

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003644	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/06/2022
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NAME OF PROVIDER OR SUPPLIER NILES NSG & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 9777 GREENWOOD NILES, IL 60714
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S 000	Initial Comments Complaint 2290653/IL142820	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 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 which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a 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	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>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 procedures:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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>These Regulations were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to follow the plan of care intervention of utilizing 2 person assist for bed mobility while repositioning 1 (R1) resident reviewed for staff assisted bed mobility. This failure resulted in R1 sustaining a commuted fracture of the 4th left finger and required treatment at the local hospital.</p> <p>Findings Include:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R1 face sheet shows R1 has diagnosis of cerebral palsy, muscle wasting and atrophy right upper arm, hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side, need for assistance for personal care, lack of coordination, weakness, intellectual disabilities.</p> <p>Facility incident report dated 12/28/21 shows in-part, R1's name, incident location R1 room, CNA (Certified Nursing Assistant) reported resident has a bruise and swollen, pain on left ring finger. Resident unable to give description. Assessed resident head to toe, noted bruise, pain swelling on left hand ring finger, no other injury noted. Resident alert, verbally responds, non-verbal pain. Resident don't know it happened, Tylenol 335 mg 2 tabs given for pain, vital signs stable, called V5 (Physician) with new orders, X-ray for left hand stat, left message to state guardian. No injuries observed at this time, pain level 3, alert with periods of confusion, confused/ disorientated, bruise left hand(palm), adequate lighting, confused, impaired memory, bed in low position, DON, guardian, and physician notified. Resident (R1) complaint of pain to left hand. Noted with bruising, warmth and swelling to left hand fourth finger. Order obtained for left hand X-ray, results reveal: acute fracture of the proximal phalanx fourth digit. MD and POA notified with order to send resident to hospital for further treatment. Resident came back from hospital with metal finger splint to left 4th digit finger. Initial report was sent to IDPH. Resident unable to describe what happen as resident is confused d/t (due to) dementia, diagnosis. Per interview of all staff assigned to the floor no incident or accident have occurred involving the resident. Resident requires extensive assist with ADL's (activities of daily living). Resident has</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>idiopathic osteoporosis d/t multiple co-morbidities such as cancer, muscle wasting and atrophy, hemiplegia and hemiparesis and severe protein-calorie malnutrition, which could have resulted in pathological fracture. Resident referred to therapy and has ortho f/u (follow up) to be scheduled. Care plan updated related to issue.</p> <p>R1's radiology results of 12/28/21 shows clinical information: pain and swelling, test procedures: left hand 3 plus views, clinical indications: pain, findings: bones and joint: acute comminuted fracture of the proximal phalanx fourth digit, soft tissue are unremarkable, no foreign body is identified, impression: acute comminuted fracture of proximal phalanx fourth digit.</p> <p>R1's progress note dated 12/28/21 at 10:37a.m shows in-part, CNA reported resident has bruise, swollen, pain on left hand ring finger. Assessed resident head to toe, noted bruise, pain, swollen on left hand ring finger, no other injury noted. Resident alert, verbally responds. Non-verbal pain. Resident don't know how is happened. Unable to describe. Tylenol 325 mg 2 tabs given for pain, vital sign stable. Called the doctor with new order. X ray for Left hand STAT. left message to Stat (sic) Guardian. All staff made aware, endorsed next shift to monitor and F/U. R1 progress note dated 12/28/21 at 10:02p.m "stat x ray completed during the shift. Received results, showed acute left comminuted fracture of proximal phalanx fourth digit, results conveyed to the doctor. Order received to send to hospital. Called (name of hospital) and gave report to the Registered Nurse. Ambulance came pick up the patient at 9.45 pm".