STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145334	A. BUILDING _____ B. WING _____	09/19/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BALLARD NURSING CENTER	9300 BALLARD ROAD DES PLAINES, IL 60016

(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) COMPLETION DATE
F 442	Continued From page 14 Surveyor had to prompt E8 to disinfect the reclining chair before using it for any other patient. 2) During medication pass observations held on 9/16/07 at 12:25 PM, E3 was observed checking the patency of R26's gastrostomy tube, using a stethoscope. Per E3, R26 is on isolation precautions. Surveyor observed E3 place the contaminated stethoscope around her neck and did not disinfect the said apparatus after using. E3 proceeded to prepare and administer medications to R15 who was not on isolation precaution, while the contaminated stethoscope remained around E3's neck. Surveyor informed E3 of these observations. E3 acknowledged that she did not disinfect the contaminated stethoscope after using it for R26. Review of R26's POS (physician order sheet) showed, that the resident is on contact precautions for C-Diff. (Clostridium Difficile) and ESBL (Extended Spectrum Beta-Lactamase) of the urine.	F 442		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1210a) 300.1210b)4) 300.1210b)6) 300.1220b)2) 300.1220b)3) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145334	A. BUILDING _____ B. WING _____	09/19/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BALLARD NURSING CENTER	9300 BALLARD ROAD DES PLAINES, IL 60016

(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) COMPLETION DATE
F9999	Continued From page 15	F9999		

well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. 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.
b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis:
4) Personal care shall be provided 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.

Section 300.1220 Supervision of Nursing Services
b) The DON shall supervise and oversee the nursing services of the facility, including:
2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.
3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145334	A. BUILDING _____ B. WING _____	09/19/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BALLARD NURSING CENTER	9300 BALLARD ROAD DES PLAINES, IL 60016

(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) COMPLETION DATE
F9999	Continued From page 16	F9999		

plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not neglect a resident.

These REGULATIONS were not met as evidenced by:

Based on record reviews, interviews and observations the facility failed to protect R20 from an avoidable injury. R20 was a known behavior problem and sustained a fall that resulted when R20 fell down an unalarmed, unmonitored stairwell. This fall resulted in R20 sustaining a head injury and requiring sutures and hospitalization for this injury.

The facility also failed to supervise 5 residents in the sample from falls (R20, R16, R17, R18 and R23) and avoidable injury. The facility failed to supervise R16, R17, R18 and R23 and allowed them to sustain multiple falls without prompt interventions and treatment plan revision.

Findings include:

1. R20 was admitted to the facility on 7-3-03. R20 is a 92 year old female with the following diagnoses: Old Cardiovascular Attack with Dementia. R20's previous admission diagnosis was: Dementia, Agitation, Glaucoma, Depression, Obsessive-Compulsive Disorder, Fracture of left hip and left Humerus and Deaf. R20 had an order for Namenda 5 mg. BID which is for Dementia. A review of the medical record

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145334	A. BUILDING _____ B. WING _____	09/19/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BALLARD NURSING CENTER	9300 BALLARD ROAD DES PLAINES, IL 60016

(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) COMPLETION DATE
F9999	Continued From page 17	F9999		

indicates that on 6-10-07 there was an incident at 3:00 p.m. when R20 got three fingers (2nd, 3rd and 4th) caught in the elevator, noted dent to the three fingers. Physician was notified and x-ray was ordered.

The facility incident report documents on "6-28-07 at 7:00 a.m. Patient received morning care and transferred to wheelchair with seat belt on. Patient wheels chair and ambulates independently on unit. Nurse left 3rd floor through stairwell to go to 2nd floor and when she opened the door to the stairwell, she found the patient laying on her right side still awake and waving. Noted laceration of forehead, laceration areas cleansed and applied. 911 called to transport to Lutheran General Hospital. Admit 23 hour observation."

On 9-17-07 at 11:40 a.m. Surveyor and E2 went to the 3rd floor east stairwell where it was observed that the door was not alarmed. Surveyor counted from the top of the 3rd floor landing to the landing between 3rd floor and 2nd floor where resident was found. There were 8 stairs, and including the landing there were 9 stairs all together.

On 9-16-07 at 1:27 p.m. interview with E6 she stated, "I opened the door from 3rd floor to go down to the 2nd floor where I saw R20 lying on the floor in the wheelchair with the seat belt on. She must of gone down 6 stairs. No, there are no alarms. I was shocked and called for help. R20 never did this before." Per E6, facility had not heard resident open door and push the whelchair over the threshold, fall and call out until she found resident by accident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145334	A. BUILDING _____ B. WING _____	09/19/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BALLARD NURSING CENTER	9300 BALLARD ROAD DES PLAINES, IL 60016

(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) COMPLETION DATE
F9999	Continued From page 18	F9999		

On 9-16-07 at 11:40 a.m. interview with E7 (Nurse) she heard E6 (Nurse) call for help to the stairway. "Resident (R20) was still in wheelchair with seat belt on, lying on right side, falling about 6 stairs down onto landing."

