

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>IL6015499 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>C<br>05/27/2022 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>GREEK AMERICAN REHAB CARE CTR | STREET ADDRESS, CITY, STATE, ZIP CODE<br>220 N FIRST STREET<br>WHEELING, IL 60090 |
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| (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<br><br>FRI of 4/22/2022\IL146239 & FRI of 4/22/2022\IL146483  | S 000         |   |                    |
| S9999              | Final Observations<br><br>Statement of Licensure Violations<br><br>300.610a)<br>300.1210b)<br>300.1210d)6<br><br>Section 300.610 Resident Care Policies<br><br>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.<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br><br>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         | Attachment A<br>Statement of Licensure Violations   |                    |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| S9999   | <p>Continued From page 1</p> <p>resident to meet the total nursing and personal care needs of the resident.</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 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>These Requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to supervise a resident (R5) with high fall risk, dementia, Alzheimer's disease, and poor safety awareness of 3 residents reviewed for falls. This failure resulted in R5 having an unwitnessed fall resulting in a fractured wrist and jaw.</p> <p>Findings include:</p> <p>On 5-26-22 at 11:31 AM, V1 (DON) said R5 is alert and oriented x 0. She might be able to make her simple needs known. She is primarily Greek speaking. R5 has Alzheimer's and dementia. She has poor safety awareness. R5 is a high fall risk. R5 had an unwitnessed fall. R5 was up walking by herself. R5 needs handheld assistance with walking. R5 walked by herself and fell.</p> <p>On 5-24-22 at 1:17 PM, V7 (CNA) said R5 has Dementia, confusion, unable to make her needs known. R5 had a steady decline and is unsteady</p> | S9999   |   |   |

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| S9999              | <p>Continued From page 2</p> <p>with ambulation. R5 is a high fall risk due unsteady and very poor safety awareness. Facility provided low bed, floor pads, non-skid socks, call light in reach, and toileting before and after meals. speaking only Greek. R5 needs constant monitoring for safety. R5 is impulsive and will get up by herself. V7 was not working the day of the fall however, V7 would always check on R5 every 30 minutes.</p> <p>On 5-24-22 at 1:29 PM, V8 (LPN) said R5 is alert oriented x 1-2, speaks Greek only, and responds to Greek speaking staff only. R5 has dementia, very poor safety awareness, history of falls, high fall risk and has an unsteady gait. R5 has verbal aggression which can turn to physical aggression. R5 requires frequent monitoring.</p> <p>On 5-26-22 at 10:12 AM, V15 (Restorative Nurse) said R5 is alert, oriented x 1, follows simple and commands. R5 makes her simple needs known and primarily speaks Greek. R5 has dementia, Alzheimer's Disease with impaired cognition, poor safety awareness, agitation, and verbal and physical aggression. R5 can be impulsive and try to get up without assistance. R5 is a high fall risk with poor safety awareness, impulsivity, and aggressive behaviors. R5 had an unwitnessed fall on 4-22-22. R5 got up by herself and fell. R5 requires frequent monitoring. During this interview V15 said R5 was agitated and restless. V15 said R5 was up walking. V15 said she walked with R5 and left R5 to call the nurse for assistance and R5 fell. R5 was being monitored by V15 but V15 left R5 to find another staff for assistance.</p> <p>Fall Prevention Policy revision date 2-4-22 documents it is a facility policy to identify those residents at high risk by assessing, planning a preventative strategy, and maintaining a safe</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 3<br/>environment as possible.</p> <p>MDS (Assessment Reference Date: 4-28-22) documents R5 is never understood. BIMS-response locked. Transfers (self): Extensive Assist, Transfers (support): 2-person physical assist. Moving from seated to standing position: not steady, only able to stabilize with staff assistance. Walk in Corridor: (support) 1 person assist. Diagnoses (not limited to:) Alzheimer's, Non-Alzheimer's Dementia, Anxiety, Depression,</p> <p>Initial State Reportable dated 4-22-22 documents R5 had an unwitnessed fall at 11:04 AM. R5 was observed to have a 2 CM laceration on her chin with bleeding gums and nose. R5 was confirmed admitted at local hospital with diagnosis of left mandibular ramus fracture with sutures on chin. Final State Reportable dated 4-29-22 documents Conclusion: R5 was admitted to hospital with fractured wrist and fractured mandible. R5 was walking the halls, lost her balance, and fell to the floor.</p> <p>Hospital Record dated 4-22-22 documents Clinical History: 77-year-old female brought in by EMS status post unwitnessed fall at the nursing facility. Per EMS nursing states that R5 was walking in the hallway when she fell forward and hit her head. Pt has a chin laceration, right upper lip laceration, and has some cuts in her mouth. Impression: bilateral maxillary fractures, with blood in the maxillary antra. Impression: nondisplaced fracture of the base of the 5th metacarpal.</p> <p>ADL Care Plan documents Intervention: R5 able to ambulate without assistive device, needs handheld assist x1 staff for walking safety (initiated on 2-1-22). R5 requires extensive assist</p> | S9999         |   |                    |

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| S9999              | Continued From page 4<br>x 1-2 staff for ADLs at this time (initiated on 4-14-22).<br><br>(A)                          | S9999         |   |                    |