STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	C 04/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

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S 000	Initial Comments Complaint Investigation 2292071/ IL 144678 2292825/ IL 145643 Investigation of Facility Reported Incident of 03/09/22/IL 144620	S 000		
S9999	Final Observations Statement of Licensure Violations: 1/2 600.610a) 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. 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	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 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: 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 rgulations were not met as evidenced by: Based on interview and record review, the facility failed to supervise a resident that was assessed to require monitoring during smoke break this affected 1 of 3 residents (R4) reviewed for safe smoking and reviewed for emergency fire policy and procedures. The facility failed to follow the Fire Plan Policy and utilize the fire blanket or fire extinguisher after an unsupervised resident shirt caught fire during a smoke break.This failure resulted in R4's shirt catching fire, and resulted in R4 being hugged by V4 (Social service assistant) to extinguish R4's shirt. R4 was sent to the local hospital, burn unit, and treated for 5% partial thickness burn to right right limb/axilla. Findings include: 1.) On 4-5-22 at 11:25 AM, surveyor observed	S9999		

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S9999	Continued From page 2 dressing to right forearm. Dressing and arm is clean and intact. On 4-6-22 at 2:45 PM, 4-7-22 at 8:45 AM and 2:30 PM, 4-8-22 at 8:45 AM, 4-12-22 at 8:45 PM, 12:00 PM, and 2:30 PM, surveyor observed R4 on the smoking patio smoking a cigarette with a large embar at the end. On 4-7-22 at 10:20 AM, V1 (Administrator) said the facility uses 2 staff for monitoring resident smoke breaks. The facility uses 2 staff as an extra layer of safety and protection. The more eyes, the better. This is to ensure safety and well-being of residents who are smoking. On 4-6-22 at 9:53 AM, V2 (Director of Nursing/ DON) said has been acting as DON for 5 days at the facility. V2 said R4 requires supervision while smoking and staff has educated R4 about flicking his (R4)cigarette. When supervising a smoking resident, the staff will light the cigarette and distribute cigarettes. Staff should be in close proximity of smoker in order to prevent unwanted behavior or injury. On 4-5-22 at 11:40 AM, V3 (Social Service Director/ SSD) said R4 has the behavior to tap his cigarette which could cause a burning ember to fall and ignite. V3 was talking to another resident smoker when she(V3) saw R4 with flames on his right arm bicep and V4 (SSA) was trying extinguish R4's shirt flame by hugging R4. On 4-7-22 at 8:59 AM, V3 (Social Service Director/ SSD) said the facility uses 2 staff to monitor smoking residents. The monitors will position themselves in a place to get a good view of smokers within close proximity. At the time of R4's incident V3 was inside the building at the door of the smoking patio talking with a resident smoker. V4 saw R4 with flames on his right arm	S9999		

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S9999	Continued From page 3 bicep and V5 was extinguishing resident flame by hugging/smothering resident. On 4-5-22 at 12:13 PM, V4 (Social Service Assistance/ SSA) said he was assigned to R4's smoke break. V4 was on the patio and V3 was at the patio door inside of the building. All smokers at that time were smoking in their assigned smoking seats. V4 observes R4 tap his cigarette to release the ember. It was a windy day. V4 believes when R4 tapped the cigarette to lose the ember, the wind carried lit ember to his clothing. R4 was wearing a thin cotton flannel which is more flammable. V4 was sitting on the outside couch observing the 5 smokers on the patio. V4 saw R4's bicep on fire and immediately provided R4 a hug to extinguish the bicep fire and activated code red. On 4-5-22 at 12:13 PM V3(Social Service Director/ SSD) said, V4 was assigned to R4's smoke break 2:30 PM and 4:00 PM smoke breaks on 3-9-22. V4 was sitting on the outside couch observing the 5 smokers on the patio when V4 saw R4's bicep on fire. V4 immediately provided R4 a hug to extinguish the bicep fire and yelled code red. V3 and V7 came with fire extinguisher. V4 said he(V4) did not use a fire extinguisher or smoking blanket to extinguish R4's shirt fire. On 4-5-22 at 12:45 PM, V5 (CNA) said R4 is forgetful and can be irritable and agitated. R4 has poor safety awareness due to impulsivity R4 uses only 1 arm and the other arm is impaired. R4 requires strict supervision because R4 can only use one arm and is forgetful. On 4-5-22 at 1:28 PM,V6, (nurse) stated;" R4 is	S9999		

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S9999	Continued From page 4 alert, oriented x 2-3, and able to make his(R4) needs known. R4 can be forgetful a times. R4 is redirectable. Smokers are supervised by 2 staff. R4 requires supervision during smoking breaks. R4 is risk for injury during smoking". R4's Final Reportable (dated 3-14-22) documents R4 was out in the smoking patio having a cigarette. R4 flicked his cigarette to displace the ash. The ash floated and landed onto the patient's shirt, subsequently igniting the upper section of the shirt. R4's Smoking Safety Risk Observations document scores of 4 prior to incident (5-5-21, 8-2-21, 11-1-21, and 1-31-22) and 10 after smoking incident (3-24-22). These scores document R4 requiring supervision while smoking. Hospital Record (dated 3-9-22) documents Diagnosis: partial thickness burn of right upper arm. Dermatologic: Non circumferential burn on the right arm first degree. Hospital Record (Burn Unit) dated (3-9-22) documents R4 was evaluated for 5% partial thickness burn to upper right limb/ axilla status post clothing fire. R4 underwent excision burn with debridement with placement of allograft of right upper extremity and excision debridement burn right upper extremity, right chest, skin graft of right arm, and recell. Smoking Policy (revised 11-27-11) documents Purpose: To provide a healthy and smoke free environment for all residents, employees and visitors.Facility Fire Plan (no date) documents if a fire is small and controllable, attempt to extinguish fire by covering, smothering, eliminating fuel source, etc. Use only wet curtains, wet towels, or wet linen. Do not use articles of clothing as clothing is extremely flammable. On 4-5-22 at 1:54 PM, V8 (Maintenance Director) said facility provides fire safety in-services annually and during employee orientation upon	S9999		

