FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6014328 B. WING 02/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 EAST EUCLID AVENUE **DIMENSIONS LIVING PROSPECT HTS** PROSPECT HEIGHTS, IL 60070 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Facility Reported Investigation (FRI) Incident of 12/16/21/IL142156 S9999 Final Observations S9999 Statement of Licensure Violations: 300.1210b) 300.1210d)6) 300.1220b)2)3) 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. 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: 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. Attachment A

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

TITLE

Statement of Licensure Violations

(X6) DATE

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Illinois	Department of Public	Health			FOR	MAPPROVE	)	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
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S999	Continued From page 1		S9999				_	
	Section 300.1220 Supervision of Nursing Services							
	nursing services of 2)Overseeing the country the residents' needs defined conditions a sensory and physical status and requirem discharge potential, potential, rehabilitati and drug therapy.  3)Developing an upeach resident based comprehensive assed and goals to be accountry and personnel, represent nursing, activities, dismodalities as are orded be involved in the preplan. The plan shall reviewed and modifies	omprehensive assessment of a which include medically and medical functional status, al impairments, nutritional ents, psychosocial status, dental condition, activities on potential, cognitive status, to-date resident care plan for on the resident's essment, individual needs omplished, physician's orders, and nursing needs. Iting other services such as etary, and such other dered by the physician, shall eparation of the resident care be in writing and shall be end in keeping with the care						
	The plan shall be rev months.	by the resident's condition. riewed at least every three were Not met evidenced by:	*					
	Based on interview, a failed to have effective keep a resident with a injury after repeated frone (R2) of three resident with injury while at the	and record review, the facility re interventions in place to a history of falls, free from falls. This failure applied to idents reviewed for falls. In R2 having two major falls			D			

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with her when she returns.

RN) was informed resident (R2) is coming back. CT of brain and spine were done, negative results, with facial fracture (maxilla) and was told orders for her (R2) to see a doctor will be sent

Hospital record dated 12/12/21 documents that

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monitoring and R2 is a high fall risk. Resident should be placed in a room closer to the nurses

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the residents for falls (for example) if they are

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