

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/31/2024
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NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
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S 000	Initial Comments Facility Reported Incident of 11/23/23/IL168903	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 meet the resident's medical, nursing, and mental	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

02/16/24

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S9999	<p>Continued From page 1</p> <p>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)</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>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>	S9999		

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S9999	<p>Continued From page 2</p> <p>Based on observation, interview and record review, the facility failed to provide individualized fall prevention interventions as indicated in a residents' care plan for a cognitively impaired resident who had repeated falls; and failed to properly assess the fall risk of a resident. These failures affected two residents (R11 and R16) of three residents reviewed for falls. As a result, R11 fell, sustained a left hip fracture, and was sent to the hospital.</p> <p>Findings include:</p> <p>1. On 1/22/24 at 10am, V8 (Administrator) presented the facility's report of R11's fall dated 11/11/23, that was sent to the State Agency. This report states that R11 fell in the dining room while staff were passing trays and was sent to the hospital.</p> <p>R11's Hospital Records written by V30 (Trauma Center/Emergency Room Physician), dated 11/12/23 documents: (R11) was a trauma level 2 patient that was transferred status post fall from wheelchair at the nursing home. "Patient found to have left hip fracture". "Assessment and Plan" states that R11 had left hip fracture status post mechanical at the nursing home and sustained left comminuted intertrochanteric fracture.</p> <p>On 1/22/24 at 12:34pm, R11 was observed in the dining room sitting in a recliner chair with the non-skid socks upside down on both feet. The smooth side was on the sole of the feet while the non-skid side was on top of the foot, for both right and left feet. V14(CNA) was asked if the socks were properly placed on R11's feet? The Surveyor asked about which side of the socks was supposed to touch the floor, and inquired if this fall prevention intervention was</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>communicated to her(V14) and if she(V14) was aware of the reason for the non-skid socks? V14 then adjusted the socks on R11's feet.</p> <p>On 1/23/24 at 12:40PM, V18(Nurse Consultant) presented the facility's incident reports of R11's fall events dated as follows: 8/10/23 - R11 observed on the floor in the dining room. 10/27/23 - R11 fell to the buttocks while being transferred into the shower room in wheelchair. 11/11/23 - R11 fell in the dining room and was sent to the hospital by ambulance.</p> <p>On 1/22/24 at 11:30am, V27(Fall/Restorative Nurse/LPN/Licensed Practical Nurse) was interviewed about R11's fall prevention interventions. V27 stated that R11 is at high risk for falls. V27 added, "We have interventions in the care plan."</p> <p>R11's records reviewed include but are not limited to the following: Face sheet shows that admission diagnoses include but are not limited to Dementia, Major Depressive Disorder, and Hypertension. Fall Risk Review forms dated 8/12/23 and 10/27/23 both show that R11 is at risk for falls. MDS (Minimum Data Set) section GG dated 11/16/23 shows that R11 requires moderate assistance for functional ability activities and transfers. MDS section C dated 11/21/23 shows BIMS (Basic Interview for Mental Status) score of 7 out of 15(severe cognitive impairment). Care plan Intervention dated 9/11/23 states in part: Ensure that R11 is wearing appropriate footwear (Specify and describe correct client footwear i.e., brown leather shoes, tartan bedroom slippers, black non-skid socks).</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>R11's records show the following as dated below:</p> <p>On 8/10/23 at 8:00pm, V26(RN/Registered Nurse) documented in part: Resident found on floor in dining room, head to toe assessment done, neuro checks started, family made aware. For the fall event of 8/10/23, Nursing Assessment record titled "Predisposing Factors" dated 8/10/23 states that R11's wheelchair was not locked, and no staff witnessed the fall.</p> <p>On 10/27/23 at 9:20pm, V16(LPN) documented in part: Witnessed fall to buttock during transfer in w/c(wheelchair); Writer called in by CNA, head to toe observation performed. Noted red areas/scrapes to right lower side and back, no bleeding/drainage observed; area cleaned and skin protecting ointment applied. ROM (range of motion) observed as prior to fall without change.