

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014906	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/28/2022
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NAME OF PROVIDER OR SUPPLIER PEARL OF HILLSIDE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 NORTH FRONTAGE ROAD HILLSIDE, IL 60162
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S 000	Initial Comments 2292567/IL145320 2292588/IL145346 Facility Reported Incident Investigation of 02.18.22\IL144896	S 000		
S9999	Final Observations #1 Statement of Licensure Violations: 300.610a) 300.1210b)2)4) 300.1220b)3) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a 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	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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S9999	<p>Continued From page 1</p> <p>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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>2) All nursing personnel shall assist and encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observations, interviews, and record reviews, this facility failed to provide the restorative nursing care, failed to assess and identify a decline, and develop a plan to implement interventions, and evaluate the effectiveness of interventions for one resident (R2) reviewed for mobility and range of motion. This failure resulted in a decline in range of motion in R2's left hand reviewed for a decline in functional abilities in a sample of 3. R2 has developed decreased mobility and a contracture of left hand and is unable to extend fingers.</p> <p>Findings include:</p> <p>On 4/25/22 at 9:30am, R2 was observed not wearing left hand splint.</p> <p>On 4/25/22 at 2:00pm, R2 was observed not wearing left hand splint.</p> <p>On 4/26/22 at 1:00pm, R2 was observed sitting in a high back wheelchair. R2 was observed not wearing left hand splint. R2 stated that R2 does not know what happened to R2's left hand. R2 stated that R2 currently is not able to move</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>fingers or hand independently. R2 was observed with left fingers bent onto palm of hand and hand flexed towards wrist. R2 was observed extending left hand with right hand. R2 was not able to extend left fingers with right hand. R2 was observed only able to perform AROM (active range of motion) with right arm. R2 stated that it is painful to move R2's left hand. R2 stated that R2 did not wear the left-hand splint yesterday or today. R2 stated that V14 OT (occupational therapist) will be back tomorrow and V14 will put the splint on for me.</p> <p>On 4/25/22 at 10:50am, V2 DON (director of nursing) stated that there is no restorative nurse at this time. V2 stated that there is a part time restorative nurse that helps with MDS (minimum data set). V2 stated that V2 is unsure how long the facility has been without a restorative nurse.</p> <p>On 4/25/2022 at 11:01am, V4 (restorative aide) stated that V4 is familiar with R2. V4 stated that R2 has been on a restorative's AROM (active range of motion) program. V4 stated that R2 receives AROM for 15 minutes a day. V4 stated that if the resident complains of pain during AROM, therapy is stopped, and the resident's nurse is notified. V4 stated that V4 does not know when R2's left hand became contracted. V4 stated that contractures can develop when there is a stiffness of bone when not moving; range of motion is done to prevent this. V4 stated that V4 is unsure how long there has not been a restorative nurse at this facility. V7 stated that currently R2 needs a lot of assistance, moderate to maximum assistance with transfers with two staff members assisting. V7 stated that R2 is not safe to transfer by himself, V7 has another staff member assist with transfer. V7 stated that when R2 was seen by physical therapy July 2021, R2</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>required supervision with bed mobility, moderate assistance with transfers. V7 stated that when a resident is discharged from PT to the restorative program, a therapy to nursing recommendations form is completed and given to the restorative nurse. V7 stated that there is no restorative nurse at this time. V7 stated that the previous restorative nurse left last summer.</p> <p>On 4/26/2022 at 1:35pm, V10 (attending physician) stated that in March 2022 V10 noted R2's left hand contracture. V10 stated that V10 ordered an orthopedic physician consult regarding left hand and ordered a splint. V10 stated that R2 needs intervention with splint to prevent contracture from progressing.