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S9999	Continued From page 5 hiring. If resident caught on fire, staff should maintain resident safety and extinguish the fire. The smoking patio has a fire blanket, smoking jackets, and fire extinguisher on premise. Employees are taught to smother fire with blanket or use extinguisher P-A-S-S method (Pull, Aim, Squeeze, Sweep). The facility teaches staff to use the safety blanket to smother fires. (A) 2/2 600.610a) 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. 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	S9999		

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S9999	Continued From page 6 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: 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 met as evidenced by: Based on interview and record review the facility failed to utilized 2 person assist during direct resident care for a resident that was assessed for two person physical assist for bed mobility. This affected 1 of 3 residents (R8) reviewed for safe transfers and repositioning. This failure also resulted in R8 falling out of bed while being repositioned by1 certified nurse aid (V19). R8 sustained a commuted displaced proximal right distal fracture involving the surgical neck, and greater tuberosity, and possibly the lesser tuberosity and a mildly medially displaced humeral shaft. Findings Include: On 4-12-22 at 10:00 AM, R8 was in bed with right arm sling in place, floor pad (both sides), and bed in low position. R8 had bilateral quarter rails up and in place. On 4-12-22 at 10:00 AM, R8 is alert and forgetful. R8 does not recall the details of her(R8)fall. R8 denies pain at this time. No fall concerns received.	S9999		

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S9999	Continued From page 7 On 4/12/22 at 10:15 AM, V2 (Director of Nursing) said there was one agency CNA providing care to R8. R8 needs 2 person assist with bed mobility. The facility uses 2 person assist for the safety of the resident and employee. On 4-7-22 at 2:50 PM, V15 (Restorative Nurse) said R8 needs 2 person assist with bed mobility (pulling up and turning side to side) for safety. On 4-8-22 at 9:49 AM, V19 (Agency CNA) said R8 needs 2 staff to turn her(R8) on her(R8) side because she(R8) is heavy. When V19 was providing patient care (by herself), V19 asked R8 to turn her (R8) to other side and R8's leg slipped out of bed and R8 fell out of bed. V19 went to other side to grab R8's other leg which is very heavy. There was no other staff to assist and V19 had to call another staff to put her(R8)back in bed. On 4-8-22 at 10:29 AM, V18 (RN) said R8 is alert, oriented x 1, and is confused and forgetful. R8 is bedbound. R8 is obese and requires 2 people for repositioning because for safety. For rolling side to side, there should be one person on each side to prevent fall. According to V19, she (V19) was giving R8 perineal care for bowel movement after breakfast by herself. V19 asked resident to turnover and assisted R8 to turn on her (R8) side, R8's leg dropped off the bed and R8 rolled over. R8 landed on floor pad with the bed in lowest position. R8's Final Investigation Reportable (dated 4-8-22) documents R8 was in bed on her(R8) right side receiving perineal care. R8 unexpectedly rolled out of bed and landed on the floor on her(R8) right side. R8's MDS (ARD 2-14-22) documents Bed Mobility requires 2 person physical	S9999		

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S9999	Continued From page 8 assistance and Diagnoses of Obese Morbidity, Weakness, Other reduced Mobility, Lack of Coordination, and Functional Quadriplegia. Restorative Observation (dated 2-14-22) Bed Mobility: turn left to right, turn right to left is 2 person assist. Bed Mobility support provided 2 person physical assist. R8's Kardex (Point of Care) documents Bed Mobility- extensive assistance x 2 staff. R8's Facility Radiology Report (dated 4-5-22) documents Findings: there is an acute fracture of the humeral neck extending into the proximal humeral shaft with minimal separation of fracture fragments and there is an acute oblique fracture of the humeral neck extending into the proximal humeral shaft, with minimal separation of fracture fragments. Impression: Acute oblique fracture extending from the humeral neck into the proximal humeral shaft. Hospital Record (dated 4-5-22) documents Findings: there is a comminuted and mildly displaced proximal right distal fracture, involving the surgical neck, greater tuberosity, and possibly the lesser tuberosity. The humeral shaft is also mildly medially displaced. Fall Prevention and Management Program Policy (dated 8-3-17) documents this facility is committed to safety and maximizing each resident's physical, mental, and psychosocial well-being. The purpose of our Fall Prevention and Management Program is to provide appropriate intervention to prevent falls. The Fall Prevent and Management Program uses clinically accepted guidelines to guide the prevention and management of falls. The program will decrease the incident of falls and decrease the incident of falls with injuries. (A)	S9999		