

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/27/2017
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NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
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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

S 000

Statement of Licensure Violations

Complaint# 1791394/IL92359

S9999 Final Observations

S9999

300.690 a)b)

Section 300.690 Incidents and Accidents

a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident.
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.

This requirement is not met as evidence by:

Based on record review and interview the facility failed to report "serious "accidents to the Illinois Department Of Public Health for one (R2) of three residents observed in the sample.

Findings include:

R2 is a 59 year old resident with a diagnosis including Seizure Disorder, Alcohol Abuse and Psychosis.
Review of Minimum Data Set 2/8/17 reveals this resident walks independently , is a high risk for falls and requires assistance with activities of daily living. R2 is Spanish speaking and

Attachment A
Statement of Licensure Violations

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

TITLE

(X6) DATE

04/10/17

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>communicates through interpreter. Review of clinical notes and hospital records revealed R2 had three falls on 3/14/17 and 3/15/17 that required R2 to go to the hospital, which resulted in injury.</p> <p>R2's nurse's notes reflected the following: 3/14/17 8:38PM fell trying to get up from bed. R2 hit elbows and knees. R2 was sent to the hospital and returned with a hospital diagnosis of right elbow joint effusion may be due to occult fracture. R2 was sent back to facility with sling on left arm. 3/15/17 4:15AM R2 found on side of bed with laceration to left side of head. R2 was sent to the hospital and received five staples to close wound. R2 was sent back to the facility . 3/15/17 8PM R2 was found on the floor next to his bed. There was bleeding from the staple site. R2 was sent to the hospital and was restapled at the head wound site. R2 was sent back to the facility.</p> <p>Review of facility accident investigation reports show the facility only reported the 3/15/17 4:15AM incident to the Illinois Department Of Public Health. The facility did not report the 3/14/17 8:38PM and 3/15/17 8PM fall incident which resulted in serious injury.</p> <p>Referring to the 3/15/17 4am fall E1 (Administrator) 3/27/17 1:52PM stated "We had to report the fall because this was the fall where the resident sustained an injury"</p> <p>Review of Illinois Department Of Public Health computer fax log reveals the facility only reported the 3/15/17 4:15AM fall.</p> <p>(B)</p>	S9999		
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