</p> <p>On 02/05/22 at 9:53a.m R1 was observed lying in bed, R1 was able to communicate with simple</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>words. R1 appeared to understand the questions asked. When asked about pain R1 showed his teeth and nodded his head in a yes motion. When asked about finger pain, R1 raised his hand to show his finger.</p> <p>On 02/05/22 at 11:05a.m V8 CNA (Certified Nursing Assistant) said on 12/28/22 she was the aide responsible for R1's care, V8 said around 8:30a.m that morning, she observed R1's left ring finger to be discolored, V8 said she reported this immediately to V3 (Nurse).</p> <p>On 02/05/22 at 11:41a.m V3 (Nurse) said on 12/28/21 in the morning, V8 informed V3 that R1's left ringer was bruised. V3 said during her assessment observed R1's finger was bruised and R1 had signs of pain. V3 said she gave R1 something for pain and notified the physician and R1's POA (Power of Attorney). V3 said R1 had not been out of the facility that she was aware of. V3 said the X-ray was completed and it showed R1 had a fracture to the left ring finger.</p> <p>On 02/05/22 at 1:10p.m V5 (Physician) said a comminuted fracture could result from a trauma, "fingers don't just break". V5 said there are many possibilities on how the fracture could have occurred but that it would be speculation, because she does not know how R1 acquired the fracture to the left 4th digit. V5 said the location of R1's fracture could have resulted from the finger being overly extended, or overly bent. V5 said R1 could have gotten the finger caught under his body during movement, she does not know. V5 said R1 is able to move his left extremity. V5 said R1's X-ray did not show any evidence that the fracture was pathological. V5 said the facility should encourage the residents to maintain their functioning ability. If R1 needs a two person</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>assist with bed mobility, the facility has to assess the resident to make that determination.</p> <p>Review of R1's ADL report, V4 documented that she provided ADL care to R1 on 12/27/21 for the second and third shift, 3, 3 is documented for bed mobility, review of the POC ledger report shows 3- (extensive assist- resident involved in activity staff provide weight bearing support) and 3- (two plus person physical assist).</p> <p>On 02/05/22 at 3:17p.m V4 CNA (Certified Nursing Assistant) said she was the aide responsible for R1's care on 12/27/21 and that it was her user identification noted on R1's ADL report. V4 said she worked a double shift on 12/27/21 and both shifts she worked with R1. V4 said during her shifts she provided ADL care to R1, she gave R1 his bath and she also turned and repositioned R1 several times during her shifts. V4 said when she repositioned and pulled R1 up in bed, she had R1 to assist her, V4 said R1 had to pull himself up by pulling up on the headboard, and she (V4) would pull the pad that R1 rested on. V4 said R1 is only able to use his left hand to pull himself up, R1's right arm/ hand does not have full range of motion. V4 said she has repositioned R1 in this manner for a very long time. V4 said R1 does require a two person assist with bed mobility, but sometimes it hard to find someone to help. V4 did not inform the nurse or other aides that she needed assistance with repositioning R1 in the bed. V4 said she didn't pay attention if R1 had any issues with his hand after he used the headboard to pull himself up, V4 said she's not aware of R1's finger getting caught under his body. Review of V4's documentation for 12/27/21 bed mobility, V4 documented 2 plus person assistance provided. V4 did not give response to the documentation</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>when asked.</p> <p>On 02/05/2022 at 4:37p.m V7 (Restorative Nurse) stated R1 can assist with bed mobility using his left arm/ hand, it's okay for R1 to use the headboard to pull himself up, the facility encourages the residents to participate as much as they can. V7 said R1 needs a two person assist with this task for safety purposes. V7 said when R1 has to pull himself up while holding the headboard and using one extremity, that is a lot of weight bearing that R1 would have to perform. On 2/6/22 at 1:46pm V7 said R1 needs a two person assist to provide weight bearing support, two person assistance is used to prevent injuries to staff and residents. R1 cannot complete bed mobility tasks independently due to weakness. V7 said the aides are in-serviced on bed mobility and what the signage above each resident bed means. V7 stated there's signage posted above R1's bed and the M represents mechanical left, and 2B represents two person assist needed, as reflected in the plan of care.