

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/22/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1635 EAST 154TH STREET DOLTON, IL 60419
--	---

(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 Facility Reported Incident of January 20, 2023 IL156625	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 d)6) 300.1220 b)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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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	S9999	Attachment A Statement of Licensure Violations	

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

TITLE

(X8) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1635 EAST 154TH STREET DOLTON, IL 60419
---	---

(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>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>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>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. The plan shall be reviewed at least every three months.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to have effective interventions in place to prevent or reduce the risk of falling for a high risk fall resident for one 1 of 3 residents (R1) reviewed for fall prevention in a total sample of 3.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1635 EAST 154TH STREET DOLTON, IL 60419
--	---

(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>This failure resulted in R1 falling and getting a laceration to the back of the head requiring 17 staples.</p> <p>Findings Include:</p> <p>R1 is a 60 year old with the following diagnoses: dementia with behavioral disturbance, weakness, history of falling, hypertensive heart failure, and transient ischemic attacks. R1 admitted to the facility on 11/28/22.</p> <p>The Hospital Admission Records, dated 11/21/22, document R1 was brought to the emergency room by a family member for progressive worsening of altered mental status and gait instability over the last four weeks. R1 has had one episode of falling down where stitching was required at the hospital. R1 has been having falls that are mostly backwards. The physical therapy assessment during this hospitalization shows R1 continues to demonstrate decreased safety awareness and impaired functional mobility due to cognitive deficits. R1 is retropulsive and needs frequent queuing to perform activity.</p> <p>The Care Plan, dated 11/29/22, documents R1 is a high risk for falls related to a diagnosis of difficulty in walking, unsteadiness on feet, history of falling and weakness and poor safety awareness. On 12/8/22, the following interventions were documented: R1 was placed on the Falling Star program, the bed is kept in the lowest position, encourage R1 to use call light and ask for assistance, and staff to anticipate R1's needs. On 12/17/22, the only intervention documented is to send R1 out for an acute evaluation due to a fall. There are no other interventions documented after the fall on this day. On 1/20/23, the following interventions were</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1635 EAST 154TH STREET DOLTON, IL 60419
--	---

(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>documented: move R1 closer to the nursing station, increased, staff, supervision, and skilled therapy services to evaluate.</p> <p>The Physical Therapy Evaluation, dated 12/5/22, documents R1 requires physical therapy for gait training, safety awareness, and transfer skills. Due to the documents physical impairments and associated functional deficits, R1 is at risk for falls, decline in function, and increased dependency on caregivers.</p> <p>The Fall Risk Assessment, dated 12/7/22, documents R1 scored a 9, which indicates R1 is it a low risk for falls. R1 is documented to be alert and oriented at all times, up ad lib, and has not had any falls in the last three months. This assessment is incorrectly documented based on other facility charting and interviews.</p> <p>The Fall Event ,dated 12/17/22, documents R1 was noted standing up out of the wheelchair and fell to the side landing on R1's side and bumping the head against the wall. R1 is unable to state why the fall occurred. R1 was sitting in a high visual area and stood up before R1 could be reached by staff. R1 when was sent to the hospital for R1 was sent to the hospital for an evaluation but return with no injuries. R1 is ambulatory but does not have a steady gait and is noted with impulsivity.</p> <p>Nursing note, dated 12/17/22, documents R1 was observed sitting in the wheelchair at the nurse's station. R1 stood up out of the wheelchair and fell over onto the left side. R1 did bump the back of the head on the wall. R1 was alert and responsive. R1 was sent to the hospital for further evaluation. R1 was sent back to the facility later in the day with no findings.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1635 EAST 154TH STREET DOLTON, IL 60419
--	---