Interview with E2 (Director of Nursing) on 9-16-07 at 11:35 a.m. stated that R20 has been a resident since 2003 and that the only reason she was admitted to the facility was her sister was a resident here and the family wanted her to be here . E2 stated that, "R20 was in an inappropriate setting, and that the facility doesn't admit residents with Dementia due to lack of alarms, only if they are bedfast." E2 was aware of the fall and injury to R20.

Interview with Z1 (family member) on 9-17-07 stated R20 was discharged from the hospital after the injury and now is at another facility. Z1 alleges that R20 had received 20 sutures as a result of the fall.

A review of the assessment dated 4-21-07 revealed that R20 had impaired long and short term memory and was impaired cognitively. In addition, the MDS indicates that R20 had wandering behavior identified by facility along with impaired ability to stand. The care plan dated 4-21-07 under physical device, "She exhibits periods of restlessness, transfers unassisted, multiple falls." The care plan for function states, "resident needs assistance with transfers and ambulation related to decrease safety skills and poor balance."

A review of the Psychiatric Exam, dated 3-5-07, states "Dementia with Agitation." The Psychiatrist modified R20's medication to Lexapro 15mg and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145334	A. BUILDING _____ B. WING _____	09/19/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BALLARD NURSING CENTER	9300 BALLARD ROAD DES PLAINES, IL 60016

(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) COMPLETION DATE
F9999	Continued From page 19	F9999		

increased the Risperdal to 0.25mg. Both medications were being used for agitation and dementia. On 4-18-07, the Risperdal was discontinued due to the lethargic nature of the resident. The Psychiastrist saw R20 on 5-31-07 and again noted the Dementia and Agitation.

R20 had been identified with cognitive impairment and wandering and was not supervised or noted by staff to have fallen in a stairwell which, since it is not alarmed, must be supervised.

2. R16 is a 77 year old resident with the following diagnosis: Congestive Heart Failure, Anemia, Dementia, Hypertension and Agitation. R16 was readmitted to the facility from the hospital on 10-10-06 after a fall in the facility. R16 was treated for a hip fracture and returned to the facility. On 4-2-07, R16 was discharged to the hospital again for a fall and evaluated at the hospital. R16 fell and was noted by nursing staff with a large bump and was treated at the hospital for Bradycardia and Head Injury. R16 returned to the facility on 4-2-07 at 5:15pm and fell again at 5:45pm. Per review of the incident reports, R16 was again noted to fall once again in his room. The resident was noted at this time to be "confused." The next fall incident was noted to be 7-30-07 followed by falls on 8-15, 8-22, 8-29, 9-9 and 9-12-07. R16 was again noted to fall on 9-17-07 at 7:30pm. Finally an order was obtained for a "sitter" for 24 hours. R16 was observed 9-18-07 with a private sitter to monitor him for falls. The physician also ordered two new medications to help with behaviors.

A review of the medical record indicates that the hospice nurse has charted numerous times when R16 was noted with a low heart rate

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145334	A. BUILDING _____ B. WING _____	09/19/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BALLARD NURSING CENTER	9300 BALLARD ROAD DES PLAINES, IL 60016

(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) COMPLETION DATE
F9999	Continued From page 20	F9999		

(Bradycardia). This issue identified from the hospital stay of 4-2-07 has not been assessed by the facility as a possible reason for the increased number of falls. A review of the medical record also indicates that a low bed and alarm were not ordered until 9-11-07. E2 and E7 both stated that all beds are low, however, even with the bed in the lowest position there still is about a one foot drop to the floor. In addition, the facility did not analyze the places and times in which R16 fell.

R16's care plan for falls is dated 1-23-07. The goal listed for the review of 7-23-07 states, "resident will not injure self or others during fall." The plan of care had not been revised since the conference of 7-23-07. According to E7 (nurse), the Hospice had discontinued some of the resident's medication which lead to an increase in the agitation. E2 (Director of Nursing) stated during interview of 9-18-07 that when R16's Seroquel and Depakote had been discontinued he became more agitated and fell.

Z3 (Physician) was interviewed by phone 9-19-07 and stated during the inteview that the reason for R16's falls was, "declining condition, Dementia with Agiation and poor safety awareness." Z3 also stated that R16's condition had declined.

