Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		С	
	IL6004667 B. WING		05/30/2023			
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
ESTATES	S OF HYDE PARK, TH	P-	TH DREXE , IL 60653	3		25
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) DMPLETE DATE
S 000	Initial Comments		S 000			
*	Complaint Investiga 2383612/IL159347 2383894/IL159690	ation:		m	4-	
S9999	S9999 Final Observations		S9999			
	Statement of Licens 300.610a) 300.1210b)4)5) 300.1210c) 300.1210d)6)	sure Violations:				
	a) The facility shall procedures governi facility. The written be formulated by a Committee consisting administrator, the a medical advisory confined in the policies shall complete the facility and shall	dvisory physician or the immittee, and representatives in services in the facility. The y with the Act and this Part. shall be followed in operating be reviewed at least annually documented by written, signed				
	Section 300.1210 G Nursing and Persor b) The facility shall and services to atta practicable physical well-being of the reseach resident's com plan. Adequate and care and personal of	ieneral Requirements for pal Care provide the necessary care in or maintain the highest mental, and psychological sident, in accordance with aprehensive resident care properly supervised nursing are shall be provided to each total nursing and personal		Attachment A Statement of Licensure Violat	ions	

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

TITLE

(X6) DATE

	Illinois L	Department of Public	<u>Health</u>				AFFROVED	
			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			IL6004667	B. WING			C 30/2023	
	NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE			
	ESTATE:	S OF HYDE PARK, TH	F 4505 SOL	JTH DREXEL				
_		<u> </u>	CHICAGO	O, IL 60653				
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	S9999	Continued From page 1		S9999				
		encourage resident in activities of daily circumstances of the demonstrate that did this includes the redress, and groom; the eat; and use speech functional communities who is unable to calcain shall receive the set good nutrition, groom 5). All nursing pencourage residents transfer activities as effort to help them repracticable level of the color of the set o	e-giving staff shall review and about his or her residents'					
		d) Pursuant to substance shall include, a and shall be practice seven-day-a-week because to assure that the reas free of accident hoursing personnel sithat each resident reand assistance to promote the second of	section (a), general nursing t a minimum, the following ed on a 24-hour, easis: ary precautions shall be taken sidents' environment remains nazards as possible. All hall evaluate residents to see eceives adequate supervision revent accidents. T is not met as evidenced by: ation, interview, and record led to ensure that all nursing resident fall prevention					

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ___ COMPLETED C IL6004667 B. WING 05/30/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4505 SOUTH DREXEL ESTATES OF HYDE PARK, THE** CHICAGO, IL 60653 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 prevention interventions for one of four residents. (R2) reviewed for falls. These failures resulted in R2's fall (5/8/23) resulting in forehead knot and bruising. Findings include: R2's diagnoses include Alzheimer's disease, hemiplegia and hemiparesis affecting left side. R2's (4/21/23) BIMS (Brief Interview Mental Status) determined a score of 13 (cognitively intact). R2's (4/21/23) functional assessment affirms (2 persons) physical assist is required for bed mobility, transfers, and toilet use. R2's (7/22/22) fall risk evaluation determined a score of 18 (high risk). R2's care plan includes (1/26/23) history of falling related to poor balance and gait as a result of Cerebrovascular Accident with left hemiparesis and Alzheimer's type dementia with poor safety awareness. (5/11/23) Resident had a fall and is at risk for future falls. Ensure resident is placed in the middle of the bed before, during and after ADL care. Keep call light within reach at all times. R2's (5/8/23) incident report states while am care was being rendered in bed by CNA (Certified Nursing Assistant), resident let go the side bed and fell to the floor. Bruising to left frontal forehead and small knot noted. If witnessed list by whom: V13 (CNA). Therefore only 1 staff was present (R2 requires 2 persons assist).

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PRINTED: 08/07/2023 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ С B. WING _ 05/30/2023 IL6004667 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4505 SOUTH DREXEL ESTATES OF HYDE PARK, THE** CHICAGO, IL 60653 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 3 On (5/8/23) V13 wrote the following statement "I turned resident on his right side to continue patient care, he rolled out of the bed and fell on the floor. I pulled the call light and call for help, then 2 CNAs came." On 5/22/23 at 12:48pm, surveyor inquired about R2's (5/8/23) fall. V14 (Licensed Practical Nurse) stated, "The CNA came to me and told me that during patient care the resident rolled out of bed onto the floor. I saw him on the floor on the side of his bed. I saw I think a raised area on his left forehead. We sent him out because of the raised area and the nurse didn't see the fall." Surveyor inquired about R2's fall prevention interventions. V14 responded, "He has mats on the floor and bed to the lowest position. We don't have side rails." On 5/17/23 at 11:49am, R2 was observed lying in bed sideways. R2's right shoulder was near the edge of the bed and his left foot near the opposite edge of the bed. R2's call light was on the floor. Surveyor inquired if R2 was able to walk. R2 responded, "I can barely stand up. I'm so weak." R2's left side appeared to be flaccid while attempting to move therefore unable to reposition himself. Surveyor inquired about R2's (5/8/23) fall. R2 stated, "I was in the bed rolling over and I fell out the bed" and affirmed one CNA was present. On 5/17/23 at 11:53am, V8 (Licensed Practical

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Nurse) affirmed she was currently assigned to R2. Surveyor inquired about R2's fall prevention interventions. V8 stated, "We make sure we keep the bed low, and the call light is in place. and we always monitor him." Surveyor inquired how R2 is "always" monitored by staff while lying in bed and his room is farthest from the nurse's

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 IL6004667 05/30/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4505 SOUTH DREXEL ESTATES OF HYDE PARK, THE** CHICAGO, IL 60653 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 4 S9999 station. V8 responded, "The CNA will go, and the Nurse will go monitor." V8 subsequently entered R2's room (as requested) surveyor inquired about the location of R2's call light. V8 replied, "This call light was here before" then placed it on R2's bed near R2's left shoulder [R2's left arm is flaccid]. Surveyor inquired where the call light was located prior to placement. V8 stated, "On the floor." Surveyor inquired about R2's positioning in the bed. V8 responded, "His position, he's not use" and affirmed she was at a loss for the correct word." Surveyor inquired if R2 appears comfortable. V8 replied, "No, he doesn't look comfortable." Surveyor inquired if floor mats were adjacent to R2's bed. V8 stated, "There's no floor mat at this time. I'm going to get help so I can move him." Surveyor inquired if R2's bed has side rails. V8 responded, "No side rail." On 5/17/23 at 12:20pm (27 minutes later), R2's call light was observed on the floor. V10 (Agency Certified Nursing Assistant) subsequently entered R2's room. Surveyor inquired why R2's call light was on the floor (again). V10 stated, "It looked like it was a clip but uh, it's broken" then placed it on R2's bed (near R2's left shoulder) therefore inaccessible. On 5/25/23 at 11:25am, surveyor inquired about potential harm to a resident that falls. V21 (Medical Director) stated, "It depends on the fall. Generally speaking, one can have injury including a possible fracture, skin laceration or if they hit their head, they can get hematoma." The falls clinical protocol (revised August 2008) states as part of the initial assessment, the physician will help identify individuals with a

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history of falls and risk factors for subsequent falling. Based on the preceding assessment, the

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	interventions to try	will identify pertinent to prevent subsequent falls s of serious consequences of						
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