

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/19/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER GROVE OF BERWYN, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3601 SOUTH HARLEM AVENUE BERWYN, IL 60402
---	---

(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: 2390253/IL155200	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1210b) 300.1210d)2 300.1210d)3 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. 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: 2) All treatments and procedures shall be administered as ordered by the physician. 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.	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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 AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/19/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GROVE OF BERWYN, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3601 SOUTH HARLEM AVENUE BERWYN, IL 60402
--	---

(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	<p>Continued From page 1</p> <p>These Rrequirements were not met as evidenced by:</p> <p>Based on record review and interview the facility failed to address a resident pain post fall for 1 of 1 resident (R5) reviewed for falls.</p> <p>As a result, the resident remained in pain for 8 hours after having multiple fractures post fall and was transferred to the hospital for treatment.</p> <p>Findings include:</p> <p>Reviewed fall list for last 6 months, R5 was not listed. Incident Summary dated 11/6/2022 00:15 showed resident was observed on the floor laying on her right side near the bathroom next to her bed. Complete body assessment given, no discoloration or skin tears noted at this time all skin is intact. Writer asked resident what happened, and she stated, "I don't know i was leaving the bathroom and I just fell." Writer asked resident did she hit her head resident stated, "No I did not hit my head." Resident was assisted into bed via staff. Resident stated she is experiencing pain in her right hip and right knee rating the pain on a 0-10 scale a "7". Progress Note dated 11/6/2022 00:21 showed: MD made aware of incident new order for STAT x-ray to the right knee and right hip per MD orders carried out. All stat portable phoned and STAT x-ray to the right hip and right knee scheduled for 11/6/22 morning, confirmation #236376730. Care dated 11/04/2022 showed R5 is a risk for falls. Fall risk assessment dated 11/06/2022 showed score of "11" indicating she is a high fall risk.</p> <p>On 02/18/2023, R5's daughter was called at 11:33 AM by surveyor to inquire if facility contacts</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/19/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GROVE OF BERWYN, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3601 SOUTH HARLEM AVENUE BERWYN, IL 60402
---	---

(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	<p>Continued From page 2</p> <p>family after any incidents. No answer, message left. She called facility back at 12:00 PM and said she was notified of R5's fall and said at "approximately 2 am on 11/06/2022, I called facility back and spoke with an agency nurse who said mom was given pain med and x-ray tech was on their way to the facility. I came into facility at 10 am, and mom was lying in bed, crying and said, "they are lying, they're not doing anything to help me, and get me out of here, I'm in pain". R5 had not yet received an x-ray. I then said either you call 911 or I will". R5's daughter then said the agency nurse said she didn't know what to do and started calling to different floors. Finally, some facility staff came and showed her what to do and the agency nurse made the call to 911. R5's daughter also said that the agency nurse said they offered pain med (Tylenol) but R5 refused it then said the facility was not trying to do anything for her mother. R5 was admitted to hospital with multiple fractures to right lower extremity and did not re-admit to the facility.</p> <p>On 02/17/2023 at 3:38 PM, When asked how many staffing agencies are utilized, V3 said quite a bit and facility is trying to recruit nurses but it's been hard getting staff in here. V3 added new agency staff are given a quick rundown, plus there are agency binders with policies, how to use PCC (point click care), risk management, admission, order entry, important phone numbers, extensions, and infection control policy and procedures located at every nursing station. When asked what is done if there's a complaint regarding agency staff, V3 (Director of Nursing) said if it's a customer service complaint, they investigate and talk to the resident and staff. She continued saying if it's a poor customer service, safety concern, attitude, or affects mental</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/19/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER GROVE OF BERWYN, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3601 SOUTH HARLEM AVENUE BERWYN, IL 60402
---	---

(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	<p>Continued From page 3</p> <p>well-being, they are DNR'd (do not return).</p> <p>On 2/18/2023 at 12:29 PM, V3 (Director of Nursing) unable to locate documentation of when portable x-ray came to facility and performed x-ray on R5. At 12:57 PM, V3 said she called diagnostic provider and was told they didn't have a tech that morning and facility does not use any other company. V3 added that R5 did not receive an x-ray until she was sent out to the hospital. When asked if the facility should have followed up with their diagnostic provider on day of incident rather than current date, V3 said yes.</p> <p>On 02/19/2022, reviewed incident reporting policy last revised 07/28/2022 that showed process of reporting to IDPH only. Reviewed fall occurrence policy last revised 05/17/2022 which indicated no process of notifying family or providing emergent care.</p> <p>(B)</p>	S9999		