(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 4</p> <p>Nursing note, dated 12/26/22, documents R1 is sitting at the nurse's station due to requiring frequent redirection. R1 makes attempts to ambulate with an unsteady gait.</p> <p>Nursing note, dated 12/28/22, documents R1 requires constant redirection due to walking with an unsteady gait without assistive devices. R1 is often noncompliant with redirection.</p> <p>The Fall Event, dated 1/20/23, documents R1 was sitting in the bathroom on the floor. R1 was assisted to the bed and a body assessment was completed. Blood was noted at the base of the head. R1 was unable to state how the laceration occurred. On the day of the occurrence, R1 was initially observed, sitting on the toilet. R1 was sent to the emergency room and returned with 17 staples at the head and negative imaging. R1 is ambulatory but unsteady. R1 will work with therapy and gait training. Staff have been encouraged to check frequently to provide necessary assistance and meet all needs.</p> <p>Nursing note, dated 1/20/23 at 6:52AM, documents R1 had an unwitnessed fall in the room. The body assessment revealed a laceration to the back of R1's head. R1 was transferred to the hospital for medical evaluation. R1 was on 1:1 monitoring while awaiting hospital transfer.</p> <p>Nursing note, dated 1/20/23 at 11:19AM, documents the hospital called the facility to notify that imaging was being completed on R one. R1 will be receiving 17 staples to the back of the scalp.</p> <p>Nursing note, dated 1/20/23 at 12:33PM,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1635 EAST 154TH STREET DOLTON, IL 60419
--	---

(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 5</p> <p>documents R1 received back from the hospital status post fall. R1 had a bandage wrapped around the head. Upon assessment, 17 staples were noted to the back of the scalp in the shape of "U."</p> <p>The Final Facility Incident Report, dated 1/26/23, documents R1 was observed sitting on the toilet in assisted back to bed. Upon assessment, the nurse observed blood on the back of R1's head. R1 is alert but confused at times and was unable to articulate what had occurred. However, R1 stated that R1 did not fall. R1 was transferred to the emergency department for an evaluation and returned with a negative CT scan and 17 staples to the posterior head. Upon investigation, blood was noted on the back of the toilet bowl tank. Staff believed R1 pushed back and hit head on the tank. R1 is noncompliant with seeking staff assistance for toileting and transfers. R1's room has been moved closer to the nurse's station to provide increased supervision. R1's plan of care has been updated, including wound and pain regimen.</p> <p>The Minimum Data Set (MDS), dated 1/26/23, documents a Brief Interview for Mental Status score as 12 (moderate cognitive impairment). Section G of this MDS documents R1 is an extensive two person physical assist with transfers. R1 needs supervision of a one person physical assist with walking in the room and in the corridor. R1 is an extensive one person physical assist for toilet use.</p> <p>On 2/21/23 at 3:14PM, R1 and V3 (Family member) showed this surveyor the healed laceration to the back of R1's head. The healed laceration is pink/red in color and is open to air. It is located directly in the middle of the back of the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1635 EAST 154TH STREET DOLTON, IL 60419
---	---

(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 6</p> <p>head in a "V" shape. It is approximately 3 inches long. R1 reported remembering falling, but was unable to say how many times R1 fell, and was not able to give any details about the falls. R1 was able to state R1's name. R1 stated the date was September 23, 2022, and the president was (previous president). When asked where R1 was, R1 responded "in (another city in a casino)." R1 stood up to readjust in the bed, and when R1 stood up, R1 kept swaying back and forth until V3 held onto R1.</p> <p>On 2/21/23 at 3:14PM, V3 stated, "(R1's) always trying to get up out of the bed, and (R1's) equilibrium is off. (R1) will fall down almost as soon as (R1) gets up. (R1) is not steady and has not been for a while, which is why I brought (R1) to live here. (R10 is confused. Sometimes yes means yes and no means no, but other times, (R1) has no clue what is going on. The last time (R1) fell, (R1) cut the back of (R1's) head and needed staples. They told me that they can't do 1:1 with (R1) here, but they haven't told me anything else that they are doing for (R1).I just want to make sure (R1) doesn't have any more falls where (R1's) hurting herself."</p> <p>On 2/21/23 at 3:43PM, V4 (Restorative Nurse) stated, "We put a new interventions anytime there's a new fall or certain interventions are working. We assess interventions quarterly or the time of a new fall. (R1) has poor safety awareness, and it takes a while for certain age things to come together for (R1) to understand. Either myself or the QA (Quality Assurance) nurse is responsible for putting in interventions. An intervention should always be put in after a fall. There's never a reason an intervention should not be put in. The intervention put in depends on the situation. (R1's) a high fall risk because of the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1635 EAST 154TH STREET DOLTON, IL 60419
---	---

