

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014906	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/02/2023
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NAME OF PROVIDER OR SUPPLIER PEARL OF HILLSIDE,THE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 NORTH FRONTAGE ROAD HILLSIDE, IL 60162
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S 000	Initial Comments Complaint Investigationv2399116/IL166191	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)6) 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 care needs of the resident. c) Each direct care-giving staff shall review	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

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S9999	<p>Continued From page 1</p> <p>and be knowledgeable about his or her residents' respective resident care plan.</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>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to implement and/or provide proper staff assistance and supervision when providing care to a resident (R1) who was completely dependent on staff for Activities of Daily Living (ADL's), at high risk for falls and known to require at least two staff members while care is being provided and with bed mobility, for 1 of 3 residents reviewed for falls and safety (R1,R2 and R3). This failure caused R1 to have a fall out of bed where resident sustained lacerations to his right eyebrow and to his right lower extremity that required emergent transfer to a local hospital for sutures to R1's facial lacerations.</p> <p>Findings include:</p> <p>R1's face sheet indicated resident admitted to facility on 06/06/2023, and has a past medical history not limited to: cerebral infarction, adult failure to thrive, seizures, extrapyramidal and movement disorders, and contractures to bilateral open extremities.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R1's admission fall assessment, dated 06/07/2023, indicated R1 was a "high risk" for falls.</p> <p>Minimum Data Set (MDS),dated 06/21/2023 and 09/13/2023, both indicated R1 required extensive assistance and required two person physical assistance for bed mobility.</p> <p>R1's care plan, date initiated 10/31/2023, indicated R1 has ADL's deficit related to limited mobility and movement disorders, totally dependent on two staff for bed mobility/repositioning/turning, and requires two persons assist at all times with ADL's.</p> <p>R1 facility mobility assessment, dated 10/30/2023 (Section C: Mobility and Balance), indicated R1's ability to roll side to side is poor, (Section D: Transitional Movements) unable to perform transitional movements (Section E: Weight Bear) and/or bear weight per self.</p> <p>Facility provided post fall counseling, dated 10/30/2023, indicated V4 (Certified Nursing Assistant) and V5 (Agency Licensed Practical Nurse) were both in-serviced on correct/proper assistance for transfers and ADL cares.</p> <p>Fall list, dated 11/01/2023, indicated R1 had a witnessed fall on 10/29/2023 at 9:55 PM. Progress note completed by V5 (Licensed Practical Nurse), dated 10/29/2023 2250 (10:50 PM), documented R1 was observed lying on floor next to bed with visible laceration to right side of face that required emergency medical transfer to local hospital. Progress note, dated 10/30/2023 at 07:39 AM, indicated R1 was admitted to local hospital with trauma and lacerations to head/face.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R1's hospital records, dated 10/30/2023, indicated R1 sustained lacerations to his forehead and right lower extremity status post fall at facility that required sutures to close. Page ten of same hospital records indicated R1 required two person physical assist for bed mobility.</p> <p>R1's active physician orders read is part: wound care to forehead, cleanse with normal saline, pat dry, leave open to air, monitor suture sites for signs/symptoms of infection every shift daily; and may remove facial sutures on 11/6 with wound care.</p> <p>On 11/01/2023 at 12:47 PM, V3 (Restorative Nurse) said regarding R1's incident, she was informed that during care, R1 was near the edge of the bed with his back towards the aide (V4) when he experienced a tremor and/or uncontrollable body movement then proceeded to roll out of bed because the aide was unable to stop R1 from rolling out of bed. She then said, prior to the incident, R1's bed mobility status was one to two persons assist, but then stated she believed R1's bed mobility status was for one person assist in bed. She added a resident's bed mobility is determined by the resident's diagnosis along with their overall type of assistance needed and fall interventions post incident include: floor mats, scoop mattress, and two persons assist for all ADLs.</p> <p>On 11/01/2023 at 1:18 PM, V2 (Assistant Director of Nursing) said R1's admission fall assessment was scored high due to R1 being a new admit, and facility was unable to determine the number of previous falls. She added she had not seen any irregular body movements with R1, and R1 requires two persons assistance for ADLs after</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>his fall incident.