FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED B. WING IL6010086 10/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **10426 SOUTH ROBERTS BRIAOF PALOS HILLS** PALOS HILLS, IL 60465 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S 000 Initial Comments S 000 Complaint Investigation: 2197788/IL139433 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300,1210b)5) 300,1210c) 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. 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

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

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

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6010086	B. WING		C 10/29/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY,	STATE, ZIP CODE	1 10//	20/2021
BRIA 0F	PALOS HILLS		UTH ROBEI LLS, IL 604			
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S9999	Continued From page 1		S9999			
ĺ	care needs of the resident.					
	Restoral aminimum, the follo	tive measures shall include, at owing procedures:				:
	encourage resident transfer activities as	personnel shall assist and safe swith ambulation and safe often as necessary in an etain or maintain their highest functioning.				8
		giving staff shall review and about his or her residents' care plan.				
						:
	assure that the residual as free of accident hursing personnels	cautions shall be taken to dents' environment remains nazards as possible. All hall evaluate residents to see eceives adequate supervision revent accidents.				
	These requirements by:	were not met as evidenced				
	failed to ensure a re supervised during a of 5 residents review in the sample of 5. T	and record review the facility sident was assisted and mbulation and toileting for 1 yed for safety and supervision his failure resulted in R1 g a fracture of left humerus p abrasion.				
	The findings include					

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BRIA OF	BRIA OF PALOS HILLS 10426 SOUTH ROBERTS PALOS HILLS, IL 60465									
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETE DATE				
S9999	Nurse-LPN) said shift 10/9/21, the day of she was told R1 was she was walking too light was on. V9 said on, she saw V10 Assistant-CNA) was said she saw R1 was herself. V9 said sin room, she assumed said, she left R1's right R1 yell "I'm falling!" the room and found bleeding. V9 said V9 said R1's left and she should have stard to make sure R1 to make sure R2 room thinking that the assist and supervisithe ER via 911. On 10/29/21 at 1:25 in R1's room but she said then she heard the bathroom. On 10/29/21 at 1:05 said residents show staff assistance who safety. R1's latest care plandue to diagnoses of fibrillation with internand meet the residents and meet the residents.	as AM, V9 (License Practical ne was the nurse working on the incident. V9 (LPN) said as not feeling well. V9 said as wards R1's room, R1's call aid when she entered R1's (Certified Nursing s already in R1's room. V9 alking to the bathroom by ince V10 was already in the d V10 would assist R1, so V9 room. V9 said she then heard V9 said she rushed back to d R1 on the bathroom floor R1 told her she hit her head. In was also bleeding. V9 said ayed in the room and assisted 1 was safe, but she left R1's the CNA (V10) was going to se R1. V9 said R1 was sent to the R1 or the provided the nurse (V9) say R1 fell in SPM, V10 (CNA) said she was not assisting R1. V10 d the nurse (V9) say R1 fell in SPM, V13 (Nurse Practitioner) ald be supervised and provided en needed for residents.	S9999							
=	V2 (Director Of Nur	0 PM, V1 (Administrator) and rsing) both said they just								

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