(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 7</p> <p>lack of safety awareness, unsteady gait and balance, some medications, and the score on (R1) fall risk assessment indicates (R1's) a high fall risk. When a resident is admitted, we will go through the hospital paperwork and put interventions then depending on what they are admitted for. I don't know if (R1) was a high fall risk when (R1) first came in." V4 was asked why R1 scored as not a fall risk on the admission fall risk assessment, and V4 was not able to answer the question. "When a resident has a fall, the nurse will also put in interventions that are not as specific. After we meet, then we will update the care plan as needed. Like I said, I was on vacation for that fall (12/17 fall). If no other intervention was put in after she went to the hospital then I can't speak on that. There should always be another intervention put in after they come back. We put in interventions to help prevent falls so they are less likely to occur."</p> <p>On 2/21/23 at 4:03PM, V5 (Physical Therapist) stated, "We found out that (R1) can walk, but has poor safety awareness with an unsteady gait. (R1) had some in proper techniques with sequencing issues. (R1) also had poor cognition. It would fluctuate, but usually (R1) was alert and oriented to self, but sometimes it would be times two. With (R1's) cognition, (R1) can't learn anything new, but (R1) can be retrained on what (R1's) body was already able to do. We focus on always having someone with you when getting up or transferring. Sometimes (R1) would respond and do what we asked immediately, but other times you would have to initiate through verbal or tactile cues for (R1) to follow through. During the time we worked with (R1), (R1) had no changes to (R1's) safety awareness. It still remained poor, and that's why we couldn't keep (R1) in therapy."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1635 EAST 154TH STREET DOLTON, IL 60419
--	---

(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 8</p> <p>On 2/21/23 at 4:16PM, V6 (MDS (Minimum Data Set)/Care Plan Nurse) stated, "Every department head is responsible for updating the care plans individually. I then do an audit once a month to make sure everything in the care plan is up to date. If I find something is missing, then I would go to that department manager and let them know what is missing. If a resident has a fall and they are missing an intervention, then I would let restorative know. When a resident first comes back from the hospital, they need a new intervention as soon as they come back. I would tell them verbally or write note and leave it for them that they need to update the care plan. If there isn't a new care plan then they forgot or thought someone else put it in. It should always be put in."</p> <p>On 2/21/23 at 5:26PM, V7 (Nurse) stated, "We had (R1) sitting in the chair at the nurse's station with us, and (R1) stood up and fell over to the left side out of the chair. (R1) didn't stand all the way up, but (R1) had (R1's) butt off the back of the chair, and just fell over to the side. (R1) thinks (R1's) more independent than (R1) is, and that (R1) can walk, but (R1) can't. A couple of us were sitting there, but we yelled for (R1) to sit down, but (R1) didn't listen, and we couldn't get to her in time. (R1) has an unsteady gait and is just very wobbly. Yes, (R1) is a high fall risk. (R1) is a high fall risk because of the unsteady gait, and being confused. I would say (R1) is alert and oriented to her name. (R1) can follow directions for a while, and then (R1) forgets what you said. I don't know who puts in interventions. I am only there PRN (as needed) every other weekend. I'm not sure how to find what gets put into place for residents. I don't know what was put into place after this fall. No, I did not enter in any interventions after the fall that night."</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1635 EAST 154TH STREET DOLTON, IL 60419
--	---

