STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001168	A. BUILDING: _____ B. WING _____	04/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEVIEW HEALTH CARE CENTER	8100 SOUTH HARLEM AVENUE BRIDGEVIEW, IL 60455

(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 Annual Licensure	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)6) 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. 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. 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.	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001168	A. BUILDING: _____ B. WING _____	04/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEVIEW HEALTH CARE CENTER	8100 SOUTH HARLEM AVENUE BRIDGEVIEW, IL 60455

(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	Continued From page 1 c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 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 needed as indicated by the resident's condition. These requirements were not met as evidenced by:	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001168	A. BUILDING: _____ B. WING _____	04/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEVIEW HEALTH CARE CENTER	8100 SOUTH HARLEM AVENUE BRIDGEVIEW, IL 60455

(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	Continued From page 2 Based on interview and record review the facility failed to ensure adequate supervision to resident (R58) who has multiple episodes of falls to prevent from future falls as indicated in his care plan. R58 was left unattended/unsupervised in the dining room and sustained a right hip fracture requiring hospitalization. This deficiency affects one (R58) of 3 residents in a sample of 26 reviewed for Fall prevention management. Findings include: R58 is admitted on 4/27/21 with diagnosis to include Dementia, Psychosis, Chronic Obstructive Pulmonary Disease and Depression. R58 is at high risk of falls. He has a total of 10 episodes of multiple falls from 5/17/21 to 4/19/22. Most recent fall sustained right hip fracture requiring hospitalization. R58's fall prevention care plan intervention dated 7/14/21 indicated: place resident in supervised area while awake. R58's progress notes dated 4/19/22 indicated: Unwitnessed fall at approximately 11:15pm, R58 sustained a fall while sitting in his wheelchair in the dining room. Staff responded to R58's call for help and the resident was found lying on his right. There was no break in his skin noted and R58 was complaining of right-sided hip pain. R58's physician gave orders to transfer him to hospital for further evaluation. Tylenol 650mg was given orally for pain. Vital signs: BP135/71, PR 68, RR 19, T-97.6F, 97% O2 sat on room air. On 4/21/22 at 2:02pm V2 Director of Nursing (DON) said that R58 is a demented resident who needs constant supervision/monitoring due to high risk of falls and multiple incidents of falls. He was placed in the dining room late in the evening for supervision because he tends to get out of	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001168	A. BUILDING: _____ B. WING _____	04/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEVIEW HEALTH CARE CENTER	8100 SOUTH HARLEM AVENUE BRIDGEVIEW, IL 60455

(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	Continued From page 3	S9999		

bed when he was in his room. He was monitored by CNA, but staff left him unattended without informing the nurse on the floor that the CNA needs to leave R58 in the dining room. R58 was found on the floor complaining of right hip pain. R58 was sent out to the hospital for evaluation and was admitted for a right hip fracture.

On 4/21/22 at 2:50pm, V2 DON said that they don't have a fall coordinator to complete the root cause analysis of the fall. V2 said that they usually discuss it during the morning meeting, but they have not done it this week due to current survey in the facility.

R58 was re-admitted on 4/20/22 from the hospital with diagnosis of right hip fracture due to fall. R58's care plan was not yet updated as of 4/21/22.

On 4/22/22 at 10:03am observed R58 lying in bed sleeping, his bed is pushed to the wall by the window and has floor mat on the right side of the bed.

On 4/22/22 at 10:08am, V32 LPN said that she has been taking care of R58. He is confused, can be combative and resistive to care. He has poor safety awareness and attempts to get out from bed. He needs closer supervision due to his fall risk and multiple fall incidents. V32 said he had fall recently in the dining room and sustained right hip fracture. No surgery was ordered due to his age. They are keeping him in bed with 2-person log rolling using abductor pillow or 2 pillows. No abductor pillow or 2 pillows found at bedside of R58.

