

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016570</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/25/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GREENFIELDS OF GENEVA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>0N801 FRIENDSHIP WAY GENEVA, IL 60134</b>
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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  Complaint Investigation: 2375872/IL162092	S 000		
S9999	Final Observations  Statement of Licensure Violations: 300.1210a) 300.1210b)4)5) 300.1210d)6)  Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)  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	

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</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>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, and record reviews the facility failed to supervise a resident to prevent a resident's fall. This failure resulted in R1 sustaining a displaced fracture of the left distal femoral shaft requiring surgery. This applies to 1 of 4 residents (R1) reviewed for falls.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Findings include:</p> <p>R1's electronic health record showed that on July 3rd, 2023, R1 was left on the commode in her bathroom, and she fell to the floor while trying to self-transfer to her wheelchair. R1's 7/3/23 hospital X-ray report showed that R1 has sustained a fracture to her left femur. R1's 7/3/23 - 7/7/23 (after visit summary) hospital records showed that R1 had a 4-day hospital stay. R1's 7/4/23 Operative Report showed R1 had an open reduction internal fixation of the left distal femur.</p> <p>On 7/21/23 at 10:00am V10 (Certified Nurse's Assistant) said that on 7/3/23 he found R1 on the floor of her bathroom. V10 said that R1 should never be left alone on the toilet because she will try to self-transfer to her wheelchair and fall.</p> <p>On 7/21/23 at 9:43am V9 (Certified Nurse's Assistant) said that on 7/3/23, R1 needed to be toileted, and she placed her on the commode chair in her bathroom and then left her there unattended to go assist another resident. V9 said that she did not want to leave R1 alone because she felt that she was a fall risk, but V8 (Nurse) told her she would be okay to be left alone.</p> <p>On 7/20/23 at 3:01pm V8 (Nurse) said that on 7/3/23 R1 fell off the commode in her bathroom. V8 said R1 told her she fell while trying to self-transfer back to her wheelchair.</p> <p>On 7/21/23 at 11:21am V11 (Director of Nursing) said on 7/3/23 R1 was unsupervised and fell while on the toilet and it caused a fracture to her left femur. V11 said that her expectations would be that R1 be supervised while in the bathroom.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 7/21/23 at 1:09pm V12 (R1's Primary Care Physician) said on 7/3/23 R1 fell while on the toilet and it caused a fracture to her left femur. V12 said that his expectations would be that R1 would be supervised while in the bathroom.</p> <p>On 7/21/23 at 3:36pm V13 (Administrator) said on 7/3/23 R1 was unsupervised and fell while on the toilet and it caused a fracture to her left femur. V13 said that his expectations would be that R1 be supervised while in the bathroom.</p> <p>R1's 7/10/23 MDS (Minimum Data Set) Sect. G showed that R1 is an extensive assist with toileting and transfers and section C shows that R1 cognition is severely impaired. R1's progress notes showed that in the last 12 months R1 has been found on the bathroom floor after falling while attempting to self-transfer 8 times, 7/3/23, 5/20/23, 1/12/23, 12/26/22, 12/31/22, 11/10/22, 11/6/23, and 9/20/22. A review of the progress notes showed that R1 was alone when she fell. R1's 7/9/23 care plan showed that R1 is a high risk for falls related to gait/imbalance problem and right-side paralysis with interventions including encourage use of safety devices, anticipate needs, and call light within reach. R1's 7/9/23 care plan showed that R1 has impaired cognitive function, judgement and decision making with interventions including supervision with all decision making.</p> <p>"A"</p>	S9999		