</p> <p>On 2/6/22 at 1:17p.m V2 (Director of Nursing) said the facility encourages the residents to function at their highest potential. V2 stated R1 can use the headboard to assist with bed mobility but the staff should provide weight bearing support of two people. V2 said V4 was written up for not using the appropriate level of staff assistance during bed mobility for R1. V2 said that the facility uses a two person assist for staff and resident safety to prevent injuries. V2 stated R1 does not understand safety awareness due to his intellectual disabilities, and does not understand that injuries could result from not using the appropriate level of staff assistance. V2 said she was made aware during the survey that V4 was providing one person assistance for bed</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>mobility for R1.</p> <p>V4's employee disciplinary form dated 02/05/22 states "staff did not follow the proper policy for ADL care, resident needed 2 staff assist for repositioning and bed mobility".</p> <p>R1's MDS (Minimum Data Set) dated 12/06/21 shows in section " G" functional status bed mobility 3 for ADL self-performance (extensive assist- resident involved in activity staff provide weight bearing support) and 3 for ADL support provided (two plus person physical assist). Upper extremity (shoulder, elbow, wrist hand) coded for 2 (impairment on both sides, lower extremity (hip, knee, ankle, foot) coded for 2 impairment on both sides.</p> <p>R1's plan of care for transfer needs/bed mobility with the most recent review date of 12/6/21 shows the resident has been assessed for their transfer needs and continues to require the following support, contributing factors, paroxysmal atrial fibrillation, hemiplegia, and hemiparesis (left side), dysphagia, hypertension, hyperlipidemia, type 2 diabetes, total dependence, resident will have signage / symbols above their bed to identify transfers and bed mobility needs, M= full/ mechanical lift type M2B, for all transfers via mechanical and stand lift device, 2 staff assist is required (SSS2B/M2B). Restorative program ADL assistance -self-care deficit with most recent review date of 12/06/21 shows the resident exhibits impaired ability to perform or complete activities of daily living, potential contributing diagnosis: h/o CVA, cerebral palsy, dysphagia, hemiparesis. Resident will safely perform self-care activities to optimal level of participation and will prevent/minimize complications r/t impaired mobility through next</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>review date. Cautiously assist with transfers and mobility. Provide assistance to level of needs. R1's plan of care for physical and psychosocial needs with last review date of 12/07/21 shows I (R1) have a diagnoses and intellectual disability I have the following diagnosis, diagnosed developmental delay/ disability, intellectual disabilities, cerebral palsy, major depressive disorders, I have the following problems and deficits, grooming and hygiene, communications skills, social and interaction skills, community integration and survival skills, vocation skill deficits. I am a person with cognitive impairment related to diagnosis of mental retardation intellectual disabilities, cerebral palsy, major depressive disorders. Resident has diagnosis of cerebral palsy, problems are manifested by difficult with fine motor skills, difficulty swallowing, slurred speech, spastic diplegia, hemiplegia, unsteady or waddling gait, weakness in extremities, change in facial expressions, spastic quadriplegia.</p> <p>R1's restorative nursing review dated 12/07/21 shows bed mobility extensive assistance two plus person physical assistance.</p> <p>Facility policy Titled "Resident Handling Limited Lifting" with revised date of 09/21/12 shows the resident handing policy exist to ensure a safe working environment for resident handlers. The policy is to be reviewed and signed by all staff that perform or may perform resident handing. This policy will be reviewed annually with changes made accordingly. Resident transfer will be designated into one of the following categories: M= mechanical left transfer- full lift/ Hoyer (2 care givers).</p> <p>Facility policy Titled Interim and Comprehensive</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>Care plans shows, policy: the facility will develop an interim care plan upon admission followed by a comprehensive care plan for each resident that include measurable objective and timetables to meet the resident medical, nursing and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>(B)</p>	S9999		