

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/17/2017
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NAME OF PROVIDER OR SUPPLIER SOUTHVIEW MANOR NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. CHICAGO, IL 60616
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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 COI 1780018/IL90814	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6 300.3240a)</p> <p>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</p> <p>d) Pursuant to subsection (a), general nursing</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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

TITLE

(X6) DATE

01/27/17

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>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>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident</p> <p>These Regulations are not met as evidenced by: Based on document review and interview the facility failed to provide proper supervision and assistance to 1 resident (R1) in a sample of 3 residents which resulted in injury.</p> <p>Findings include:</p> <p>Document review reveals R1 is an 80 year old with a diagnosis of Chronic Kidney Disease , Cerebral Infarction , Dementia with Behavioral Disturbance and Blindness to the Right Eye. R1 was admitted to the facility on 8/16/16. R1s fall assessments dated 11/23/16 and 12/28/16 reveals high risk for falls. R1 was care planned for fall risk on 11/22/16. R1s Minimum Data Set dated 11/29/16 reveals a score of 3/3 (2 Person Physical Assist) for transfer. R1 was alert and oriented X2.R1 was on hospice care.</p> <p>Review of facility incident reports dated 1/4/17 states on 2/28/16 at 5:20AM in room 431 , R1 fell to the floor while being transferred from the bed to wheelchair by E3 (Certified Nurses Aid) The incident report also states R1 sustained a hip fracture because of unavoidable fall during</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>transfer by care staff. It was found that the CNA (E3) failed to follow the facility procedure for transfer. E3 was terminated from employment.</p> <p>E8 (nurse) 2/17/17 stated per phone interview I was passing medications when I heard a scream and I rushed into R1s room. R1 was on the floor. E3 (Certified Nurses Aid) was by herself calling for help. E3 was trying to transfer R1 by herself. E3 dropped R1 to the floor. I called the physician and the Director Of Nursing (E2). R1 was sent to the hospital.</p> <p>E1 1/12/17 11:20AM stated R1 fell and I did an investigation. The report was sent to Illinois Department Of Public Health. E3 was transferring R1 by herself and it was supposed to be a 2 person physical assist . R1 was being transferred from the bed to the wheelchair and fell. E3 initially lied about the transfer but then stated she tried to transfer R1 by herself. E3 was terminated. Inservices were given to staff. Hospital records dated 12/28/16 reveals R1 was diagnosed with a Severely angulated fracture subtrochanteric fracture of the left femur.</p> <p>(B)</p>	S9999		
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