

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6002075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/11/2022
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NAME OF PROVIDER OR SUPPLIER  CONTINENTAL NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5336 NORTH WESTERN AVENUE CHICAGO, IL 60625
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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
S 000	Initial Comments  Facility Reported Incident of 11/4/22/IL153740	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.610a) 300.1210b)5) 300.1210d)6) 300.3240a)  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 plan. Adequate and properly supervised nursing care and personal care shall be provided to each	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>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>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure the resident received adequate supervision and assistance to prevent accidents. This failure affected 1 (R1) resident reviewed for adequate supervision resulting in Left hip fracture that required surgical repair.</p> <p>Findings include:</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>R1 is a 54-year-old female with a diagnosis including Displaced Intertrochanteric Fracture of Left Femur, Hemiplegia and Hemiparesis Affecting Left Dominant Side, Vascular Dementia, Type II Diabetes, and Absence of left leg above the knee. R1 has a BIMS (Brief Interview of Mental Status) score of 15/15. 11/16/2022 Minimum Data Set shows R1 is a two plus persons for transfer from bed, chair, and wheelchair. R1 Fall Risk Review Dated 11/8/22 shows high risk for falls.</p> <p>On 12/9/22 at 1PM, R1 stated I fell in the shower. I was assisted by V7 (CNA) from my bed to the shower stall. I was rinsing off in my shower chair. I sent the CNA (V7) to my room to make my bed. She left out of the shower room. As I went to rinse myself, I grabbed the rail on the wall. My hand slipped from the soap on my hand. I started to fall, and my shower chair tipped. I fell on my left leg which is partially amputated. I heard a loud crack. I was by myself in the shower room. I could not reach the nurse call cord. I was in severe pain. About 5 minutes later V7 came back and found me on the floor. I was brought back to my room. I got an Xray in the nursing home. They sent me to the hospital the next night. I had to get surgery. I have stitches in my leg now.</p> <p>On 12/10/22 at 11:25AM, V7 (CNA) stated I am a certified nurse's aide. I take care of R1. I gave her a shower once. On the Friday of the incident, I picked up the shower activity for R1. R1 requires extensive assistance with showers. R1 is totally dependent. You must put R1 in the chair and do everything for her. I told her I had not given her a shower before and asked her how it is done for her by the other CNAs. R1 only had one foot and I was wanting to give her a bed bath. R1 wanted</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>a shower. I took her to shower room. The shower room is identified as room 220. R1 was put in a shower chair in her room. I held her from around her trunk and put her in the shower chair next to her bed. It was a one-person transfer. I brought her into the shower. We finished the shower. I needed to grab more towels because there was water on the floor. I had towels in the shower room but not in the shower stall. I left the shower stall to get the towels. I was on the other side of curtain. R1 was still rinsing. By the time I got back to her she was sitting on the floor in a water puddle. R1 said she was just trying to grab the soap and she slid from the chair. She didn't really need the soap because she was done but she tried getting the bar. I did leave her alone in the shower stall by herself before the shower started. R1 asked me to make her bed and to go do it. I left her in the chair in the shower stall and went to go make her bed. I returned and gave her the shower. I am aware that I shouldn't have left R1 unattended in the shower stall by herself.</p> <p>Above interview shows R1 was not transferred to shower chair according to 11/16/22 MDS, two plus persons for transfer from bed, chair, and wheelchair.</p> <p>On 12/9/22 at 11:55AM V4 (Physician) stated "I am R1's doctor. R1 is a 1 person assist with showers. I talked to V7 (CNA) who was the CNA responsible. V7 told me that she had full visual control of R1. V7 turned to get a towel and at the same time R1 went to grab soap on ledge. R1 slid from the chair to fall in sitting position. Portable Xray showed an Acute intertrochanteric hip fracture. R1 was sent to the hospital for surgery of internal fixation of the hip. She is now back in the facility recovering."</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>On 12/10/22 at 10:53AM, V8 (MDS Coordinator) stated R1 requires extensive assistance when taking a shower because of her diagnosis. There is supposed to be a staff with R1 at all times during shower.</p> <p>Hospital record dated 11/5/22 shows R1 sustained a closed displaced intertrochanteric fracture of left femur from a fall at nursing home.</p> <p>Facility Reported Incident dated 11/5/22 included statement, "Investigation was conducted as per nursing staff, she was assisting resident in the shower room and as she turned to get towel to assist resident with drying her, resident appeared to slide from the shower chair and landed on her butt. As per CNA, resident was trying to reach for the soap dispenser that is on the wall and that is how she slid from the shower chair."</p> <p>Facility Policy Titled Fall Prevention and Management includes statement. This facility is committed to safety and maximizing each resident's physical, mental, and psychosocial well-being. The purpose of our Fall Prevention and Management Program is to: Provide our residents with an interdisciplinary approach to assess risk of falls. Provide appropriate interventions to prevent falls. Ensure that in the event a fall occurs, the fall will be investigated, appropriate emergency treatment will be provided, and additional interventions will be implemented to prevent another fall from occurring as much as possible.</p> <p>(A)</p>	S9999		