Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C IL6008825 B. WING 08/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH WARREN BARR SOUTH LOOP CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) \$ 000 Initial Comments S 000 Complaint Investigation 2385355/IL161465 \$9999 **Final Observations** S9999 Statement of Licensure Violations: 300.1210b) 300.1210d)6) Section 300.1210 General Requirements for Nursing and Personal Care 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. 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: 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. These requirements are not met as evidenced by: Attachment A Statement of Licensure Violations Based on record review and interview the facility

Illinois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6008825 08/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH WARREN BARR SOUTH LOOP CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (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) Continued From page 1 S9999 S9999 failed to implement appropriate care plan interventions to prevent serious injury for one of five residents (R5) reviewed for injury of unknown origin. This failure resulted in R5 sustaining a 5 x 3cm (centimeter) avulsion (trauma where all layers of the skin have been torn away, exposing underlying structures) to the skin overlying the Achilles tendon which required suture repair. Findings include: R5's diagnoses include but not limited to anoxic brain damage, contracture of muscle multiple sites, lack of coordination, and muscle wasting of (left) lower leg/ankle/foot. R5 was discharged (4/7/23) from the facility. R5's (3/16/23) BIMS (Brief Interview Mental Status) affirms resident is rarely/never understood. R5's (3/16/23) Functional Assessment affirms (2 persons) physical assist is required for bed mobility. R5's (12/23/22) care plan includes actual skin alterations. Interventions: pad bed rails, wheelchair arms or any other source of potential injury if possible. Use caution during transfers and bed mobility to prevent striking arms, legs and hands against any sharp or hard surface. R5's (3/10/23) incident report states nurse entered room and noted resident left lower extremity dangling out of bed with moderate bleeding noted to back of extremity and heel. Nurse Practitioner notified and gave order to transfer resident out 911.

Illinois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6008825 08/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH WARREN BARR SOUTH LOOP CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 2 S9999 R5's (3/10/23) hospital history and physical states patient presents with left ankle laceration after cutting at (Facility Name). On exam 5 x 3cm avulsion to skin overlying Achilles tendon, with minor Achilles involvement. Consulted orthopedic surgery who sutured and placed patient in a splint. R5's (3/10/23) incident investigation states upon interview with staff, resident has involuntary spasms with left lower extremity and may have had an involuntary spasm with may cause resident to injure his extremity by hitting it against the bed frame. On 8/3/23 at 1:32pm, surveyor inquired about R5's (3/10/23) incident and V62 (Licensed Practical Nurse) stated "When I came into the room during rounds. I noticed that he (R5) had a large laceration to the left leg by his Achilles he got from moving involuntarily on the side of the bed rail. He (R5) used to have a spasm where he would draw his leg up and scrape his leg on the rail. We sent him to (Hospital Name) for traumatic injury." On 8/3/23 at 3:49pm, surveyor inquired if R5's care plan includes involuntary movement and/or interventions to prevent harm while in bed. V64 (Care Plan Coordinator) reviewed R5's skin alteration care plan (which excludes involuntary movement) and stated it seems like they have appropriate interventions like pad bed rails, use caution during transfers and bed mobility to prevent striking arms, legs and hands against any sharp or hard surface (referring to 12/23/22 entries) however bed bolsters (to prevent R5's leg/foot from touching the bed frame) are excluded.

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6008825 08/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH WARREN BARR SOUTH LOOP CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 On 8/3/23 at 4:15pm, surveyor inquired about R5's (3/10/23) incident investigation, V2 (Director of Nursing) stated "He has involuntary muscle spasms which cause him to move his lower extremities involuntarily. He had rubbed it on the bed frame, and it cause it to open up. It wasn't sharp but it was metal, there was blood all over the bed frame that he rubbed his heel on to open up the area." Surveyor inquired how R5 was injured if padded side rails were in use V2 responded "He had 2 (upper) side rails he didn't have all 4 side rails up." Surveyor inquired if R5's injury was sustained from the side rail V2 replied "It was the bed frame, so I don't know why people keep saying it was the side rail it was the bed frame and he kept rubbing. He was alert and oriented times zero, he's a traumatic brain injury." Surveyor inquired if R5's care plan interventions included bed bolsters V2 stated "I don't even know about that I could check." On 8/3/23 at 4:30pm, surveyor inquired about appropriate interventions for R5 and/or a resident with involuntary leg movement, V61 (Physician) stated "Maybe close observation, just make sure that fall precautions, padding things like that are in place. This patient has anoxic brain injury with muscle spasms so if you have muscle spasms try to make sure he doesn't hit any of the bed rails or if at risk for fall make sure he doesn't have a fall". Surveyor inquired about potential harm to a resident (lying in bed) with involuntary movement if preventive interventions are not implemented V61 (Physician) responded "I would say if any involuntary movement such as muscle spasms or seizure I can't think of any life-threatening harm but maybe localized things like the skin or maybe fall. If bed rails are not up, he may fall from the bed and get injured."

PRINTED: 10/12/2023 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C IL6008825 08/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH WARREN BARR SOUTH LOOP CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 4 S9999 (B)

Illinois Department of Public Health