</p> <p>On 11/01/2023 at 2:01 PM, R1's bed was at waist level height, with R1 turned onto his left side in bed while incontinence care was being provided by V7 (Certified Nursing Assistant). At 2:03 PM, a second staff member entered room and assisted V7 boost R1 up in bed. Intact sutures were noted to R1's right brow area. At 2:07 PM, V7 said R1 is a two person staff assist with ADL's including bed mobility since his recent fall incident. When asked why she did not obtain assistance to provide care for R1, V7 said "help is limited".</p> <p>On 11/01/2023 at 2:20 PM, V1 (Administrator) and V2 (Assistant Director of Nursing) both informed surveyor V7 (Certified Nursing Assistant) was in serviced on same day regarding R1's bed mobility status upgraded to two persons physical assist, then informed surveyor V7 was suspended due to not following this intervention during surveyor's observation and provided documentation of their corrective action.</p> <p>On 11/02/2023 at 1:48 PM, V4 (Certified Nursing Assistant) said regarding R1's fall incident, while providing care to R1, he had an involuntary body movement to his right leg that caused him to roll off the bed. She added she then went to the resident's side and could see blood coming from the top of his head, so she placed a pillow under his head, went to the hall and yelled to the nurse R1 "had a fall, call 911 and come assist".</p> <p>Fall Prevention and Management policy last reviewed 10/30/2023 reads: "Policy Statement: Facility is committed to its duty of care to residents and patients in reducing risk, the number and consequences of falls including those resulting in harm and ensuring that a safe</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>patient environment is maintained.</p> <p>Procedures:</p> <p>1. Fall Risk Screening</p> <p>a. Fall risk screening will be used on admission or readmission to the facility, following a fall, following any change of status, and quarterly.</p> <p>c. All residents and patients will be considered at risk for falling, regardless of fall risk score. Universal fall precaution *(facility protocol) interventions will be implemented to all.</p> <p>d. High risk residents and patients for falls will receive individualized interventions as appropriate to risk factors.</p> <p>2. Fall Interventions</p> <p>a. Universal Fall Precaution/Facility Fall Protocol will be implemented in addition to High-Risk Fall Precaution Interventions.</p> <p>b. High Risk Precautions will be implemented to residents and patients whose scores on resident/family notification risk screen shows high risk will be considered on this precaution.</p> <p>a. Universal Fall Precautions/Facility Fall Protocol will be implemented in addition to High-Risk Fall Precaution Interventions.</p> <p>c. Some of these interventions may include but not limited to: assess need for appropriate assistive device for mobility and locomotion, restorative program: ambulation, transfers, bed mobility.</p> <p>4. Fall Response</p> <p>7. Develop plan of care</p> <p>8. Monitor staff compliance and resident response</p> <p>7. Fall Interventions Monitor</p> <p>a. Facility will initiate monitoring of interventions for residents who fall in the facility and with history of fall, who trigger the Falls CAA, and when a resident falls. Frequency and duration of monitoring of interventions will be based on current risks."</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>Supporting Activities of Daily Living (ADL) policy last reviewed 03/20/2023 reads: "Policy Statement: Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Procedure: 2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with and not limited to: mobility (transfer and ambulation, including walking). 6. Interventions to improve or minimize a resident's functional abilities will be in accordance with the resident's assessed needs, preferences, stated goals and recognized standards of practice. 7. The resident's response to interventions will be monitored, evaluated and revised as appropriate."</p> <p>Repositioning a Resident policy last reviewed 07/20/2023 reads: "Policy Statement: Facility will provide guidelines for the evaluation of resident repositioning needs, to aid in the development of an individualized care plan for repositioning, to promote comfort for all bed- or chair-bound residents and to prevent skin breakdown, promote circulation and provide pressure relief for residents. Procedure: 1. Preparation a. Review the resident's care plan to</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>evaluate for any special needs of the resident.</p> <p>3. Interventions</p> <p> a. Resident will be assessed, and care plan developed and implemented as necessary for a turning/repositioning, changing the resident's position and realigning the body. This will be approached specific to individual resident.</p> <p>5. Review the resident's care plan to evaluate for any special needs of the resident."</p> <p>(B)</p>	S9999		