

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009799	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/30/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PAVILION OF WAUKEGAN	STREET ADDRESS, CITY, STATE, ZIP CODE 2217 WASHINGTON STREET WAUKEGAN, IL 60085
---	---

(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 11/22/23/IL167207	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to	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: IL6009799	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/30/2023
NAME OF PROVIDER OR SUPPLIER PAVILION OF WAUKEGAN		STREET ADDRESS, CITY, STATE, ZIP CODE 2217 WASHINGTON STREET WAUKEGAN, IL 60085		
(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	Continued From page 1 meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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 and be knowledgeable about his or her residents' respective resident care plan. 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: 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. These Requirements were not met evidenced by:	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009799	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/30/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PAVILION OF WAUKEGAN	STREET ADDRESS, CITY, STATE, ZIP CODE 2217 WASHINGTON STREET WAUKEGAN, IL 60085
---	---

(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>Based on interview and record review the facility failed to ensure a resident was assisted in safe manner to prevent injury for 1 of 3 residents (R1) reviewed for safety in the sample of 4. This failure resulted in (R1) sustaining a fall and receiving a right ankle fracture.</p> <p>The findings include:</p> <p>R1's face sheet shows she has diagnoses including: Parkinsonism, anxiety disorder, auditory and visual hallucinations, and a history of falls.</p> <p>R1's current care plan shows on 10/6/23 Impaired Memory care plan was initiated which says R1 is having impaired memory and problems with decision-making, insight, logic, calculation, reasoning, planning and judgement. R1's active Fall Risk care plan initiated 3/9/17 shows R1 is at risk for falls and she requires a one person assist for transfers. R1's active Transfer-Restorative care plan initiated on 3/9/17 shows R1 is unable to transfer independently and requires a one person assist and a gait belt for transfers.</p> <p>R1's Physical Therapy Progress Report from 10/27/23-11/13/23 shows that she requires partial to moderate assist supervision and touching with transfers to and from bed, chair, wheelchair and the toilet.</p> <p>R1's Electronic Medical Record (EMR) show the following progress notes: 11/16/23 at 5:04 PM, physician progress note completed by V12 (Nurse Practitioner/NP) states, "Patient {R1} seen for a rehab follow-up. She was recently hospitalized for altered mental status, she is feeling tired and appears to be more</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009799	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/30/2023
NAME OF PROVIDER OR SUPPLIER PAVILION OF WAUKEGAN		STREET ADDRESS, CITY, STATE, ZIP CODE 2217 WASHINGTON STREET WAUKEGAN, IL 60085		
(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>lethargic. Needs min/mod assist from staff for positioning and activities of daily living (ADLs). High fall risk: follow all facility fall precautions."</p> <p>11/22/23 at 5:54 PM, nurses note completed by V5 (Registered Nurse/RN) states, "CNA (Certified Nursing Assistant) notified resident fell in the bathroom, writer checked the resident and found on the floor. Per CNA was trying to clean the resident after a BM (bowel movement) resident holding the rails with the standing position and per CNA moved for wipes at that time resident loosing balance and fell. CNA notified can see the resident twisting the right ankle. Resident cannot move right leg, has pain in the right ankle. Resident alert but confused and lethargic. Called 911 and resident sent to (a local emergency room)."</p> <p>11/22/23 10:36 PM, nurses note completed by V5 shows R1 was admitted to the hospital and has a diagnosis of a Bimalleolar ankle fracture, acute kidney injury and dehydration.</p> <p>Hospital records from a local community hospital dated 11/23/23 show that R1 presented to the emergency room for evaluation after a fall at the nursing facility. She complained of right hip and right ankle pain and was diagnosed with acute mildly displaced fractures of the medial and lateral malleoilli. Surgical intervention was not required.</p> <p>On 11/30/23 at 8:35 AM, R1 said she is unable to recall the incident when she fell and doesn't recall a CNA in the bathroom with her. She said prior to her fall she could stand with staff help to get into her wheelchair and use the toilet, but now she cannot.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009799	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/30/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PAVILION OF WAUKEGAN	STREET ADDRESS, CITY, STATE, ZIP CODE 2217 WASHINGTON STREET WAUKEGAN, IL 60085
---	---

(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>On 11/30/23 at 8:48 AM, V4 (Restorative Nurse) said in the month or so prior to R1's recent fall she had been more depressed and slowed down due to the death of her husband. V4 said R1 has been a 1 person assist with a gait belt for toileting. V4 said gait belts should be used by all staff for resident transfers and ambulating. He said he does investigate resident falls to determine the cause but he has not yet spoken with V7 who is an agency CNA that was in the bathroom with R1 when she fell. V4 said he was told by the nurse on duty (V5) that V7 was cleaning stool off of R1's bottom and had turned away from R1 to get mores wipes and R1 fell.</p> <p>On 11/30/23 at 9:20 AM, V7 (Agency CNA) said R1 had put the call light on in her bathroom and she went in to assist her. R1 had stool on her bottom and needed help to clean it off so V7 had R1 grab the bar on the wall in the bathroom and stand up. V7 said she was cleaning R1's bottom and needed more wipes so she turned away and left R1 standing by herself at the grab bar and went to the sink area in the bathroom and got more wipes. By the time she turned back around she saw R1, she was already falling and she saw R1's ankle twist. V7 said she was not aware that R1 was a fall risk and needed a 1 person touch assist and a gait belt for transfers. V7 said she believes to an extent had she used a gait belt it would have prevented R1's fall and had she known she was a fall risk and required a 1 person transfer assistance she would not have left her standing at the bar alone to get wipes she would have pulled the call light and gotten another staff person to assist her.</p> <p>On 11/30/23 at 9:27 AM, V5 (RN) said she was called to come to the bathroom by V7 because R1 had fallen in the bathroom. V5 said V7 told</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009799	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/30/2023
NAME OF PROVIDER OR SUPPLIER PAVILION OF WAUKEGAN		STREET ADDRESS, CITY, STATE, ZIP CODE 2217 WASHINGTON STREET WAUKEGAN, IL 60085		
(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>her that she was cleaning stool off of R1 and turned to get wipes and R1 fell. V5 said the facility protocol is for gait belts to always be used to assist residents to transfer and all staff should know to use them. V5 said since V7 was from agency maybe she didn't know to use one.</p> <p>On 11/30/23 at 9:33 AM, V3 (Medical Director and R1's physician) said he was out of town when R1 fell but his team was notified and followed R1 at the hospital. V3 said this type of ankle fracture is consistent with a fall. He said the CNA should have followed facility protocol and used a gait belt to assist R1 and he believes it could have helped the CNA prevent R1 from falling.</p> <p>On 11/30/23 at 10:45 AM, V11 (Physical Therapist) said R1 had a recent decline but was improving at the time of her fall. V11 said R1 required 1 person, a contact guard assist and the use of a gait belt for transfers. She said R1 should not have been left standing at the bar without support.</p> <p>On 11/30/23 at 11:01 AM, V2 (DON) said a gait belt is considered part of a staff uniform and V7 should have known to use it. V2 said she was not aware that V7 did not use a gait belt because she has not be able to get in touch with her until today.</p> <p>The facility provided and not dated, Gait Belt policy says that gait belts should be used by all staff and are used to prevent injury during transfers and ambulation.</p> <p>(B)</p>	S9999		