

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016356 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 05/13/2024 |
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| NAME OF PROVIDER OR SUPPLIER RADFORD GREEN | STREET ADDRESS, CITY, STATE, ZIP CODE 960 AUDUBON WAY LINCOLNSHIRE, IL 60069 |
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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 |
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| S 000 | Initial Comments Complaint Investigation 2413649/IL172954 | S 000 | | |
| S9999 | Final Observations Statement of Licensure Violations: 300.610a) 300.1210b)4)5) 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 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. 4) All nursing personnel shall assist and | S9999 | | |

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

TITLE

(X6) DATE
05/20/24

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| S9999 | <p>Continued From page 1</p> <p>encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to supervise a cognitively impaired resident (R1) while being toileted which resulted in R1 falling off the toilet and requiring emergent transport to a local hospital where she was admitted with diagnosis of a basal ganglia hemorrhage (brain bleed) and a frontal scalp hematoma. This failure applies to 1 of 3</p> | S9999 | | |

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| S9999 | <p>Continued From page 2</p> <p>residents (R1) reviewed for safety and supervision in the sample of 3.</p> <p>The findings include:</p> <p>R1's admission nursing note dated 4/26/24 showed R1 was admitted to the facility with a diagnosis of CVA (cerebrovascular accident/stroke) which resulted in weakness to R1's right arm and right leg. R1 was nonverbal due to her stroke. The note showed, "Per POA (power of attorney), patient is a fall risk and will attempt to get out of bed."</p> <p>R1's nursing note dated 4/27/24 showed facility staff found R1 attempting to get out of bed without assistance.</p> <p>R1's care plan dated 4/26/24 showed R1 was at risk for falls due to her impaired cognition, poor safety awareness, overall weakness, and need for assistance with activities of daily living (ADLs).</p> <p>R1's resident assessment dated 5/1/24 showed R1 was dependent on staff for toileting and transfers.</p> <p>R1's nursing noted dated 5/7/24 showed R1 sustained a fall off the toilet after two staff members (V9 Certified Nursing Assistant/CNA and V12 Licensed Practical Nurse/LPN) left her unsupervised in the bathroom. R1 was found on the floor by staff, lying on her right side, with swelling and bruising noted to the right side of R1's forehead. R1 was emergently transported to a local hospital via ambulance. The note showed, "Patient was admitted for intracranial bleeding."</p> | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>R1's hospital neurology progress note dated 5/9/24 showed R1 "presented to the ER (emergency room) on 5/8/24 after multiple falls. She sustained head contusion. CT head (computed tomography scan) showed hemorrhage in the left BG (basal ganglia) region..."</p> <p>On 5/13/24 at 10:36 AM, V12 (LPN) stated she and V9 (CNA) placed R1 on the toilet on 5/7/24. V12 stated, "I told (V9) to go get the shower chair. It was (R1's) shower day. I would stay with (R1) in the bathroom. I heard someone yelling in the hallway outside of (R1's) room. I ran out of (R1's) room to see what was going on. Just as I turned around to go back to (R1), I heard a thud. I found (R1) lying on her right side, on the floor next to the toilet. She was awake but had a large bump on her forehead... I shouldn't have left her alone."</p> <p>On 5/13/24 at 11:04 AM, V9 (CNA) stated, "I had taken care of (R1) before. She was a fall risk. She isn't someone that can be left alone on the toilet. I didn't see her fall (on 5/7/24). I had left to go get the shower chair. V12 (LPN) was going to stay with (R1) while she was on the toilet. I came back to her room to find her on the floor with (V12) next to her."</p> <p>On 5/13/24 at 9:45 AM, V2 (Director of Nursing) stated due to R1 being at a high risk for falls, staff should not have left her on the toilet unsupervised on 5/7/24.</p> <p>On 5/13/24 at 11:00 AM, V11 (R1's Physician) stated, "(R1) was here for more rehab. She had a history of a CVA with deficits to one side of her body. When I saw her, she was pretty weak all over. She couldn't walk. She was nonverbal but</p> | S9999 | | |

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| S9999 | <p>Continued From page 4</p> <p>would occasionally shake her head yes or no when asked questions. It was hard to tell how cognitively intact she really was. No, she was not someone who should be left alone on the toilet."</p> <p>The facility's Safety and Supervision of Residents policy dated July 2017 showed, "Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities... Resident supervision is a core component of the systems approach to safety. The type and frequency of resident supervision is determined by the resident's assessed needs and identified hazards in the environment..."</p> <p>"A"</p> | S9999 | | |