

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6003628	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/01/2017
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NAME OF PROVIDER OR SUPPLIER  GLENWOOD HEALTHCARE & REHAB.	STREET ADDRESS, CITY, STATE, ZIP CODE 19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425
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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  
Complaint # 1794099/IL95296

S9999 Final Observations

Statement of Licensure Violations:

300.610a)  
300.1210b)  
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.

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 08/31/17
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NAME OF PROVIDER OR SUPPLIER  <b>GLENWOOD HEALTHCARE &amp; REHAB.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425</b>
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Section 300.3240 Abuse and Neglect

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

These Regulations are not met as evidenced by: Based on interview and record review the facility failed to follow their policy and procedure for Accidents and Incidents and failed to properly assess and treat 1 of 3 residents (R6) reviewed for falls in a total sample of 11. This failure resulted in a delay in treatment and R6 being sent to the local hospital with a fractured left hip 2 days after a fall.

Findings Include:

The Face Sheet documents that R6 was admitted to the facility on 6/30/17 with a diagnosis of Alzheimer ' s and prostate cancer. The Incident Report dated 7/3/17 at 6:55pm documents that R6 was observed sitting on the floor in the dining room next to the resident's wheelchair.

The Nurse's Notes dated 7/3/17 at 8:14pm documents that a nursing assessment was done and there were no injuries noted but the resident was medicated for pain. The Medication Administration Record was reviewed and there is no documentation indicating that the resident was medicated for pain after the fall.

The Nurse's Notes dated 7/5/17 at 10:30am documents that R6 had complaints of pain to the left leg and was noted with a slight protrusion to the left hip. A stat x-ray was done and indicated that R6 had suffered a fracture to the left hip. The MD was notified and R6 was transferred to

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S9999	<p>Continued From page 2</p> <p>the local hospital for evaluation and treatment.</p> <p>On 7/20/17 at 3:15pm E6 (Nurse) stated "I was the nurse and I was told that the resident had fallen in the dining room by one of the CNA's. By the time I made it to the Dining Room they had already gotten the resident up to the chair. We put the resident back to bed and I did an assessment. I did not notice any injuries but the resident had a complaint of pain on the left side. The resident was confused and kept trying to get out of bed so we had to monitor R6 closely. I did believe that the pain was new for the resident so I tried to contact the MD for orders. I paged the Physician about 4 times that evening and didn't get a call back during my shift. There was no x-ray or anything done during my shift. I did report it to the DON because I felt like the resident needed an x-ray because R6 kept pointing and pulling at the hip."</p> <p>On 7/21/17 at 12:00pm E2 (DON) stated "The nurse did contact me regarding the fall. It was never reported to me that the resident was having hip pain and was pulling at the hip. Had that information been reported, I would have requested an x-ray right away."</p> <p>On 8/1/17 at 12:20pm Z1 stated "I was not notified of the fall on 7/3/17 with the resident complaining of pain and pulling at the hip. I would have ordered a stat x-ray."</p> <p>The Accident/Incident Policy documents that the nurse must conduct an immediate investigation of the accident/incident and implement immediate appropriate interventions to the affected parties.</p> <p>( B )</p>	S9999		
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FAC. NAME: GLENWOOD HEALTHCARE & REHAB  
LIC. ID #: 0032839  
DATE COMPLAINT RECEIVED: 06/28/17 11:16:00

COMPLAINT #: 0095138

IDPH Code	Allegation Summary	Determination
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105	IMPROPER NURSING CARE	<u>2</u>
401	INVOLUNTARY TRANSFER	<u>1</u>

The facility has committed violations as indicated in the attached\*  
 No Violation

\*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

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- 1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.