(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 9</p> <p>On 2/21/23 at 8:53PM, V8 (Nurse) stated, "I went to (R1's) room just after around 5 in the morning to start passing medications. I noticed (R1) was not in the bed. I went into the bathroom and I saw (R1) sitting on the toilet pulling on the brief. I went to bring (R1) back to bed, and saw blood around (R1's) neck. I asked (R1) if (R1) fell, and (R1) told me no, that (R1) picked a scab on (R1's) face. I told (R1) there would not be that much blood from a scab like that. I started looking through (R1's) hair, but (R1's) hair was very dense, and I did see blood on the back of (R1's) head. I told (R1's) CNA (Certified Nursing Assistant); we got (R1) dressed and brought (R1) out to the nurse's station, and I assessed (R1) again; in the light and I saw the laceration. (R1) likes to keep trying to walk around alone. (R1) has dementia, so (R1) will repeat the directions that you give her, but (R1) will still do what (R1) wants. I know management will have full meetings to put in interventions. We just know who is a high fall risk for the residents that have been here a while. The managers put in the intervention after the fall. We just let them know that the resident had a fall. I know she had to get 17 staples to the back of (R1's) head. We are updated on new interventions from what we get in report. I know (R1) had a fall before, but I don't know what new interventions were put in place."</p> <p>On 2/22/23 at 11:13AM, V9 (Quality Assurance/ QA Nurse) stated, "We have a meeting with the IDT (Interdisciplinary Team) after every fall. If the fall happens over the weekend or when we aren't here, we will have it the morning the next day, or first thing that Monday. I do put in interventions along with the other department heads. We all try to communicate with each other on when and what interventions are being put in so we know as</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1635 EAST 154TH STREET DOLTON, IL 60419
---	---

(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 10</p> <p>a team. We agree as a team on what interventions are being put in for people. I do know that (R1) has had a couple falls. The first intervention we normally put in is sending people to the emergency room for an evaluation. After they come back, that is when we will add an intervention that is specific to the fall. The intervention we come up with depends on who the resident is and what caused the fall. We are trying to make sure that we prevent another fall from happening, so we make sure the intervention matches what caused the fall. Per the progress note, (R1) had a fall on 12/17. On 12/19, an intervention was put in place by me that (R1) was sent out to the hospital for an evaluation. Interventions are usually put into place that same day or the next day by the IDT. Usually the nurse will put in a general intervention, and then we will assess what they put in and add anything else that is needed. We are usually pretty good about it, and normally only takes us two or three days before we get an intervention in the care plan. An intervention should be added after every new fall. There is no reason an intervention should not be added after a fall. The only intervention after that fall was what I put in the 19th of her being sent out to the hospital for an evaluation. I don't see anything in (R1's) care plan added after that until the second fall happened. I'm gonna be honest with you. I was out sick a couple days after that fall, so it's probably something that was just missed on our end. There was no new interventions put in place after (R1) came back from the hospital. Normally, we would've put an intervention that was related to the reason (R1) fell. We put in interventions to try to help from the same fall occurring twice. (R1) did have a fall again after this. I don't know what happened with that fall, but (R1) was sent to the hospital again and I believe had some injury. I</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1635 EAST 154TH STREET DOLTON, IL 60419
---	---

