

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012645 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 06/20/2024 |
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| NAME OF PROVIDER OR SUPPLIER PRINCETON REHAB & HCC | STREET ADDRESS, CITY, STATE, ZIP CODE 255 WEST 69TH STREET CHICAGO, IL 60621 |
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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 |
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| S 000 | Initial Comments Facility Reported Incident of 4/11/24 IL173612 | 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. The written policies and procedures 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. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the 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 resident to meet the total nursing and personal | S9999 | | |

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

TITLE

(X6) DATE

Electronically Signed

07/03/24

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| S9999 | <p>Continued From page 1</p> <p>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 requirements were not met as evidence by:</p> <p>Based on interview and record review, the facility failed to ensure a second staff member was present to assist in a mechanical lift transfer for three resident (R1, R2 and R3) reviewed for accidents and incidents in the sample. This failure resulted in R1 sustaining a laceration to the right foot requiring five sutures and a fracture to the right great toe.</p> <p>Findings include:</p> <p>On 6/17/24 at 11:55am, V1 (Administrator) presented the facility's report of injury dated 4/11/24 and 6/3/24 that were sent to the State Agency. The report dated 4/11/24 states in part: On 4/11/24 during transfer with a "mechanical lift", resident's foot was inadvertently bumped on the lift. Upon assessment by the assigned nurse,</p> | S9999 | | |

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| S9999 | <p>Continued From page 2</p> <p>open area was observed to right great toe, bleeding observed, first aid rendered immediately. Primary physician and family made aware. Orders received to transfer resident to the (hospital). Resident returned to the facility with 5 sutures to the right great toe.</p> <p>On 6/17/24 at 11:25am, together with V4 (LPN/Licensed Practical Nurse), the surveyor interviewed R1 about how he (R1) got injured on the right foot. R1 stated that the CNA (Certified Nursing Assistant) was transferring him in the mechanical lift by herself and did not get any help, and she (CNA) bumped his foot on the machine. The surveyor asked R1 how the injury to his foot could have been prevented; R1 stated that there should have been a second staff to help during the transfer.</p> <p>On 6/17/24 at 11:10am, together with V3 (LPN), the surveyor interviewed R3 about how staff transfers R3 with the mechanical lift. R3 stated that only one CNA usually transfers her in the mechanical lift, and there is no second staff to help. R3 stated that she (R3) has bumped her right foot slightly a couple of times, but not painful enough to report to staff.</p> <p>On 6/17/24 at 11:15am, together with V4(LPN), the surveyor interviewed R2 about how staff transfers R2 with the mechanical lift. R2 tated that most times, only one CNA moves her in the mechanical lift by themselves and she (R2) is sometimes scared.</p> <p>On 6/17/24 at 1:33pm, V9 (CNA) was interviewed about how R1's foot was injured on 4/11/24. V9 stated "I waited on another staff to help me with the (mechanical) lift but when they did not come, I did it by myself. His (R1's) foot got caught in the</p> | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>seat belt, and I saw the foot bleeding when he (R1) was in the air. The nurse was outside the room in the hallway close to the door and quickly came to help." Inquired from V9 if V9 attended any training about the use of the mechanical lift; V9 stated that she has been a CNA for 9 years and that she knows that two staff are required to use the mechanical lift.</p> <p>R1's Face sheet documents an admission diagnoses include but are not limited to Flaccid Hemiplegia Affecting Left Non-Dominant Side, Convulsions, Diabetes, Depressive Disorders, and Muscle Spasms.</p> <p>R1's MDS (Minimum Data Set) section C dated 5/13/24 shows BIMS (Basic Interview for Mental Status) score of 15 indicating R1 is cognitively intact.</p> <p>R1's Care plan dated 1/10/2014 with revision date 5/25/2023 states in part: R1 requires the use of a mechanical lift for transfers due to impaired mobility. Intervention states to provide 2 staff assistance for transferring.</p> <p>R1's Progress notes date 4/11/24 at 8:30pm written by V8 (LPN/Licensed Practical Nurse) states in part: Writer was called to room 127 by CNA. Upon arrival, writer noted resident bleeding profusely from under the toes of right foot. Bandages and pressure applied to the site. 911 called.</p> <p>R1's Hospital Records dated 4/11/24 written by V14(Hospital Physician) states in part: 69-year-old with past medical history as noted above, presenting with right foot bleeding noted to be from laceration sustained from web between first and second toes on the right foot. No active</p> | S9999 | | |

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| S9999 | <p>Continued From page 4</p> <p>bleeding noted at bedside on examination. Injury concerning for deep laceration potentially involving tendon injury. Will get imaging and talk to orthopedic surgery regarding evaluation and management.</p> <p>Right Foot X-Ray Report 3 Views states under "Impression":</p> <ol style="list-style-type: none"> 1. Intra-articular fracture of the lateral base of the first proximal phalanx. 2. Soft tissue laceration between the first and second digits without evidence of radiopaque foreign bodies. 3. Other chronic findings are described. <p>R1's "Acute Episodic Visit Note" dated 4/12/24 written by V13 (Nurse Practitioner/NP) states that R1 had laceration to the right great toe and Avulsion fracture of the metatarsal bone of right foot.</p> <p>R2's MDS section C dated 5/13/24 documents a BIMS score of 15 indicating R2 is cognitively intact.</p> <p>R2's Care plan dated 4/13/23 states R2 requires the use of a mechanical lift for transfers with 2 staff's assistance.</p> <p>R3's MDS section C dated 5/17/24 documents a BIMS score of 15 indicating R3 is cognitively intact.</p> <p>R3's Care plan dated 4/9/2017 states R3 requires the use of a mechanical lift for transfers with 2 staff's assistance.</p> <p>On 6/17/24 between 10:40am and 10:55am, nursing staff members including V5 (CNA), V6 (CNA), V3 (LPN), and V4 (LPN) were interviewed about the use of mechanical lifts for transfer of</p> | S9999 | | |

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| S9999 | <p>Continued From page 6</p> <p>Facility's policy on "Total Mechanical Lift" dated 1/14/2021 states the purpose is to lift, transfer, and move a resident from one surface to another. #4 states: 2 caregivers are required to operate the mechanical lift.</p> <p>Facility's "Competency" titled "Total Mechanical Lift" states in #5a: Safe techniques are demonstrated by placing the equipment in position with the assistance of a second caregiver.</p> <p>Facility's policy titled "Incident/Accident Reports" dated 09/2020 states in #15: Facility must ensure that the resident environment remains as free of accident hazards as is possible, and each resident receives adequate supervision and assistance devices to prevent accidents. (B)</p> | S9999 | | |