

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006779	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2023
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NAME OF PROVIDER OR SUPPLIER OAK LAWN RESPIRATORY & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 9525 SOUTH MAYFIELD OAK LAWN, IL 60453
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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 Complaint Investigation: 2395788/IL162001	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1210b) 300.1210d)6 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. These Requirements were not met as evidenced by: Based on interview and record review, the facility	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>failed to prevent R212 from falling on 4/17/23 resulting in R212 sustaining a laceration to the back of the head requiring 3 staples on the right side. The facility also failed to prevent R212 from falling again on 4/26/23 resulting in R212 sustaining a laceration to the left side of his forehead and receiving steri-strips and surgical glue to the forehead. This failure affected one resident (R212) of four residents reviewed for falls in a total sample of 22.</p> <p>Findings include:</p> <p>On 9/20/23 at 11:30 am, both V1(Administrator) and V2(Director of Nursing) both stated that they were not working at the facility during R212's fall incident and as such cannot answer any questions regarding R212's incident. V1 stated that he started working at the facility on 5/15/23 and V2 started 5/23/23.</p> <p>On 9/21/23 at 10:25 am, V7 (MDS RN) stated that R212 was resistant to care and would attempt to get out of bed.</p> <p>On 9/21/23 at 12:10 pm, V27 (RN Agency) stated that she cannot remember taking care of R212.</p> <p>On 9/21/23 at 12: 20 pm, V28 (RN Agency) was not available for a phone call.</p> <p>On 9/22/23 at 9:15 am, V14 (License Practicing Nurse) was not available for a phone call.</p> <p>Facility was unable to produce an admission fall care plan for 3/17/23.</p> <p>Fall risk care plan document 4/17/23 interventions as follows: bed low floor mats, bed in lowest position, encouragement to request assistance</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>from staff prior to reaching for items outside of his immediate grasp.</p> <p>Facility's fall risk review dated 4/17/23 indicates R212 has a fall score of 15, Category: High Risk for Fall.</p> <p>Progress note entered on 4/17/23 at 2:20 am indicates "CNA heard a loud noise and entered the room at 1:45 am. Observed resident sitting on a floor mat observed laceration to back of head, on the right side. Observed small scratches over the right eye ...MD made aware, received orders to send to hospital ...".</p> <p>Facility incident report dated 4/17/23 indicates, Injury Type: Abrasion -location Right eye, Injury Type: laceration-location Top of scalp.</p> <p>Facility's document reported to IDPH on 4/17/23 indicates, Initial Report; Descriptions of Occurrence: On 4/17/23 at 1:45 am, "Resident sustained fall incident with head injury ..." Final Report; Descriptions of Occurrence: On 4/17/23 at 1:45 am, "Resident sustained fall incident with head injury ... on 4/17/23 at 10:14 am R212 returned to facility in stable condition with staples to right posterior head. Pain management in place.</p>	S9999		
	<p>Progress note entered on 4/17/23 at 10:14 am indicates, "R212 returned from hospital. R212 has three staples on the left side of scalp. R212 still seems to be fidgety and unable to be redirected. R212 continuous to attempt to get out of bed.</p> <p>R212's Hospital discharge summary dated 4/17/23 indicates; Diagnoses: Laceration of scalp without foreign body ...and Traumatic injury of</p>			

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S9999	<p>Continued From page 3</p> <p>head ..., Done Today; Laceration Repair.</p> <p>Facility's fall risk review dated 4/26/23 indicates R212 has a fall score of 15, Category: High Risk for Fall.</p> <p>Progress note dated 4/26/23 at 8:04 pm indicates "R212 had an unwitnessed fall with laceration to the left side of his forehead New orders from NP (Nurse Practitioner) to send to hospital ... call light and personal items are in arms reach and will continue to monitor".</p> <p>Facility's incident report dated 4/26/23 indicates, Injury Type: Bruise -location Forehead, Injury Type: laceration-location Forehead.</p> <p>Facility's document reported to IDPH indicates, Initial Report; Descriptions of Occurrence: On 4/26/23 at 9:00pm "Resident sustained fall incident with head injury ...". Final Report: 4/27/23 at approximately 4:00pm, facility notified resident received steri-strips and surgical-glue to left forehead. Occurrence Resolution. Resident remains in the hospital. Family has decided on alternate SNF (skill Nursing Facility) placement.</p> <p>Facility policy undated indicates the following: Fall -Initial plan of Care; "if a resident is admitted and is found to be at risk for falls or has a history of falls, the physician should be contacted for any appropriate orders and an initial and individual plan of care will need to be developed with appropriate intervention to prevent falls".</p> <p>(B)</p>	S9999		