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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ IL6007918 B. WING 10/19/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE ANDMARK OF RICHTON PARK REHAB & NSC RICHTON PARK, IL 60471 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation: 2197281/IL138816 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 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 Attachment A care and personal care shall be provided to each Statement of Licensure Violations

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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bilateral leas.

native arteries of extremities with rest pain.

Section G (functional status) dated 9/29/21 documents: R2 requires total dependence with

moderate cognitive impairment.

Brief interview for mental status dated 9/29/21 documents a score of twelve which indicates

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pounds.

couldn't. R2 fell on the floor. R2 fell because she

was moving and putting more weight and pressure on one side of the sling. We have lifts that can hold up to 450 pounds and or 600

On 10/7/21 at 1:20pm, during the tour of the laundry room, numerous of clean slings were noted hanging on the wall ready to use, one blue sling was noted hanging with broken loops, and straps. Another blue sling was noted in the

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said, I interviewed R2 after the fall. R2 reported being told the sling broke which is why R2 fell.

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documents: V2 (DON) interviewed with V16 (nurse). V16 (nurse) said, R2 was placed back in bed with another pad, and sling. The other sling,

and pad may be damaged.

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