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: B. WING JL6007876 07/29/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3450 SARATOGA AVENUE **DOWNERS GROVE REHAB & NURSING DOWNERS GROVE, IL 60515** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation: 2475036/IL174871--Section 300,690a)b)c) cited. S9999 Final Observations S9999 Statement of Licensure Violations: 300.690a) 300.690b) 300,690c) Section 300.690 Incidents and Accidents The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident. The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. C) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695. notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE 08/11/24

NX6411

FORM APPROVED 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: IL6007876 B. WING 07/29/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3450 SARATOGA AVENUE **DOWNERS GROVE REHAB & NURSING DOWNERS GROVE, IL 60515** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. These requirements were NOT met as evidenced Based on interview and record review, the facility failed to complete a final report for a resident who had a fall with significant injuries and failed to report it to IDPH (Illinois Department of Public Health). This applies to 1 of 3 residents (R1) reviewed for falls in a sample of 13. The findings include: On 7/23/24 at 10:01 AM, V1 (Current Administrator) and V2 (Current DON/Director of Nursing) stated they are not familiar with R1. They were never in the facility in 2022. V1 stated she started in 10/2023. V2 started in January 2024. R1's incident report or risk assessment dated 9/2/22 shows the following: "(R1) found in the room on the floor in a left lying position. No LOC. visual injury to the left forehead (laceration) and

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skin tears to the legs. 911 called and patient sent to hospital. Patient verbalized she attempted to stand from sitting and fell. (POA/Power of Attorney) notified of the fall and need to transfer the patient 911. (R1) became impulsive. Patient verbalized she attempted to stand from sitting and fell. Pressure dressing applied to head, 911

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