</p> <p>Review of V13's (rehabilitation physician) note, dated 4/12/2021, notes V13's assessment/plan: mobility and ADL (activities of daily living) dysfunction secondary to ADL and mobility impairment. R2 admitted to subacute rehabilitation with PT (physical therapy) and OT (occupational therapy). PT will work on strengthening, endurance training, neuromotor training, gait training, and balance training. OT will work on ADL and functional mobility training. Deconditioning/Gait instability - R2 is at high risk for functional impairment without therapy and adequate pain control. R2 has high risk for developing contractures, pressure ulcers, poor healing or falls if not receiving adequate therapy and pain control.</p> <p>On 4/26/2022 at 2:00pm, V3 (rehabilitation director) stated that R2's splint is a resting hand splint. V3 stated that this splint is used for effective contracture management. V3 stated that this splint should be worn daily. V3 stated that if R2 does not wear this splint daily it would</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>not be an effective treatment for contracture.</p> <p>Review of V10's progress note, dated 3/15/2022, notes R2 complaining of ongoing left-hand weakness, bilateral lower extremity stiffness. Weakness, muscle stiffness-will order head CT (computerized tomography) scan, will ask therapy to recommend a brace.</p> <p>R2's BIMS (brief interview of mental status) score is 15 out of 15. R2 is able to make needs known.</p> <p>There is no documentation found noting this facility scheduled a CT scan of R2's head related to weakness. There is also no documentation found noting R2 has been seen by an orthopedic physician related to left hand contracture.</p> <p>Review of R2's joint mobility documentation, dated 4/26/22, notes R2's left-wrist severe (0-25% available ROM); left fingers moderate/severe (26-50% available ROM); left wrist noted at a downward flexed position.</p> <p>There is no documentation found noting R2's joint mobility was assessed quarterly since R2's admission to this facility on 1/19/2021.</p> <p>Review of R2's mobility assessment, dated 10/15/21, notes R2 had full flexion and extension of both hands and fingers.</p> <p>There is no documentation found noting a mobility assessment was completed quarterly since R2's admission to this facility on 1/19/2021.</p> <p>Review of R2's restorative AROM program documentation notes R2 has received 15 minutes of AROM (active range of motion) by restorative therapy. There is no documentation noting what</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>extremities received AROM. There is no documentation of when R2 developed contracture to left hand. There is no documentation noting R2's complaints of left-hand pain with extension.</p> <p>Review of R2's nurses' documentation does not note any documentation regarding left hand weakness, left-hand contracture, or left-hand pain with movement.</p> <p>Review of R2's OT (occupational therapy) note, dated 4/7/22, notes R2 given left hand splint. R2 requires total assistance of staff to apply and remove splint.</p> <p>Review of R2's OT (occupational therapy) assessment while in hospital, dated 1/13/2021, notes good AROM and strength noted in R2's arms and legs.</p> <p>Review of this facility's activities of daily living (ADL) policy, revised 11/10/21, notes residents will be provided the care, treatment, and services to ensure their activities of daily living do not diminish. Care and services to prevent and/or minimize functional decline will include appropriate pain management. Interventions to improve or minimize a resident's functional abilities will be in accordance with the resident's assessed needs, preferences, stated goals, and recognized standards of practice. The resident's response to interventions will be monitored, evaluated, and revised as appropriate.</p> <p>Review of this facility's active and passive range of motion protocol, undated, notes a joint mobility form is completed for all residents with their comprehensive assessment. It is reviewed on a quarterly basis. If decreased range of motion or voluntary movement is present, then passive</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>range of motion is initiated. If the resident complains of pain during range of motion, the CNA will stop and notify the nurse. If there is any change in condition with the resident including but not limited to increased pain or decreased range of motion the physician or nurse practitioner will be notified. The restorative director will document progress and update the care plan on a quarterly basis.</p> <p>Review of this facility's specialized rehabilitative and restorative services policy, dated 3/7/21, notes the facility will provide restorative services such as but not limited to range of motion.</p> <p>(B)</p> <p>#2 Statement of Licensure Findings:</p> <p>300.610a) 300.1210b) 300.1210c)3) 300.1210d)6) 300.1220b)3)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>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. 