#### Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				A. BUILDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		SURVEY ETED C
		IL6004964		B. WING		12/2	2/2008
AME OF P	ROVIDER OR SUPPLIER			DDRESS, CITY, S	TATE, ZIP CODE		
OLIET T	ERRACE			DONOUGH IL 60436			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCI Y MUST BE PRECEDED B' .SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
Z9999	FINDINGS			Z9999			
	LICENSURE VIOL	ATIONS					
	300.1210a) 300.1210b)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 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.						
	<ul> <li>b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven days a week basis:</li> <li>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</li> <li>Section 300.3240 Abuse and Neglect</li> <li>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</li> <li>These Requirements are not met as evidenced by:</li> </ul>						

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

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTI A. BUILDIN B. WING _	PLE CONSTRUCTION G	(X3) DATE SI COMPLE	TED
		IL6004964		B. WING		12/2	2/2008
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
JOLIET	TERRACE		2230 MCI JOLIET, II	DONOUGH L 60436			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE / MUST BE PRECEDED BY SC IDENTIFYING INFORM/	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
Z9999	<ul> <li>Based on record re observation the fac 1. Conduct an ongo monitor one resident who experienced re 2. Implement intervi- falls.</li> <li>3. Analyze circums falls.</li> <li>4. Monitor resident declining status pos This is for one resident declining status pos This failure led to R subdural hematoma evacuation. R1 exp of death being direct hematoma per deat</li> <li>Findings include: R1 fell on 10/7/08 a</li> </ul>	eview, interview and ility failed to: bing assessment of f nt at high risk for falls ecurring falls. rentions to prevent fu tances and/or reason for signs and sympto st fall. dent- R1. R1 falling with resultir a requiring cranioton bired 11 days later, th ctly related to the sul th certificate.	s and/or irther ins for oms of ny and ne cause odural w, R1	Z9999			
	in condition with evi increasing lethargy resident was sent t though the facility s symptoms of a sub out for what facility for fever and cong Review of admitting dated 9/5/08 shows with a cognitive sta and requires super R1 required physic activities of living (e ambulation and tran has fallen in the las	g sudden and severe idence of vomiting a throughout the day. o the hospital on 10/ still did not recognize dural hematoma, set believed to be an ac estion. g Minimum Data Set s that R1 was 72 yea tus of "2" : poor dec vision. This MDS sho al assist of one perso except eating) includ nsfer issues. It also s at 30 days. Admitting state that both of R1	nd The 8/08 even the nding R1 Imission (MDS) trs old isions ows that on for all ing shows R1 nurses'				

Illinois Department of Public Health

Illinois E	epartment of Public	Health				FORM	APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BUILDIN	PLE CONSTRUCTION G		
		10004904			TATE, ZIP CODE	12/2	22/2000
NAME OF F	ROVIDER OR SUPPLIER				STATE, ZIF CODE		
JOLIET	TERRACE		JOLIET, IL	ONOUGH - 60436			
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Z9999	back and two small back. No facility do record in attempt to even though R1 ha sister facility. The a dated 8/28/08 state and non-ambulator Per review of nurse injuries/falls were d 9/9/08 three abrasi blood; 9/16/08 R1 stated H Bruising/redness to 10/7/08 nurse's aid of bed. E1 (administrator) of there was no restor completed on R1. Per Psychosocial/M dated 9/9/08: R1 ha psychosis, depress diabetes. R1's voca extremely limited. F moment are fall pre He was completely needs and may ber that deals specifica	a bruises, a bruise to I red bruises to neck cumentation was loc b identify source of th d been transferred fi admitting history and es R1 was wheelchair y. es' notes, the followin locumented: ons to back of head the fell. Nose bleeding oright hand; e found (R1) on floor confirmed on 10/29/0 rative/physical asses Mental Status Progre ad diagnosis of demo sion, hypertension an abulary and insight a R1's basic needs at t evention and social c dependent upon sta- nefit in a special care illy with dementia par	a area on eated in he bruising rom a physical r bound ng with dried g. r. Fell out 08 that ssment ss Note entia, he ontact. off for his e facility tients.	Z9999		- <u>'</u>	
Illingis Depa	scores R1 at 35. A indicates to implem provided copy of fa policy states that at assessments shoul falls, contributing fa	sessment Tool dated score of 15 or great nent fall precautions. Il policy and procedu t a minimum the initia Id include a history of actors, gait and balar cations. The facility fa	er Facility Ire. This al fall f previous Ince				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 12/22/2008	
		IL0004904			TATE, ZIP CODE	12/2	2/2006
JOLIET TERRACE 2230 MCI JOLIET, I			ONOUGH	ATE, ZIF GODE			
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Z9999	Z9999Continued From page 3assessment dated 8-25-08 and 9-16-08 is incomplete and does not address the relating issues stated in the fall policy and procedure. The policy continues: For residents identified at risk for falls the plan of care shall include interventions to prevent injuries and accidents from falls; the effectiveness of each resident's care plan shall be documented in each resident's clinical record. Review of R1's care plan in the area of falls states that R1 will be free of fall related injuries through 12/25/08. This goal was not achieved nor was it revised after any of R1's three falls that resulted injuries. There is no indication in the record that these approaches were monitored for their effectiveness after any of the multiple falls R1 sustained, nor was there an analysis of the circumstances surrounding R1's falls to assist staff in developing individualized interventions in an attempt to prevent R1's falls.		Z9999				
	10/8/08 states that "fell out of bed. Sitt extremities. No app nurses ' note statin the floor, fell out of listed on both the n report appears to h 8 pm. There is no c regarding R1 ' s co 10/8/08 at 5pm who difficulty breathing color and unable to transported to the h pm per nursing not have subdural hem documentation to s	/ Accident report dat on 10/7/08 at 8:00 p ing on floor. Could m parent injury '. There ng nurse's aide found bed. The time of the urses' note and the i ave been altered fro other nursing docume ndition following this en R1 was noted to h with congested lungs ofollow commands. F nospital via ambulant e where he was diag latoma. There was n show deterioration of alling from 10/7/08 8	m, R1 hove all is a d R1 on incident incident m 4 pm to entation fall until have s, pale R1 was ce at 5:40 ynosed to o R1's				

