Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015499	A. BUILDING: _____ B. WING _____	C 12/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEK AMERICAN REHAB CARE CTR	220 N FIRST STREET WHEELING, IL 60090

(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
S9999	Final Observations Statement of Licensure Violation: 300.1210b)5) 300.1210d)6) 300.3240a) 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. Restorative measures shall include, at a minimum, the following procedures: 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. 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: 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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 12/18/15

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S9999	Continued From page 1 and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act) This Requirement is not met as evidenced by: Based on record review and interview the facility failed to have two staff members perform a safe transfer for one of three residents (R1) reviewed for fall in a sample of eight. This resulted in R1 sustaining a laceration requiring sutures. Findings include: Incident report dated 11/21/15 6:55AM indicated during transfer from bed to wheelchair , R1 had a witnessed fall and sustained a cut on her mid forehead area . R1 was sent to the hospital where she was treated (required stitches) and then sent back to the facility. R1's Minimum Data Set dated 11/17/15 indicated R1 required a two person physical assist for transfer assistance. R1's care plan dated 11/17/15 stated R1 has a Self Care Deficit due to generalized weakness due to multiple medical issues , resident is non ambulatory and requires 2 person assist with transfers at this time. R1 on 12/7/15 2:15PM stated the staff person tried to get me up two times. She pulled my bed around. When we tried to get in my wheelchair I fell. They had to take me to the hospital. They just took the stitches out. E3 (certified nurse aide/ CNA) signed statement	S9999		

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S9999	Continued From page 2	S9999		

dated 11/21/15 indicated the following event: E3 was getting R1 up from the side of bed . R1 was sitting on the side of bed. While E3 was standing R1 up , the catheter was in E3's way. E3 got "caught" in the catheter. E3 stumbled . R1 got hit on the forehead. E3 did not know where R1 hit her forehead but stated possibly on the floor.

E3 (Certified Nurses Aid) 12/8/15 9:48 per phone interview stated around 7 AM 11/21/15 R1 was dressed. I put the "Foley catheter " in the protective bag. I put the protective bag on the floor on the right side of R1. I put the wheelchair next to the bed. I sat R1 up in the bed and put the gait belt around R1. The wheelchair was locked and next to the bed. I tried to put R1 in the chair and I got caught in the tubing. I couldn't turn completely to put R1 in the chair. We both fell to the floor together. R1 was bleeding. I tried to stop the bleeding. I called the nurse. I don't know where she hit her head. R1 is a two person physical assist for transfer. I looked outside the room for help and there was no one. The other workers were giving showers. That was my mistake. I could have asked the nurses but I didn't. It was my mistake.

Hospital emergency department record dated 11/21/15 states R1 had a 4 centimeter laceration to her forehead. R1 required 9 sutures. No other injury was diagnosed. R1 was treated and sent back to the facility.

(B)