

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2017
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NAME OF PROVIDER OR SUPPLIER ADDOLORATA VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 555 MCHENRY ROAD WHEELING, IL 60090
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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
S 000	Initial Comments Incident investigation of 3-13-17/IL92793	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)6) 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 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	S9999	<p>Attachment A</p> <p>Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 04/21/17
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S9999	<p>Continued From page 1</p> <p>procedures:</p> <p>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:</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. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide supervision while the resident was on the toilet and failed to follow care plan fall interventions for one of three residents (R1) reviewed for falls in a sample of three residents. This failure resulted in R1 sustaining fractures of the tibia and fibula leading up to hospitalization.</p> <p>Findings include:</p> <p>R1 is a 90 year old female admitted to the facility 9/20/2008. R1's face sheet diagnosis includes dementia, atrial fibrillation, heart failure and type 2 diabetes mellitus.</p> <p>On 4/6/17 at 10:15am in 2nd floor common area accompanied by E7 (RN-Registered Nurse), R1 was in wheelchair with both legs on the footrests,</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>lower right leg in a cast. E7 stated, "The resident is wearing a leg cast for an ankle fracture from a fall. She ambulates in wheel chair and is a 1-2 person assist." R1 is alert and oriented to self only and is hard of hearing.</p> <p>R1's MDS (Minimum Data Set) dated 2/1/17 indicates the following: BIMS (Brief Interview for Mental Status) - 99 (the resident was unable to complete the interview); Transfer 3/3 (Extensive Assistance/Two persons assist), Toilet use 3/2 (Extensive Assist/one person assist), Mobility Device (Wheelchair).</p> <p>R1's fall risk screening tool dated 2/3/17 indicates a total score of 16 (Total score of 10 or above represents high risk).</p> <p>R1's care plan for fall intervention dated 2/20/17 denotes, in part: "...Remind all staff, resident is total supervision with toiletinginstructions were provided at the start of the shift and as needed."</p> <p>R1's initial fall incident report to the state agency dated 3/14/17 denotes, in part: "... On 3/13/2017 around 7:15pm, after dinner assigned CNA (certified Nursing Aide) toileted the resident, after few minutes resident was noted sitting in the bathroom floor facing the toiletResident was sent to ER (Emergency Room) for evaluation and treatment and admitted for right tibia fractureResident's last fall incident was on 7/6/2014."</p> <p>R1's final incident report to the state agency dated 3/17/17 denotes, in part: "...Investigation revealed that CNA observed another resident who needed assistance immediately while with this resident. CNA stepped out to assist this other resident and asked the resident to wait for her return, CNA returned within a minute or two and</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>observed the resident on the floor. Resident continues to be at the hospital"</p> <p>R1's hospital record dated 3/17/17 indicates R1 was admitted on 3/14/17, discharged on 3/17/17. Diagnosis: Fracture, tibia and fibula.</p> <p>R1's X ray report dated on 3/15/17 documents, in part: "....Right ankle pain, Status post fall. Frontal and lateral views of the right tibia and fibula were obtained. There is an acute fracture through the proximal shaft of the fibula. There is some cortical irregularity involving the proximal shaft of the tibia below the tibial plateau adjacent to the proximal portion of the intramedullary nail and a non-displaced fracture in this region is not excluded"</p> <p>R1's hospital discharge instruction dated 3/17/17 denotes, in part: "....No weight bearing right leg. Plan to keep cast to right leg for 1 month. Follow up with specialty in Orthopedic Surgery in 1 month"</p> <p>On 4/5/16 at 12:15pm, E2 (Assistant Director of Nursing) stated: "When a fall occurs, the nurse gathers reports and starts the investigation, the repots go to me and I talk to the witness and the residents. I feel like the CNA should not have left the resident on the toilet by herself because of the resident's low safety awareness and confusion. One-on-one education was given to the CNA after the incident...."</p> <p>On 4/6/17 at 1:05pm, E3 (DON - Director of Nursing) stated, "Because most of the residents on the 2nd floor are high fall risk with a risk score of 10 or more, it is important that fall interventions are in place for the high fall risks because of the residents' confusion, low safety awareness and</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>impulsivity. Fall intervention is in the residents care plan and is updated quarterly and after significant changes, staff should review care plans to ensure the fall interventions are followed...."</p> <p>Facility's policy entitled: "Falls -Clinical Protocol" documents, in part, "....the staff and physician will identify pertinent interventions to try to prevent subsequent fallsThe staff and physician will monitor and document the response to the interventions intended to reduce falling or the consequence of falling...."</p> <p>(A)</p>	S9999		
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