

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/29/2024
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NAME OF PROVIDER OR SUPPLIER BRIA OF PALOS HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 10426 SOUTH ROBERTS PALOS HILLS, IL 60465
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S 000	Initial Comments Complaint Investigations: 2496303/IL176552 2496313/IL17656 2496147/IL176337 2496526/IL176830	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 2): 300.610a) 300.1010h) 300.1210b) 300.1210c) 300.1210d)2)5) 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. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/14/24
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S9999	<p>Continued From page 1</p> <p>manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>c) Each direct care-giving staff shall review 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>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to monitor one high risk for skin breakdown resident (R1) with a history of pressure sores who was admitted to the facility with skin intact for blanchable redness to sacrum. This affected one of three resident (R1) reviewed for pressure sores. This failure led to R1 developing an unstageable wound measuring 4 x 3cm within 12 days of being admitted to the facility.</p> <p>Findings include:</p> <p>R1 was admitted to the facility on 2/10/24 with a diagnosis of severe protein calorie malnutrition, atrial fibrillation, pressure ulcer of sacral area stage three (dated 2/2/24), adult failure to thrive, vascular dementia and Parkinson's.</p> <p>R1's Braden score dated 2/10/24 documents a score of 12 which indicates high risk for skin breakdown.</p> <p>R1's progress note dated 2/11/24 documents: Head to toe assessment was completed by wound team. Resident noted with red dark but blanchable discoloration to sacrum. Barrier cream applied/initiated. Resident noted with healed scratches to left and right rear thigh. Resident noted with healed surgical scar to left hip. Otherwise, skin intact. Resident is incontinent of bowel and bladder, has foley catheter in place, able to assist with turning and repositioning,</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Resident may have heel boots, chair cushion, treatment orders in place for redness and will be turned and repositioned. Although interventions will be in place, resident may continue to be at risk for further breakdowns due to unidentified factors. Wound care will continue the plan of care.</p> <p>R1's progress note dated 2/12/24 documents: Reason for visit: The resident is being evaluated today for a comprehensive skin assessment. SKIN: warm and dry, intact, no open wound. Blanchable redness to sacrum. The patient is at an increased risk of skin breakdown. Recommend good hygiene and skin care to prevent skin breakdown. Recommend continuing with moderate assistance with ADLs as needed. Recommend application of emollients daily. No open wounds on today's skin assessment; please keep the patient's skin clean and dry, apply barrier cream as necessary to prevent skin breakdown, and avoid pressure on any bony prominence by adhering to turning protocols and floating heels as applicable.</p> <p>R1's skin assessment dated 2/22/24 in progress documents: Moisture Associated Skin Damage (MASD) to sacrum inhouse acquired new. No measurements documented. No other documentation of this area.</p> <p>R1's skin assessment dated 2/28/24 in progress documents: Moisture Associated Skin Damage (MASD) to sacrum inhouse acquired new. Measuring 6.4 length and 2.1 width cm.</p> <p>R1's February medication and treatment records do not document any weekly skin assessments.</p> <p>R1's medical record did not document any skin</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>assessments from 2/12/24 until 2/22/24.</p> <p>R1's care plan dated 2/12/24 documents R1 is at risk for skin complications related to bowel/bladder incontinence, impaired bed mobility, impaired nutrition, impaired circulation, impaired cognition, depression. Interventions dated 2/12/24 include: skin assessment weekly.</p> <p>R1's progress note dated 2/26/24 documents: SKIN: warm and dry, wound/skin condition noted. See wound assessment below. Wound: 1 Location: coccyx Primary Etiology: Pressure Stage/Severity: Unstageable Wound Status: New Odor Post Cleansing: None. Size: 4 cm x 3 cm x 0 cm. Calculated area is 12 sq cm. Wound Base: 0% epithelial, 0% granulation , 100% slough , 0% eschar Wound Edges: Unattached Peri wound: Fragile, Erythema Exudate: None amount of None Wound Pain at Rest: 0 Surgical Wound Debridement Location: coccyx Pre-Debridement Measurement: 4 x 3 x 0 cm . Calculated area is: 12 sq cm. Post-Debridement Measurement: 4 x 3 x 0 Percent of Wound Debrided: 100 Indications: Removal of necrotic tissue.</p> <p>On 8/28/24 at 10:47AM, V14 (wound care) said R1 was admitted to the facility with skin intact but had a dark red blanchable area to her sacrum. Floor nurses will do a weekly skin assessment on all residents without wounds and document in the medication or treatment record to monitor the area.</p> <p>On 8/28/24 at 1:06PM, V2 (DON) said facility monitors residents skin for breakdown by having assigned floor staff conduct weekly skin checks that is documented in the medication or treatment record for residents without wounds.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Facility policy Skin Care Prevention revised 9/2023 documents: Resident will receive appropriate care to decrease the risk of skin breakdown.</p> <p>(B)</p> <p>Statement of Licensure Violations (2 of 2):</p> <p>300.610a) 300.1210b) 300.1210c) 300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>care needs of the resident.</p> <p>c) Each direct care-giving staff shall review 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 were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to implement new and effective fall interventions after a fall for one high fall risk resident (R11) with a diagnosis of dementia and history of falls. This affected one of three residents (R11) reviewed for fall and fall prevention. This failure resulted in R11 sustaining another unwitnessed fall a week later that required a hospital stay with 6 staples to the left side of the head.