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> <p>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> <p>6) All necessary precautions shall be taken</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>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>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observations, interviews, and record reviews, this facility failed to develop a plan of care with effective interventions to reduce or prevent multiple fall incidents for 1 resident (R1) reviewed fall prevention interventions. This failure resulted in R1 being involved in two fall incidents, and one of the falls resulting in R1 going to the local hospital and treated for a laceration to the back of the head requiring 6 sutures.</p> <p>Findings include:</p> <p>On 4/22/2022 at 10:15am, this surveyor did not</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>observe any floor mats next to R1's bed.</p> <p>On 4/27/2022 at 9:00am, V5 RN (registered nurse) stated that on 2/18 during rounds, V5 noted R1 to be incontinent. V5 stated that V5 and the CNA (certified nurse aide) provided incontinence care. V5 stated that one hour later, the call light was activated in R1's room, the CNA went to room and found R1 lying on the floor near the bathroom and was head bleeding. V5 stated that the CNA notified V5 and she went to R1's room immediately. V5 stated that V5 performed a head to toe assessment, R1 was bleeding from the back of head. V5 stated that V5 and the CNA assisted R1 back to bed and V5 called 911 EMS (emergency medical services) immediately. V5 stated that V5 checked R1's vital signs and thinks she documented results in nurses' notes. When questioned regarding neurological checks, V5 did not respond.</p> <p>Review of R1's medical record notes R1 with diagnoses including: Covid-19, diabetes, crohn's disease, unsteadiness on feet, dementia with behaviors, hyperlipidemia, tremors, and insomnia.</p> <p>Review of R1's care plan, initiated 7/12/2021, notes R1 is at risk for falls. Interventions identified include: anticipate and meet R1's needs, be sure R1's call light is within reach and encourage R1 to use it for assistance as needed, R1 needs prompt response to all requests for assistance, ensure R1 is wearing appropriate footwear when ambulating or mobilizing in wheelchair, follow facility fall protocol, and have commonly used items within reach.</p> <p>Review of R1's falls care plan, initiated 7/16/21, notes R1 has had falls. R1 is at risk for further falls due to decreased mobility and impaired</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>cognition (focus was revised on 3/3/22). Interventions identified include: continue interventions on the at-risk plan, for no apparent acute injury, determine and address causative factors of the fall, offer R1 rest periods in bed after meals, activities, and/or therapy session, pharmacy to review medications, provide activities that promote exercise and strength building where possible, psychiatry to review medications, staff will attempt to toilet R1 more often when they see R1 attempt to stand, and ultra low bed. On 4/11/22, floor mats.</p> <p>There is no documentation noting R1's care plan interventions were updated after falls on 2/18 and 3/5.</p> <p>Review of R1's falls notes: 2/18/22 at 2:44am, fall with injury; laceration to back of head requiring 6 staples. 3/5/22 at 7:04pm, CNA reported that R1 is on the floor in a sitting position, assessment done, no injury noted.</p> <p>There is no documentation found in R1's medical record noting neurological checks were completed post fall with head injury on 2/18/22. There is also no documentation found noting R1 was evaluated and monitored for 72 hours after falls on 2/18/22 and 3/5/22.</p> <p>Review of this facility's fall prevention and management policy, revised 11/10/21, notes fall risk screening (fall assessment) will be used on admission, re-admission, following a fall, and quarterly. Interventions will depend on identified and assessed risk factors, including root cause after each fall. Post fall observation will be completed. Perform physical assessment</p>	S9999		

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S9999	Continued From page 12 including: head to toe assessment, vital signs, range of motion, neurological assessment as indicated. Evaluate and monitor resident for 72 hours after the fall. Implement immediate intervention post fall at least within same shift. Complete falls assessment and post fall documentation. Develop plan of care. Falls where residents may have sustained a head injury will be assessed for neurological check. No violation	S9999		