</p> <p>On 11/11/23 at 3:26pm, V16(LPN) documented in part: Fall in the dining area; resident observed seated on floor with left leg bent and yelling from pain. Resident assisted by 3 staff into wheelchair to nurses' station. Appropriate staff made aware; PCP (Primary Care Physician) made aware, ordered to send to ER (Emergency Room) for evaluation; ambulance phoned for transport.</p> <p>On 11/14/23 at 10:51pm: V16(LPN) documented in part that R11 was readmitted from Hospital; Diagnosis of left intertrochanteric femur fracture.</p> <p>On 1/23/24 at 12:46pm, V16(LPN) was interviewed regarding how R11's falls happened on 2 out of the 3 incidents that V16 was the nurse. V16 stated that she(V16) was R11's nurse when the falls dated 10/27/23 and 11/11/23 happened. V16 explained that she does not</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>remember if the fall of 8/10/23 was observed, but she(V16) was at the nursing station when the fall of 11/11/23 happened in the dining room, and she(V16) believes that there was staff in the dining room scheduled to monitor residents in the dining room. At this time, V16 showed the surveyor the dining room monitoring schedule for the day.</p> <p>On 1/23/23 at 4:39pm, V21(NP/Nurse Practitioner) was interviewed regarding R11's frequent falls and why the nursing staff should follow the care plan for fall prevention, especially for a resident like R11 whose third fall resulted in a fracture. V21 stated that staff should follow the fall care plan to help reduce falls and injuries, and the interventions stated in the care plan should be followed, so the resident will not hurt themselves. The surveyor asked V21 about R11's fall risk and the importance of proper Fall Risk Assessment, high risk or low risk? V21 stated that R11 is definitely a high risk for falls because of weakness and because of history of falls.</p> <p>R11's care plan dated 9/11/23 signed by V28(LPN) inaccurately stated that R11 is at "Low Risk" for falls, even though the fall report dated 8/10/23(a month earlier) written by V26(RN/Registered Nurse) stated that R11 is at high risk for falls due to impaired mobility requiring wheelchair use and due to impaired cognition.</p> <p>2. On 1/22/23 at 12:39pm, another resident, R16, was observed in the wheelchair with a pair of regular white socks with smooth bottom. Inquired from V15(Activity Staff/CNA) if V15 was aware that R16's care plan states to wear proper footwear for safety and fall prevention. V15 stated "The socks are smooth on the bottom; not</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>non-skid socks."</p> <p>On 1/22/24 at 1:55pm, V18(Nurse Consultant) stated that she(V18) is standing in for the Director of Nursing. V18 presented records that show that R16 had a fall on 6/17/2020 and another fall on 7/18/2019. No details of these falls were provided because the electronic health records system had some changes, according to V18.</p> <p>On 1/23/24 at 11:32am in the third-floor dining room, R16 was observed in a wheelchair that was not locked. V29(CNA) was asked why the wheelchair was not locked since R16 is at risk for falls. V29 attempted to lock the wheelchair but was not successful. V29 stated "This wheelchair is old, that's why it cannot lock. I will inform Restorative staff."</p> <p>On 1/23/24 at 1:45pm, V18 stated that the wheelchair should be locked to reduce the risk of falling. Regarding the non-skid socks, V18 stated that the reason for the non-skid socks is to prevent falls by providing better traction on a smooth floor. V18 added that the correct way to wear the socks is to have the bottom treaded part at the sole of the foot and not on top of the foot.</p> <p>R16's records reviewed show the following: Face sheet that list diagnoses which include but are not limited to Epilepsy, Schizophrenia, Glaucoma, and Bipolar Disorder. MDS section GG dated 11/21/23 shows that R16 requires moderate assistance for functional ability activities and transfers. MDS section C dated 8/29/23 shows BIMS score of 4 out of 15(severe cognitive impairment). Care plan Intervention dated 9/19/23 states that R16 should wear proper footwear for safety.</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>Facility's Fall Prevention and Management Policy dated 6/1/23 states: Initial Assessment: a). All residents will undergo a comprehensive fall risk assessment upon admission. b). Assessments will include factors such as medical history, mobility, medications, cognitive status, and previous fall history. 2. Individualized Care Plans: a). Individualized fall prevention care plans will be developed based on the resident's risk assessment. The Fall prevention care plan will be communicated to all staff members involved in the resident's care.</p> <p>(A)</p>	S9999		
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