</p> <p>Findings include:</p> <p>R11 was diagnosis with Dementia, Alzheimer, and repeated falls. Minimal data set section C (cognitive patterns) dated 8/9/24 documents a score of six which indicates severe cognitive impairment. Fall risk evaluation dated 8/2/24 documents a score of twenty-six. Scoring a ten or</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>higher makes resident "high risk" for falls. Mentation: Impaired memory or judgement. History of fall in the past one to six months. Interim baseline care plan dated 8/2/24 documents: Impaired cognition related to a decline in cognitive functioning. Use task segmentation to support short-term memory deficits. Fall Interventions: Call light within reach, provide clutter-free environment, encourage use of assistive device and provide proper, well maintained footwear.</p> <p>Care plan dated 8/3/24 documents: resident is at risk for falls. Anticipate and meet the resident's care and safety needs. Educate the resident/family/caregivers about safety reminders and what to do if a fall occurs. Care plan dated 8/7/24 documents be sure residents call light is within reach and encourage to use it for assistance as needed.</p> <p>Nursing note dated 8/7/24 documents: Patient (R11) was found on the floor on the side of her bed. Bed was in lowest position with the rails up; call light was within reach, and table was within reach. Assessment was completed, skin check was completed. Vitals were completed when patient was on the floor, when the CNA and I transferred her to the bed and when we transferred her to her wheelchair. Skin is intact. No complaints of pain, vitals within normal limits. Neuro checks in progress.</p> <p>Fall report dated 8/7/24 documents: Mental status: confused/forgetful, not oriented. Predisposing Physiological factors: noncompliant with safety guidance, impaired memory, recent illness and weakness/fainted. Predisposing situation factors: Ambulating without assist. Notes: resident had a change in plane. Resident</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>was observed sitting next to bed on buttocks. Resident stated she was okay she was just trying to get up. Encourage resident to keep call light within reach and use it for assistance.</p> <p>On 8/27/24 at 3:29pm, V36 (nurse) said, she was not given report that R11 was a fall risk. R11 would not remember to use the call light related to her cognition/Dementia. R11 was alert to self. R11 did not have any fall intervention in place. The bed was not low it was approximately a foot off the ground. V36 said, she went to give R11 her medication, and R11 was reaching over trying to get out of bed. R11 was repositioned and place in bed. V36 said she left the room to find the aide to help transfer R11 to wheelchair to bring to common. Aide went to get another resident to help transfer resident and that's when R11's roommate put on the call light. V36 said, when she entered R11's room. R11 was on the floor.</p> <p>On 8/27/24 at 1:54Pm, V2(DON) said R11 is alert to self and has periods of confusion. Intervention implemented after first fall was to be sure residents call light is within reach and encourage to use it for assistance as needed. Call light in reach was also documented in baseline care plan as well so the new intervention should have said to reeducate R11 on call light use.</p> <p>Nursing note dated 8/14/24 documents: At 5:50 pm-6pm, I (V36) gave the resident (R11) her scheduled medications. Call light was within reach; however, the resident did not utilize it and was attempting to exit the bed without assistance. Redirection and reorientation to surroundings was provided. At 6:45pm the resident was observed on the floor by the CNA. I was notified. The resident was conscious and alert. Gauze was applied to the site. Writer interviewed patient's</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>roommate re: this incident. According to the roommate, she heard a loud thud that sounds like a chair that fell off. Roommate is uncertain about what time it happened, but roommate said she pressed the call light right away. Roommate did not hear anything else aside from the loud thud. Staff is able to answer the call light promptly per roommate's report and roommate only found out that the patient has fallen when she saw the nurse coming in immediately, and after a while, she heard the nurse saying, "Let's put her back to bed".</p> <p>Fall report dated 8/14/24 documents: Injury type: Laceration, Injury Location: Back of head. Mental status: Confused/forgetful not oriented. Predisposing Physiological factors: Confused, noncompliant with safety guidance, impaired memory, recent illness and weakness/fainted. Predisposing situation factors: Ambulating without assist. Notes: R11 was alert to self only. R11 is mod assist times one with activities of daily living and transfers. It was determined that the fall was unavoidable. Root cause: unassisted transfer. Floor mats given and to be used when resident is in bed.</p> <p>After care visit dated 8/14/24 documents: revisit for visit: fall/ head laceration. Diagnosis head injury, Dementia</p> <p>Facility reportable dated 8/15/24 documents: R11 admitted on 8/2/24. R11 is alert to self only. R11 sent to hospital and returned to six staples to left side of her head.</p> <p>Fall prevention and management policy dated 5/2015 documents: The facility will identify and evaluate those residents at risk for fall, plan for preventive strategies and facilitate as safe an</p>	S9999		

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S9999	Continued From page 10 environment as possible. Care plan to be updated with a new intervention based on root cause analysis after each fall occurrence. (B)	S9999		