On 4/22/22 at 10:11am, V11 RN said that he worked on 4/19/22 (3-11 shift) the day that R58

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001168	A. BUILDING: _____ B. WING _____	04/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEVIEW HEALTH CARE CENTER	8100 SOUTH HARLEM AVENUE BRIDGEVIEW, IL 60455

(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	Continued From page 4	S9999		

fell. V11 said that V14 CNA placed R58 in the dining room for closer supervision because he was restless, agitated and attempts to get out from bed. V11 said that V14 told him that she was leaving at 11pm when her shifts end, leaving R58 unattended in the dining room. V11 said that he did not go to the dining room because he must do his charting at the nursing station. V11 said that V33 CNA from 11-7 shift did not stay with R58 because she must do her rounds. Then V11 heard R58 yelling for help from the dining room. V11 said he found R58 lying on the floor on his right side and complaining of pain. R58 was sent to the hospital for evaluation per his physician order. V11 said that if he had sat next to R58 in the dining room then the fall could have been prevented.

On 4/22/22 at 10:23am, V2 DON said that R58 should be placed by the nursing station rather than in the dining room for closer 1:1 supervision by V11.

On 4/22/22 at 12:10pm, V33 said that she is the assigned CNA for R58 on 4/19/22. V33 said that they have 2 CNAs and 1 Nurse on 4th floor for 11-7 shift. V33 said that she arrives on the unit at 11pm and saw R58 in the dining room by himself. V33 said that the nurse did not tell her to stay with R58 in the dining room for close supervision. V33 said that she made her rounds and checked her other residents. V33 said that if she knew that she needed to stay with R58 for close supervision, she would've stayed with the resident and prevented the fall.

Facility's fall risk screening policy indicated the nursing staff in conjunction with the attending physician, consultant pharmacist, therapy staff and others will seek to identify and document

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001168	A. BUILDING: _____ B. WING _____	04/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEVIEW HEALTH CARE CENTER	8100 SOUTH HARLEM AVENUE BRIDGEVIEW, IL 60455

(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	Continued From page 5 resident risk factors for falls. Interpretation and implementation: 1) Based on the result of screening a plan of care will be developed and updated as needed. This plan of care will be reviewed with the resident and his family for input and review. 6) The staff with the support of the attending physician, will evaluate functional and psychological factors that may increase fall risk, including ambulation, mobility, gait, balance, excessive motor activity, activities of daily living (ADL) capabilities, activity tolerance, continence and cognition. 8) The staff and attending physician will collaborate to identify and address modifiable fall risk factors and interventions to try to minimize the consequences of risk factors that are not modifiable. 9) The care plan will be developed and updated including identified risk and developed interventions. Facility's fall committee: 1. On a daily basis the fall committee will review all accidents/incidents/unusual occurrences that have occurred within the last 24hrs period. 2. The facility's IDT (interdisciplinary team) will meet and review all resident accident/incidents/unusual occurrences. This team provides investigation and interventions. 3. Based on this review, the meeting will determine how or if the care plan goals and approaches need revisions or additions and or make other recommendations in an effort to prevent reoccurrences Facility's Fall prevention activities Pre and post falls 4. For residents who have been identified at risk for falls upon admission, a care plan shall be developed which includes the resident and his family input for interventions that have or have not	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001168	A. BUILDING: _____ B. WING _____	04/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEVIEW HEALTH CARE CENTER	8100 SOUTH HARLEM AVENUE BRIDGEVIEW, IL 60455

(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	Continued From page 6 worked in the past. Additional interventions will be developed to promote a safe environment. The residents' individual needs for staff assistance will be assessed. Then the resident will be a placed on a fall prevention program. 6. As a fall occurs the nurse on duty will initiate a new intervention to prevent further falls. The pan of care will be updated at this time. The revisions to the fall care will be monitored for effectiveness and adjustments made as needed. The fall committee will review the revised plan of care and the resident's response at fall committee. (A)	S9999		