STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ILL6005623	A. BUILDING: _____ B. WING _____	C 08/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYDIA HEALTHCARE	13901 SOUTH LYDIA ROBBINS, IL 60472

(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
Z 000	COMMENTS Complaint Investigation 1594418/IL79391 - 300.690 b.) c.) Statement of Licensure Violations	Z 000		
Z9999	FINDINGS 300.690 Incidents and Accidents b) 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 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	Z9999	Attachment A Statement of Licensure Violations	

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Z9999	Continued From page 1 Evidenced By: Based upon record review and interview the facility failed to notify IDPH (Illinois Department of Public Health) of incident with serious injury for one of four residents (R3) in the sample of 4, reviewed for abuse. Incident report of 7/26/15 denotes the following; Time of Incident: 9:30am. Incident description/Injury: Physical Aggression. (R4) was upset when staff redirected him to the unit where he is assigned for meals. (R4) picked up a chair and threw it hitting (R3) in the top of the head. Nursing progress notes of 7/26/15 include but not limited to; (7:20am) Peer became aggressive towards consumer. Laceration to top of head noted. MD (Medical Doctor) notified. (7:45am) Pick up and send to ER (Emergency Room). (11:15am) R3 returned from hospital escorted by staff, per consumer he received 13 staples to the top of his head. Initial/final incident investigation report was submitted to IDPH via facsimile on 7/27/15 at 10:24am (not within 24 hours). On 8/17/15 at 12:20pm, inquired about the regulatory requirement for reportable incidents/accidents, E1 (Assistant Administrator) responded "Well, within 24 hours of a report you have to send in at least an initial report, then within 5 days a final." Inquired about receiving only one fax transmittal page for the incident which occurred on 7/26/15, E1 stated "This one went together with the initial and final." Inquired what time the initial and final investigations were submitted to IDPH, E1 responded "10:24am." Inquired why IDPH was notified after 24 hours	Z9999		

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Z9999	Continued From page 2	Z9999		

had elapsed, E1 stated "I don ' t know, unless we were having an issue with the fax. I'd have to check."

On 8/18/15 at 9:40am, E1 referenced the 7/27/15 fax transmittal page which denotes a hand written entry indicating that IDPH was notified at 9:15am and stated " I believe I put it through at 9:15am and went to the morning meeting then realized when I came back that it must not have gone through immediately. "

On 8/18/15 at 11:34am, E1 alleged that the time on the facility ' s fax machine was ahead one hour and provided an e-mail from an office equipment company to support said allegation.

On 8/18/15 at 1:11pm, surveyor inquired about the 7/26/15 incident, Z1 (IDPH Administrative Assistant) affirmed that the facility's incident/accident report was received by IDPH on 7/27/15 at 10:24am. Although the incident report of 7/26/15 denotes the time of incident was 9:30am, nursing progress notes confirmed otherwise R3 was already at the hospital during this timeframe.

The facility ' s abuse prevention policy and procedure (undated) includes but not limited to; External Reporting of Potential Abuse: Initial Reporting of Allegations. If during the course of an incident investigation, the administrator or designee has determined that there is reasonable cause to suspect mistreatment has occurred, the resident ' s representative and the Department of Public Health shall be informed immediately. Within twenty-four hours after the occurrence, a written report shall be sent to the Department of Public Health.

(B)

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LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: LYDIA HEALTHCARE COMPLAINT #: 0079391
LIC. ID #: 0045880
DATE COMPLAINT RECEIVED: 08/16/15 06:15:00

IDPH Code	Allegation Summary	Determination
101	PHYSICAL ABUSE	1
104	NEGLECT	2
131	RESIDENT INJURY	2

✓ The facility has committed violations as indicated in the attached*
___ No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.