STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014906	A. BUILDING: _____ B. WING _____	C 01/04/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARIA POST ACUTE CARE	4600 NORTH FRONTAGE ROAD HILLSIDE, IL 60162

(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 LCENSURE VIOLATIONS 300.610a) 3001210a) 300.1210b) 300.1210c) 300.3240a) 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 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	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1	S9999		

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)

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.

c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

THESE REGULATIONS WERE NOT MET AS EVIDENCED BY:

Based upon observation, interview and record review the facility failed to implement fall prevention interventions to reduce/prevent the risk of falls and/or injury for 2 of 4 resident reviewed for fall preventions, the facility also failed to follow their fall prevention policy and conduct fall risk assessments for 2 of 4 residents reviewed for fall risk assessments post fall. Theses failures resulted in R3 being involved in a fall incident and and being taken to the hospital and treated for a subdural hematoma, and R4

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S9999	Continued From page 2	S9999		

being involved in a fall incident requiring hospital treatment of a fractured rib.

Findings include;

R3's diagnoses include but not limited to; dementia, generalized weakness, difficulty in walking, and hemiplegia. Incident report (12/5/15) denotes that R3 was observed on the floor at bedside with laceration to the back of her head. R3 was subsequently transferred to the hospital for evaluation and admitted with subdural hematoma. Per electronic fall events R3 sustained a total of seven (7) falls in the past 4 months. R3's fall risk care plan includes but not limited to the following; Interventions: (9/1/15) Sensory alarm provided for safety. (10/19/15) Brand name/non-skid pad to wheelchair staff to ensure that pad is in her wheelchair at all times. (12/8/15) Low bed with floor mat.
On 12/29/15 at 2:35pm, R3's room was observed there were no floor mats in place. Surveyor inquired about R3's fall prevention interventions post recent fall, E3 (CNA/Certified Nursing Assistant) responded "I wasn't aware that she fell cause I don't work this side. She's an assist." Surveyor inquired if R3's floor mats were in place while in bed, E3 responded "Floor mats? No." At approximately 2:40pm, R3 was in a wheelchair, there was no alarm in place. Surveyor inquired about R3's alarm, E2 (Assistant Director of Nursing) stated "Let me look in back." E2 proceeded to search behind R3's wheelchair and was unable to locate an alarm. Surveyor inquired if R3 uses an alarm while up in the wheelchair, R3 responded "Alarm on the chair? No. It's on my bed." Surveyor inquired about R3's (Brand Name) non-skid pad to wheelchair E2 assisted R3 to stand and stated "You don't have a (Brand Name) on."

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S9999	Continued From page 3	S9999		

R4's diagnoses include but not limited to; hemiplegia, generalized weakness, cognitive and communication deficits. Incident report (11/25/15) denotes that R4 was about on the floor with a superficial abrasion atop of the left hand. X-ray affirmed rib fracture(s). R4's fall risk care plan includes but not limited to the following; Interventions: (3/19/15) Encourage and assist as needed to wear non-slip footwear. (3/24/15) Sensory alarm while in wheelchair and bed. Resident continues to remove sensory alarm from her wheelchair despite redirection. (11/28/15) Sensory alarm reissued, resident encouraged to use alarm at all times for safety. On 12/29/15 at 2:51pm, surveyor inquired about R4's fall prevention interventions, E2 responded "I'll have to look in the records." R4 was lying in bed there was no alarm in place. During inquiries regarding the alarm, R4 responded "Bathroom." E2 proceeded to search for R4's alarm on the bed, wheelchair, in the top dresser drawer and the bathroom to no avail. R4's feet were unclothed, E2 stated "She's got shoes right here." Surveyor inquired about R4's fall prevention interventions, E5 (CNA) responded "As far as the fall, I can't really say but I can tell right now she's a fall risk. So I keep her bed lower to the ground." Surveyor inquired about an alarm in use for R4, E5 stated "Not at the moment. I haven t seen any alarms." Surveyor inquired about R4's non-slip footwear, E5 responded "I keep shoes on her whenever transporting her. When we get her up we put her shoes on." Surveyor inquired if R4 gets out of bed without assistance, E5 stated "She'll try." E5 searched R4's dresser drawers and presented one pair of white socks. Surveyor inquired if R4's socks were non-slip, E5 replied "No ma am." Surveyor inquired if the facility had non-skid socks available, E5 responded "We have non-skid socks." Surveyor inquired if white

Illinois Department of Public Health

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S9999	Continued From page 4	S9999		

socks (without non-skid) were appropriate attire for R4, E5 stated "Yeah."
R2's fall events were documented on 12/26/15 and 12/27/15, fall risk assessments were not conducted post fall(s). R4's fall risk assessment was not conducted post 11/25/15 fall. On 12/31/15 at approximately 10:20am, E9 (Care Plan Nurse) affirmed that E7 (Fall Nurse) is responsible for conducting fall risk assessments.

The facility's fall prevention policy and procedure (revised 7/14) includes but not limited to; This facility is committed to maximizing each resident's physical, mental and psychosocial well being. While preventing all falls is not possible, the facility will identify and evaluate those residents at risk for falls, plan for preventive strategies, and facilitate as safe an environment as possible. All resident's falls shall be reviewed and the resident's existing plan of care shall be evaluated and modified as needed. A fall risk will be completed on admission re-admission and quarterly with each significant change and after each fall. Residents at fall risk will be identified for staff awareness. Residents at risk will have fall risk identified on the interim plan of care with interventions implemented to minimize fall risk.

(A)

Attachment B
Imposed Plan of Correction

IMPOSED PLAN OF CORRECTION

NAME OF FACILITY: Aria Post Acute Care

DATE AND TYPE OF SURVEY: January 4, 2016, Complaint 159698/IL82334

300.610a)

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

300.1210(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 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

300.1210(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.

300.1210(c)

Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

300.3240(a)

An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

This will be accomplished by:

I. A committee consisting of, at a minimum, the Medical Director, Administrator and Director of Nursing (DON) will review and revise the policies and procedures regarding falls.

The facility will conduct fall risk assessments after falls, to reassess how the resident is at that time. Staff need to know Care Plan interventions and those individualized interventions need to be carried out. The assessments for all residents identified as high risk for falls and all residents requiring supervision will be reviewed for accuracy of the assessment and will be revised as necessary based on the outcome of the review.

II. All staff will be inserviced on resident supervision, and on follow-up assessment, on interventions being carried out per Care Plan and monitoring of residents who are experiencing a change in condition and/or need to be reassessed for safety or level of supervision. The inservices will include all staff and will cover, at a minimum, assessment of resident risk for falls, follow-up of incidents and identifying resident changes or indicators that may require reassessment or other interventions to prevent injury or death.

III. Documentation of inservice training, assessments and related followup actions will be maintained by the facility.

IV. The Administrator and Director of Nurses will monitor Items I through III to ensure compliance with this Imposed Plan of Correction.

COMPLETION DATE: Ten (10) days from receipt of the Imposed Plan of Correction.

SF/ Aria Post Acute Care, 2/24/2016

Attachment B
Imposed Plan of Correction