Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: \_ COMPLETED C IL6015648 B. WING 04/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3701 WEST 183RD STREET **CHARTER SNR LVG OF HAZEL CREST** HAZEL CREST, IL 60429 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPRO PRIATE (X5)**PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG DATE DEFICIENCY) \$000 Initial Comments S 000 Complaint: 2292634/IL145405 330.710a) 330.710c)3)A)B) S9999 Final Observations S9999 Statement of Licensure Violations: 330.710a) 330.710c)3)A)B) Section 330.710 Resident Care Policies The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part. The written policies shall include, but are not limited to, the following provisions: A policy to identify, assess, and develop strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident. The policy shall establish a process that, at a minimum, includes all of the following: Attachment A Analysis of the risk of injury to residents Statement of Licensure Violations and nurses and other health care workers, taking into account the resident handling needs of the

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

TITLE

(X6) DATE

STATEMENT OF PERSONNERS						FORM	MAPPROV	ΕE
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	111	handling and movem  B) Education of assessment, and cor	nurses in the identification, ntrol of risks of injury to and other health care		52	* : n		
	111		s NOT MET as evidenced				Ġŧ	
	4/2	review, the facility fail ensure a safe enviror monitoring/supervisio be a high risk for falls poor vision, unsteady residents (R1) review failure resulted in R1 locident resulting in R her right breast area r	n, interview and record led to follow its fall policy and ment to include frequent in for a resident assessed to with limitations to include of gait this affected 1 of 3 ed for falls and safety. This having an unwitnessed fall 1 sustaining a hematoma of measuring 9.5 cm and an racture of the right rib 3-10.		ÿ 3		\$* ba	
	F in ir ir e p d ric de th	nstruction updated 1/1 hervention three time mpairment and physic valuation updated 3/3 oor vision, chair boun roblems while standir eficits with a score of sk for falls.) Incident rocuments: R1 had bro	nd Osteoporosis. R1's care 18/22 documents #6 fall is a day due to cognitive cal condition. R1's fall risk is 3/22 documents: R1 had ad half /full day, balance ing/walking and cognitive 8 (12 or greater equals at report dated 3/31/22 uising that started under ime down the right side and	4				

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**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 IL6015648 B. WING 04/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3701 WEST 183RD STREET CHARTER SNR LVG OF HAZEL CREST HAZEL CREST, IL 60429 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 2 S9999 breast. R1 complained of pain to touch of the swollen area. R1's bruise spread from the right side of the breast to under the breast started up the left side. On 4/1/22 at 1:57pm and 3:27 pm, V2 (nurse) said, R1 was noted with bruising and swelling to right breast. R1 had pain to touch. R1's bruise wrapped around her breast within twenty-five minutes of initially seeing it. It was a dark purple blue. R1/staff denied any fall/injury/abuse. R1 is a fall risk. R1 will get up without staff assistance. On 4/1/22 at 3:16pm, V1 (executive director) said, night certified nursing assistant reported R1's bruised area, not sure what happened. No reported fall or any incidents. On 4/1/22 at 3:38pm, V3 (Resident Care Coordinator/RCC) said, I saw a firm hard raised area on R1's chest wall. R1 groaned in pain with range of motion. On 4/5/22 at 1:11pm, V8 (nurse) said, I was called to complete a body assessment after R1's shower. R1 was alert and oriented to self. I asked R1 what happened and R1 had no reply. R1 had a lump on the right chest wall, purple in color. When I touched the lump, R1 grimaced which was a sign of pain. R1 would not let me touch her arm. R1 pulled back when I tried to do range of motion. On 4/5/22 at 1:43pm, V7 (caregiver) said, R1 had a bruised, lumped area to the right breast that was black and blue in color. The lump was the size of an apple with an indentation right above the bruising. R1's bruised area looked old. On 4/5/22 at 2:32pm, V9 (caregiver) said, R1 had

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		big lump that had a breast. The lump fa breast was larger tharm through her shi On 4/6/22 at 10:13a department nurse) sithe day before admiright breast and late multiple fractures wimpact. R1 had dispipulsed areas from proceed fractures from On 4/6/21 at 12:53pt Coordinator) said, a incident, R1 was tryit scooting to the end. R1 could walk, I replied.	purple color on the right ded into the bruise. R1's right an the left breast. I slid R1's rt. R1 yelled, out in pain. Imp. V20 (emergency said, R1 had a traumatic fall ission. R1 had swelling to the ral side. R1's injuries of ere associated with an ersed healing/colors of burple to red. R1 sustained in an unwitnessed fall.  m, V3 (Resident Care few weeks prior to this ng to get out wheelchair, R1's family wanted to know if ied R1 walks with an unsafe on bent at the hips with bent	39999				
		On 4/7/22 at 12:08pm R1 was found on the to get up and fell. No R1 fell. R1's injuries a could get fractures winot have multiple fractures impact/fall.  Ambulance run sheet R1 was alert and oried buck" sized mass about horuising around the wice the size of left band a history of synco	ated 3/31/22 documents: R1 pe, collapse, and multiple to emergency medical					

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