fallen. V11 said she issued a write up to V17 for not getting R6 up. V11 said R6 was sent to the hospital and returned with sutures on his head.</p> <p>On 3/8/22 at 1:25PM V2 said R6 returned to the facility with 6 sutures to his forehead after his fall on 2/8/22.</p> <p>Review of R6's Fall Event Report dated 2/8/22 notes R6 was noted on the floor in his room. R6 had been in his bed prior.</p> <p>R6's Progress Note dated 2/8/22 at 1:43PM written by V11 note R6 observed on the floor bleeding from his face. Laceration to the forehead.</p> <p>R6's Progress Notes dated 2/8/22 at 8:04PM written by V11 note R6 was sent to the hospital and was returning to the facility with sutures.</p> <p>R6's care plan start date 8/23/19 notes R6 is at risk for falls related to gait and balance problems.</p> <p>The Corrective Action Notice for V17 dated 2/8/22 notes resident was left in bed on morning shift and patient had a fall. According to the Action Notice the aide stated resident was dizzy and combative.</p> <p>The Falls Clinical protocol revised August 2008 note 3. The staff will document risk factors for falling in the resident's record and discuss the resident's fall risk. Risk factors for subsequent</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011589	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/10/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOUTH HOLLAND MANOR HTH & RHB	STREET ADDRESS, CITY, STATE, ZIP CODE 2145 EAST 170TH 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
S9999	<p>Continued From page 4</p> <p>falling include lightheadedness or dizziness. (B)</p> <p>2 of 2 300.610a) 300.1210b) 300.1210d)6)</p> <p>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.</p> <p>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.</p> <p>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:</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011589	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/10/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SOUTH HOLLAND MANOR HTH & RHB	STREET ADDRESS, CITY, STATE, ZIP CODE 2145 EAST 170TH 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
S9999	<p>Continued From page 5</p> <p>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.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observations, interviews, and record review the facility failed to intervene to prevent a verbal altercation from escalating into a physical altercation for 2 of 3 residents reviewed for supervision. This failure resulted in R6 being found on the floor and sustaining an injury to the head that required 6 sutures.</p> <p>R2 is 71 years old with diagnosis including but not limited to Hypertensive Heart Disease, Major Depressive Disorder, and Personal History of Traumatic Brain Injury.</p> <p>On 3/3/22 at 2:13PM R2 said she got into "a fist fight" with R3. R2 said "I threw a cup of water" at R3. R2 said R3 hit her in the face. R2 said we were yelling at each other and then we got into it.</p> <p>R2's Cognitive Patterns assessment dated 1/28/22 notes R2 has a score of 15, cognitively intact.</p> <p>R2's Care plan for Psychosocial Well - Being start date 9/6/19 R2 is at risk for abuse due to an altercation with another resident. Interventions start date 9/6/19 notes staff to monitor for changes in mood.</p> <p>R2's Care plan for Behavioral Symptoms start date 9/6/19 resident had an incident of physical aggression towards a peer. Interventions start</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011589	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/10/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOUTH HOLLAND MANOR HTH & RHB	STREET ADDRESS, CITY, STATE, ZIP CODE 2145 EAST 170TH 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
S9999	<p>Continued From page 6</p> <p>date 9/6/19 notes staff will re-direct and/or intervene during periods of increased agitation/confusion.</p> <p>According to Fall Event Documented created by V7, Registered Nurse (RN), notes R2 said R3 was causing trouble. R2 said R3 hit her on the head. R2 told V7 she hit R3 "on her head and her glasses flew off." V7 documented R2 and R3 were separated.</p> <p>R3 is 56 years old with diagnosis including but not limited to Chronic Obstructive Pulmonary Disease, Hyperlipidemia, Major Depressive Disorder, and Chronic Pain Syndrome. R3 was discharged from the facility on 2/14/22.</p> <p>R3's Cognitive Patterns assessment dated 1/17/22 notes R3 has a score of 15, cognitively intact.</p> <p>According to Fall Event Documented created by V7 notes R3 said she and R2 were arguing and said R2 "threw a pitcher of water at me." V7 documented that R3 got up and "hit [R2] twice with my right hand."</p> <p>Facility Incident Report Form dated 1/28/22 notes R2 and R3 were involved in a physical altercation. R2 threw a pitcher of water on R3. R3 hit R2 in the back of the head. The residents were immediately separated.</p> <p>On 3/4/22 at 10:45AM V8, Social Worker, said R2 can be rude and likes to intimidate her room mates, she can be a bully, in the past R2 has made her room mates cry.</p> <p>On 3/4/22 at 11:00AM V10, Certified Nursing Assistant (CNA), said I don't know what started</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011589	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/10/2022
NAME OF PROVIDER OR SUPPLIER SOUTH HOLLAND MANOR HTH & RHB		STREET ADDRESS, CITY, STATE, ZIP CODE 2145 EAST 170TH 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
S9999	<p>Continued From page 7</p> <p>the verbal altercation between R2 and R3, but they were loud. V10 said when he walked into the room both residents were in wheel chairs on their side of the room. V10 said R2 and R3 were going back and forth calling each other liars. V10 said he left the room to call for assistance. V10 said "by the time I made it back to the room [R3] was on [R2's] side of the room." V10 said R3 was standing over R2 and "they were swinging" at each other. V10 said R2 threw the first swing. V10 said R2 is known for throwing water at residents and staff.</p> <p>On 3/8/22 at 11:58 V8, Social Service Director, said if residents are encountered during an altercation staff should try to deescalate the situation. V8 said staff should not leave the residents together alone while getting help. V8 said you can call out for help or take the mobile resident with you.</p> <p>On 3/8/22 at 2:10PM V2 said if residents are involved in a verbal altercation staff should not leave the room if the situation can not be deescalated. V2 said the residents should be immediatley seperated.</p> <p>The facility policy for Unmanageable Residents revised August 2008 notes each resident will be provided with a safe place of residence.</p> <p>(B)</p>	S9999		