

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016497	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/08/2023
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NAME OF PROVIDER OR SUPPLIER SOUTH SUBURBAN REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 19000 SOUTH HALSTED HOMEWOOD, IL 60430
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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 Investigations 2399318/IL166235 and 2398951/IL165953	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210 b) 300.1210 d)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 are not met as evidenced by: Based on interview and record review, the facility failed to provide two staff assistance while providing incontinence care. This failure applied	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/13/23

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S9999	<p>Continued From page 1</p> <p>to one (R1) of three residents reviewed for falls, and resulted in R1 having a fall while being provided care from one staff member, and subsequently had to be transferred to the local hospital for evaluation and treatment of laceration; R1 required sutures with a skin closure device.</p> <p>Findings include:</p> <p>R1's face sheet documents R1 is a 51 year old female with diagnoses that include stroke, diabetes, and weakness.</p> <p>R1's facility assessment, dated 8/23/23, documents R1 is severely cognitively impaired and in need of two person extensive assist for bed mobility, transfers, and toileting.</p> <p>R1's fall risk assessment, dated 10/24/23, show R1 was high risk for falls.</p> <p>R1's progress notes, dated 10/24/23, document, "observed resident to the floor with face forward and on the floor. Per CNA, she was changing resident when she fell out of bed and hit her face to the floor. Resident was noticed to have open wound to her forehead and was bleeding profusely, 911 was called immediately, pressure applied to site to control bleeding."</p> <p>R1's Facility Incident Report, dated 10/24/23, documents R1 was alert but non verbal. The assigned Nurse on the unit was called by the assigned CNA. Upon entering the resident's room, R1 was observed lying on the floor. R1 noted with injury to her forehead, bleeding was controlled, R1 was sent to the emergency department.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R1's After Visit Summary Emergency Department (ED) document, dated 10/24/23, documents R1 had a head injury, laceration, and would require skin closure device removal (handwritten-note remove in 7-10 days).</p> <p>R1 Facility Reported Incident (FRI) final, dated 10/31/23 (date of incident 10/24/23), reads: "during ADL (Activities of Daily Living) care, (R1) experienced a fall...(R1) was subsequently sent to ED (Emergency Department) for evaluation and treatment. (R1) returned to the facility with sutures in place."</p> <p>On 12/8/23 at 11:00 AM, V11 (R1's son) said he got a call from the facility early morning on 10/24/23 that R1 fell out of bed. V11 said he was upset and was wondering how it happened, since he knew his mom (R1) was total care and cannot move by herself. V11 said he brought R1 home as he does not trust the facility taking care of R1.</p> <p>On 12/8/23 at 11:45 AM, V13 (Certified Nursing Assistant-CNA) said on 10/24/23 at approximately 3:30 AM, R1 had a large bowel movement. V13 (CNA) said she knew R1 needed two staff during care, but she thought she could do it herself. V13 said she went ahead and provided incontinence care to R1. V13 said as she turned R1 to her side, R1 rolled out of bed and landed on the floor. V13 said she then called the nurse; R1's forehead was bleeding and R1 was sent to the hospital. V13 said she learned her lesson, that R1 was a two staff assist.</p> <p>On 12/8/23 at 11:20 AM, V5 (Wound Nurse) said R1 returned from the hospital after her fall with a laceration (to R1's forehead) 5.5cm in length with 5 skin closure devices (part of laceration skin closure system).</p>	S9999		
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S9999	Continued From page 3 On 12/8/23 at 12:00 PM, V2 (Director of Nursing) said, "(R1) was a 2 staff assist for all care. (V13) should have provided care with 2 staff- one on each side of the bed to ensure (R1's) safety and prevented her from falling out of bed." (B)	S9999		
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