R16 was observed on September 17 and 18, 2007. During the observations, R17 was noted to be very confused and was dependent upon staff for his personal needs. R16 was noted not to consume his lunch meal. R16's assessment dated 7-23-07 codes R16 as needing only set up help only for activities of daily living and only moderate impairment in decision making. In addition, R16 was coded as having impaired short term memory and no impairment in the long term

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145334	A. BUILDING _____ B. WING _____	09/19/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BALLARD NURSING CENTER	9300 BALLARD ROAD DES PLAINES, IL 60016

(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) COMPLETION DATE
F9999	Continued From page 21	F9999		

memory. When observed during the survey, R16 was noted be cognitively impaired and both short and long term memory was noted to be missing. According to E7, R16 needed assistance with care and also had declined in his abilities. E9 stated during interview of 9-18-07 that R16 had declined and no other assessment had been completed on him. E9 stated that R16 would be considered for a change of condition assessment based on his decline in condition.

The facility failed to adequately monitor R16 after a fall with injury and failed to provide individual interventions to aid in the prevention of further falls. This failure resulted in R16 falling six times in one month without additional assessment and care plan interventions.

3. R17 was admitted to the facility on 6-28-07 with the following diagnosis: Hemiparesis, Aphasia, Diabetes and Hypertension. The admission orders included "fall precautions, low bed and bed alarm." R17 was readmitted on 8-17-07 from the hospital. The low bed order and bed alarm order was not added to the POS (physician Order Sheet) until 9-12-07. R17 was noted to have falls on the following days: 6-30, 7-19, 7-28, 8-24, and 9-9-07. During the survey observations of 9-16 and 9-17 the resident was noted to be very agitated. R17's care plan dated 7-24-07 was not updated or revised to provide interventions to prevent further falls. R17 was noted to have 3 falls within the first month of admission and two falls after hospitalization. The facility failed to fully assess the reasons for the continued falls. On 9-18-07 the resident was noted with a "sitter" to monitor his behaviors.

4. R18 is a ninety one year old resident who was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145334	A. BUILDING _____ B. WING _____	09/19/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BALLARD NURSING CENTER	9300 BALLARD ROAD DES PLAINES, IL 60016

(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) COMPLETION DATE
F9999	Continued From page 22	F9999		

admitted in the facility on 6-7-07 with diagnoses of Pneumonia, Diabetes, Hypertension and MRSA in the blood. R18 has a history of falls at his own home. Incident report review and clinical records review showed that R18 had multiple falls on the following dates:
7-19-07 at 4:00 P.M. (resident was in deep sleep and turned over in bed. Found in supine position,-sustained skin tear to left knee.)
7-22-07 at 2:30 P.M. (noted sitting on the floor in front of his wheelchair)
7-28-07 at 11:30 P.M. (found resident sliding off from bed)
7-31-07 at 7:00 P.M. (roommate of resident called staff's attention about R18 lying across bed with both legs hanging from the side of the bed)
8-1-07 at 2:00 P.M. (found seated on the floor next to toilet seat, chair alarm in place, sustained small abrasion on buttocks.)
8-3-07 at 9:00 A.M. (found in the dining room floor on his bottoms; resident claimed he slipped from the wheelchair after removing the lap buddy.)

R18 was assessed as at risk for future falls as related to history of falls, history of fractures and general weakness. R18 is on hypertensive medication. A Care Plan was developed with an original date of 6-30-07 yet R18 had multiple falls regardless. On 8-1-07, after five falls, devices such as a bed alarm, a lap buddy and mattress on the floor at night were ordered. On 8-3-07, a lap belt was also ordered after R18 was found in the dining room floor. R18 claimed he slipped from his wheelchair. (R18 removed his lap buddy.)

Because the facility did not provide the necessary intervention or device in a timely manner, R18 had five falls, two of which had injuries. Further,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145334	A. BUILDING _____ B. WING _____	09/19/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BALLARD NURSING CENTER	9300 BALLARD ROAD DES PLAINES, IL 60016

(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) COMPLETION DATE
F9999	Continued From page 23	F9999		

the facility failed to reassess R18 so as to determine other possible causes of the falls.

5. R23 is a 69 year old resident who has COPD, Spinal Stenosis, Renal Failure, Seizure disorder and Respiratory Failure. R23 was originally admitted on 9-15-06 and was readmitted on 7-11-07. Since readmission, R23 Has fallen four times on the following dates and times: 8-8-07 at 7:30 A.M. (slid from bed); 9-4-07 at 5:30 P.M. (reached for the wheelchair while in bed and fell on the floor); 9-7-07 at 3:30 P.M. (found on edge of bed halfway attempting to transfer into bed from wheelchair, left knee on the floor); 9-9-07 at 4:30 P.M. (found on the floor by bedside).

Record review showed that a Care Plan was developed for R23 due to general weakness and attempts of R23 to transfer without asking for assistance. The Care Plan was developed on 9-10-07 after R23 already had four falls. On 9-11-07, an order for a chair alarm was obtained. The facility failed to react to the multiple falls of R23 in a timely manner and therefore failed to provide the necessary intervention and or device to prevent future falls.

(A)