(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 11</p> <p>can't remember what the injury was."</p> <p>On 2/22/23 at 11:30AM, V10 (CNA/Certified Nursing Assistant) stated, "I know the nurse came to tell me that (R1) fell, and (R1) had a cut on the back of (R1's) head, so I sat and watched (R1) while the nurse got everything ready for (R1) to go out. I do know that (R1) is always trying to get up on (R1's) own and never really listens to what we are telling (R1). (R1) can't walk very good either. (R1) is always falling down when (R1's) trying to stand back up and just is not steady. I don't know what (R1's) interventions were added after the first fall. We just know who is a higher fall risk because we've been working with them."</p> <p>On 2/22/23 at 2:15PM, V2 (Assistant Director of Nursing/ADON) stated, "I just make sure that there is documentation in place after a fall. I make sure that the calls were made to who they were supposed to go to. I make sure the assessments are done after the fall, and I make sure that the interventions are documented after we decide what to put in place. As a team we meet each morning Monday through Friday to discuss anything that has happened with the resident. Interventions are put in usually immediately after the fall. A nurse on the floor who is taking care of the resident at that time of the fall will put in an intervention. They always call to notify us about the fall, so I will always follow up to make sure they put an intervention. After we meet with the team, we then put in another intervention if we feel we need one. The only reason we wouldn't put in an intervention is if they're at the hospital and not in the facility. We always make sure we do some thing when they come back. I don't remember what we put into place for (R1) after each fall. The expectation is that an intervention is put in after the fall either by</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1635 EAST 154TH STREET DOLTON, IL 60419
--	---

(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 12</p> <p>the team or the nurse.(R1) is not safe to ambulate alone due to (R1's) overall status. That is how (R1) came to us. (R1) came to us from the hospital because (R1's) family could not take care of (R1) anymore at home. (R1) kept falling at home. (R1) was a high fall risk on admission because of this. I would say (R1) is normally alert one to two, but no more than that. We have a care plan team of different nurses, and it would be their responsibility to put in the intervention in the care plan. They discuss amongst themselves who put in the intervention for each specific resident and fall. If no intervention was put in after the first fall, then I don't know what each staff member was doing to monitor (R1). It's better when we have then in place on the care plan so everyone can follow the same interventions."</p> <p>On 2/22/23 at 2:58PM, V11 (Primary Physician) stated, "I remember (R1), but I cannot remember this situation. I am not responsible for putting in interventions. That would be whoever they want in the facility to do that. They should be following their policies the best they can. I don't remember how this resident walks. I believe she uses a wheelchair or some other assistive device. Falls aren't something that can be prevented, but we try to make sure that they are as safe as possible to prevent any serious injuries."</p> <p>The policy titled, "Falls and Fall Risk Managing", dated 08/2008, documents, "Policy Statement: Based on previous evaluations and current data, the staff will identify interventions related to the resident specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling. Prioritizing approaches to managing falls and fall risk: 1. The staff, with the input of the attending physician, will</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/22/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1635 EAST 154TH STREET DOLTON, IL 60419
---	---

(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 13</p> <p>identify appropriate interventions to reduce the risk of falls. If a systemic evaluation of a resident fall risk identify several possible interventions, the staff may choose to prioritize interventions ... 6. Staff will identify an implement relevant (e.g., hit padding or treatment of osteoporosis, as applicable) to try to minimize serious consequences of falling. Monitoring, subsequent falls and fall risk: 1. The staff will monitor and document each resident response to interventions intended to reduce falling or the risks of falling."</p> <p>The policy titled, "Falls- Clinical Protocol", dated 08/2008, documents, " ... Treatment/Management: 1. Based on the preceding assessment, the staff and physician will identify pertinent interventions to try to prevent subsequent falls into address risks of serious consequences of falling ... 2. If underlying causes cannot be readily identified or corrected, staff will try various relevant interventions, based on assessment of the nature or category of falling, until falling reduces or stops, or until a reason is identified for its continuation (for example, if the individual continue to try to get up and walk without waiting for assistance) ... monitoring, and follow up: ... 2. The staff and physician will monitor and document the individual's response to interventions intended to reduce falling or the consequences of falling. a. Frail elderly individuals are often at greater risk for serious adverse consequences of falls. b. Risks of serious adverse consequences can sometimes be minimized, even if falls cannot be prevented."</p> <p>(B)</p>	S9999		