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 IL6001705 B. WING 04/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **121 WEST 154TH STREET** CHILDREN'S HABILITATION CENTER **HARVEY. IL 60426** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4)ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Z 000 **COMMENTS** Z 000 Annual Licensure, Focused Infection Control Survey/Covid-19 Focused Survey. Z9999 **FINDINGS** Z9999 Statement of Licensure Violations: 1 of 2 390.760 a) Section 390.760 Infection Control Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 III. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 III. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. These requirements are not met as evidenced by: Based on interview and observation the facility failed to ensure staff wore their face masks covering their nose and mouth at all times potentially impacting R1 to R6 (6 of 6 clients in the sample) and R8 to R64 (57 clients outside of the sample). Findings include:

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

Observations on 3/22/22 from 10:15 AM through

10:30 AM, include staff (E8, Educator, E9, Certified Nursing Assistant/CNA, and E2, Assistant Administrator) wearing face masks

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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cleaning and social distancing practices to prevent the transmission of COVID-19 within the

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# .	required to strictly a prevention and con- respiratory hygiene; (personnel protective asymptomatic and puniversal source co- Anyone entering the	the building, personnel are adhere to established infection trol policies, including: b. c. appropriate use of pperve equipment); 3. To address pre-symptomatic transmission ntrol is being implemented. a. e facility is required to have a regardless of symptoms."				- 12
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	the physician of any unusual change in a threatens the health resident, including, b presence of incipien	otification lity shall immediately notify significant accident, injury, or resident's condition that , safety or welfare of a out not limited to, the t or manifest decubitus ulcers ain of five percent or more				
	the following:  3) All objecting a resident's conditional changes, determining care reconstructed further medical, nurselevaluation and treatro) All necessary	shall include at a minimum tive observations of changes tion, including mental and as a means for analyzing and quired and the need for			7.	en 1

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 IL6001705 04/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 121 WEST 154TH STREET CHILDREN'S HABILITATION CENTER HARVEY, IL 60426 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) Z9999 Continued From page 3 Z9999 as: nonslip wax on floors; equipment, adaptive equipment and assistive devices properly maintained; and proper use of side rails on beds and restraints. These requirements are not met as evidenced by: Based on record review and interview, the facility failed to ensure nursing services met the needs of 1 of 2 clients out of the sample who presented with swelling to the left lower extremity by failing to ensure: \* Swelling of the left lower extremity that was first observed on 6/6/21, was fully assessed with documentation to reflect the nursing assessment. \* An encounter form that was completed by nursing on 6/6/21 was reviewed and reported to the physician regarding observed swelling to the left lower extremity. \* Reports of swelling again noted on 6/14/21 were documented by nursing in the progress notes with a full nursing assessment. These failures resulted in R10 being diagnosed with a left distal femoral fracture on 6/17/21. Findings include: The revised Incident Report Follow up involving R10 for the incident of 6/15/21, was reviewed. The report indicates on 6/15/21, at approximately 11:40am, the team nurse reported R10's left knee was swollen. The nurse assessed the knee was swollen and warm to the touch, and measured the left knee to have an 11.1 inch circumference.

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while the right knee had a 10 inch circumference.

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 B. WING IL6001705 04/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 121 WEST 154TH STREET **CHILDREN'S HABILITATION CENTER** HARVEY, IL 60426 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) Z9999 Continued From page 4 Z9999 R10 had a temperature of 102 degrees. The physician(E16) was notified of the assessment. and orders were received to obtain an X-ray of the left knee at the hospital. E16 examined R10 at approximately 3:00pm on 6/15/21. Due to transportation issues and insurance issues. R10 was not able to get R10's X-ray until 6/17/21. In the mean time, R10s knee was immobilized with a splint from E10(Physical Therapist). X-ray results noted a left distal femoral fracture. The facility witness statement from E6(Direct care staff), dated 6/17/21, was reviewed. The statement reads on June 6th, 2021, E6 noticed R10's left leg appeared swollen. E6 immediately informed the charge nurse, E11( Nurse) and E11 and the team nurse(E5 )came and assessed R10 and concluded R10's left leg did not look too swollen or warm. E6's statement continues, saving E6 made sure the aid that was relieving E6 of duty,( E9), was aware of the swelling. E6 ended E6's statement by saying on the morning of June 15th, 2021, E6 was questioned by a physical therapist(name unknown), to which E6 informed the therapist E6 had already reported the swelling to E6's immediate and shift supervisors(back on June 6th). During a phone interview with E6 on 3/24/22 at 2:25pm, E6 told this writer upon the start of E6's shift on June 6th, R10's left leg looked swollen as compared to the right leg. E6 stated R6 told E11, who was one of the charge nurses on that shift. E6 stated both E11 and E5 (charge nurse) looked at R10's leg, and told E6 it didn't look too swollen or warm to the touch. E6 stated the swelling really stayed about the same from the 6th of June until R10 was diagnosed with a

