

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015648	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/12/2024
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NAME OF PROVIDER OR SUPPLIER CHARTER SNR LVG OF HAZEL CREST	STREET ADDRESS, CITY, STATE, ZIP CODE 3701 WEST 183RD STREET HAZEL CREST, IL 60429
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(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 06/09/24 #IL175034	S 000		
S9999	Final Observations Statement of Licensure Violations: 330.710a) 330.780a) Section 330.710 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 with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part. Section 330.780 Incidents and Accidents a) 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. This requirement is NOT MET as evidenced by: Based on interviews and record reviews the	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>facility failed to ensure that staff safely transferred a resident to a wheelchair who required assistance and failed to complete a thorough investigation and maintain a full written report involving the accident that resulted in R1 having a fractured femur and failed to ensure that appropriate staff were available to lift and transfer a resident who required assistance with care. This failure applied to two (R1, R2) of three residents reviewed for nursing care.</p> <p>Findings include:</p> <p>1.R1 is a 100-year-old female admitted to the facility 12/29/17 with diagnoses including but not limited to dementia, anxiety, congested heart failure, edema, hyperparathyroidism, urinary tract infection, bradycardia, cerebral infarct, and syncope.</p> <p>On 08/08/24 at 01:25PM V8 (License Practical Nurse) said, I provided care to R1 the day of fall on 06/09/24. I remember that night. R1 was restless and during the early morning the caregiver was getting the R1 out of the bed and during the transfer, R1 fell out the wheelchair and had a knot on R1's head. I assessed R1. I called the V2 (Director of Nursing) and the doctor. R1 was transferred to local hospital.</p> <p>On record review R1 was admitted to the hospital with a right femur fracture and right arm infection. R1 was admitted to hospice on 06/14/24 and expired on 07/1/24.</p> <p>On 08/08/24 at 02:50 PM V2 (Director of Nursing) said, R1 is alert and oriented to self, and requires assistance to transfer out of bed. I called the V9 (Agency Certified Nursing Assistant) several times, but I was not able to get a hold of the V9. I</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>was informed of the fall by the V8 (License Practical Nurse). The fall happened during transfer, but I was not able to get more details.</p> <p>On 08/12/24 at 01:04PM Surveyor spoke with three different caregivers to obtain information of the fall, unable to obtain information from the correct caregiver. Spoke with V2 (Director of Nursing), who said, V9 was the Certified nursing assistant during the night of the fall.</p> <p>On 08/08/24 at 03:02 PM V1 (Administrator) presented facility Fall Prevention, Revision dated 10/2021, which includes: Procedure: 5. A Post fall Investigation form should be completed in Alis by the supervisor within 24 hours of the event and attached to the related Incident Report. 6. Appropriate intervention identified will be documented in the Resident individual Service Plan. Potential Strategy to prevent falls: Observation for changes in condition-medical/mental changes.</p> <p>2. R2 is a 76-year-old male admitted to the facility on 06/19/2023 with diagnoses including but not limited to cognitive impairment and psychosis.</p> <p>On 08/08/24 at 01:35PM during rounds Surveyor observed R2 sitting on the floor next to the bed on a floor mat. Surveyor called staffing outside the room. V6 (License Practical nurse) said, R2 had lunch and was sleepy. I asked the V4 (Caregiver) to assist R2 to bed to rest. I saw minutes ago. R2 usually walks around the unit. V6 assessed R2 and asked for assistance to get</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R2 up to the wheelchair. V7 (Environmental Services Director) and V4 was next to the R2. V7 went behind R2 and held R2 under the arms and body lifted him from the floor.</p> <p>On 08/08/24 at 01:45PM V7 (Environmental Services Director) said. I usually help the nurses when we have a fall. I am not trained to lift residents.</p> <p>08/08/24 at 02:55PM V2 (Director of Nursing) said, R2 is alert and oriented to self, and walks in the unit but unsteady. R2 is under hospice care. I do not expect V7 to lift residents out the floor. Resident care and lifting are not part of on his job description.</p> <p>On 08/08/24 at 03:01PM V1 (Administrator) presented facility Job Description: Environmental Services Director, Revision dated 01/1/2016, which includes:</p> <p>Environmental Services Director is responsible for general maintenance of the community including all common areas, resident apartments, grounds, equipment, and mechanical systems and for driving the community van.</p> <p>On 08/12/2024 at 01:39PM V2 (Director of Nursing) presented Ambulation and Transfers dated, 05/17/2024. Which includes: Procedure: O. Place transfer belt on the resident. R. Hold the transfer belt in the back, slightly on either side.</p> <p>(A)</p>	S9999		