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fracture on the 17th. E6 stated E6 does not have the ability to chart swelling as the nurses do, so

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	nurse and the team difference in the swe compared to the right nurses did an in depand E6 stated it was E6 stated they did mid not express any tell the next aid comshift was completed someone to know E6 swelling(on June 6th). The facility witness serical Nurse), und statement reads the Assistant) in (resider						
	informed, and an end The incoming nurse( of the situation.  During a phone intention 1:40pm, E5 was asked June 6th R10's left les swollen than R10's rigreport that finding, and thinks E5 completed gets put in a file. E5 physician, but leaves charge nurse for the distribution of the list of considered and situation.	view with E5 on 3/24/22 at ed if E6 reported to E5 on g appeared to be more ght leg. E5 confirmed E6 did ad once E5 witnessed it, E5 an encounter note, and that stated E5 does not call the the encounter form for the next morning, because this emergency, and this					
	it looked swollen, and charge nurse, who wa stated E5 thinks E5 d E5 left that day. E11 no longer works a	shift. E5 stated E5 did feel E5 reported that to the as at the nursing station. E5 id the encounter form before at the facility, and was yed. There is no witness					

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and the team nurse have been notified." The next entry regarding R10's lower extremity is

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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 IL6001705 B. WING 04/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **121 WEST 154TH STREET** CHILDREN'S HABILITATION CENTER HARVEY, IL 60426 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULED BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z9999 Continued From page 7 Z9999 dated 6/15/21 at 11:00am, which reads orders have been received for R10 to have an x-ray of R10's left knee for swelling, warmth and pain upon positioning. The entry states R10 has used R10's one time courtesy same day transport, and R10's symptoms are not considered urgent, therefore R10 cannot be scheduled for transport until 6/17/21 at 7am. The next entry regarding assessment of R10s' left lower extremity from 6/15/21 at 11:42am, authored by Z2(Agency nurse), reads the team nurse brought to Z2's attention R10's left knee was swollen. "Upon checking, the knee is swollen and felt warm. The left knee circumference upon measuring was 11.1 inches, and the right knee was 10.0 inches. Temperature was taken-102.1. E16(physician) gave new orders, and a left knee X-ray order was placed." There was no documentation from nursing, after E10 brought attention to nursing at 3:30pm on 6/14/21, that R10's left knee appeared to be more swollen than R10's right knee. No assessment is present in the progress notes until 6/15/21 at 11:42am, 20 hours after PT reported the increased swelling to nursing's attention. There is no witness statement present in the investigation from E10 for review. During an interview with E10 on 3/24/22 at 12:10pm, E10 confirmed E10 assessed increased swelling to R10's left lower extremity on 6/14/21, after E10's physical therapy assistant brought it to E10's attention. E10 stated if E10 writes a progress notes, if swelling is noticeable, then it was significant enough for E10 to write the progress note. E10 confirmed E10 did report this swelling to nursing. During an interview with E2(Assistant Administrator) on 3/25/22 at 12:00pm, E2 informed this writer Z2(Agency Nurse) was the

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20	to. E2 also stated to working at that time Z4(Agency Nurse),	eported the increased swelling wo other nurses were also (Z3-Agency Nurse) and but all of the above mentioned bork here, and are not able to view.		er of		
	12:15pm, E4 explair X-ray was because stated the nurse pra send R10 to a different	with E4 on 3/23/22 at ned the delay in getting R10's of insurance purposes. E4 ctitioner made a decision to ent hospital so R10 could get , but that did not occur until		4.4 *		
	documentation press swelling was first not from E6. The invest encounter form was but was somehow m also did determine th was reported on Jun by both E10 and E18 nursing. Again, the i there was no docume	d determine there was no ent for June 6th, when ticed and reported to nursing igation also did determine an completed from June 6th, isplaced. The investigation he next mention of swelling e 14th, were it was witnessed a, and also again reported to investigation did determine entation of an assessment of ig until 20 hours later, on the in.		æ		V
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