BMD911

If continuation sheet 4 of 7

Illinois	Department	of Public	Health
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				A. BUILDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		SURVEY ETED C 22/2008	
NAME OF P	ROVIDER OR SUPPLIER		STREET A	DDRESS, CITY, S	TATE. ZIP CODE	12/2	12/22/2008	
	TERRACE		2230 MC	DONOUGH IL 60436				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCI / MUST BE PRECEDED B SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
Z9999	Continued From page 4 till he was sent to the hospital; even though it was evident from the interview from E3, the Certified Nurse Aide that R1's condition was deteriorating after his fall on 10/7/08. Review of an Emergency Room Consultation done 10/9/08 by Z1 states: "came (to hospital) due to mental status change. R1's "CT scan is consistent with a very large acute subdural hematoma with a midline shift." This physician recommended a craniotomy and evacuation of the subdural hematoma. Review of a second physician, Z2, consult states R1 had evacuation of the hematoma on 10/8/08. A third physician (Z3) consult and performed by R1's attending physician at the nursing home states R1 "is reported to have had a fall in the last 24 to 48 hours. Neuro-checks revealed that the patient's level of consciousness and neurological status was deteriorating. Patient sent to emergency room."			Z9999				
	10/29/08. E3 stated very well and had b morning following h pm on 10/8/08. E3 stand but was very wanted to lie down trying to walk. E3 s because he was so always be putting h know I just laid him someone so confus was lying down. He the bathroom. He w would get caught in	o confused and that him back to bed - he down. I've never se sed that he did not k knew when he had vould fall out of bed the linen and he w nurse told E3 that I	new R1 aide the a am to 2 help to d say he be up R1 fall she would not een know he d to go to , his foot rould fall. R1 was not					

STATE HEAR-TOP DEFICIENCIES AND PLANOF CORRECTION       INT PROVIDER SUPPLIENCUEA IDENTIFICATION NUMBERS INTERCATION NUMBERS       INT CONSTRUCTION A BUILINNG E VING SUBJECT       INT CONSTRUCTION A BUILINNG SUBJECT       INT CONSTRUCTION SUBJECT	Illinois D	epartment of Public	Health				FURIN	APPROVED
NAME OF PROVIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE           JOLIET TERRACE         230 MCDONUUGH JOLIET, IL 60435           IVALID TAG         ISUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LISC IDENTIFYING INFORMATION         IP PRETIX TAG         PROVIDER'S PLAN OF CORRECTION (EACH OPRECIVE WINSTE BREACEDD BY FULL TAG         IP PRETIX TAG         PROVIDER'S PLAN OF CORRECTION (EACH OPRECIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         0(00) CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY           Z9999         Continued From page 5 and not feeling well. They told me he was going to the hospital and that he had vonited right before 1 came on at 6 am. E3 went to R1's room and the do feed him but he hardly ate at all, not at funch either. He slept most of that day. R1 usually was up in the dining room and fed himself. He was not saying much that day compared to usual. E3 stated R1 did not get up the rest of the shift. R1 was very unsteady on his feet, at night he would be up wandering - no matter how many times we put him back tot bed. E3 said staff was aware of the fact R1 was high risk for falls and that the time of the special monitoring plan for him.           The Coroner's report noted the cause of R1's death was subdural hematoma.           The facility failed to recognize and act in a timely manner to R1's fall and subsequent change in condition. In fact, facility was still not aware that R1 had suffered a subdural hematoma that utimately led to his death at the time of the hospital transfer thinking instead that they were sending the resident out for repiratory fever and congesion. There was no valuate neurological changes after the initial evaluation immediately after the fall on 107/08.			IDENTIFICATION NU		A. BUILDIN	G	COMPL	eted C
JOLIET TERRACE         2230 MCDONOUGH JOLIET, IL 60439           (M) ID PREFIX TAG         SUMMARY STATEMENT OF DEFICIENCIES IEACH ORFECTIVE ALTORS HOLL BE DENTIFYING INFORMATION         ID ID ID ID IEACH CORRECTIVE ALTORS HOLL DE IEACH ORFECTIVE ALTORS HOLL DE IEACH CORRECTIVE AND HOLL AND HALL DE IEACH CORRECTIVE AND HOLL AND HALL DE IEACH CORRECTIVE	NAME OF F	ROVIDER OR SUPPLIER	120004004	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	12/2	.2/2000
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and not feeling well. They told me he was going to the hospital and that he had vomited right before I came on at 6 am. E3 went to R1's room and tried to feed him but he hardly ate at all, not at lunch either. He slept most of that day. R1 usually was up in the dining room and fed himself. He was not saying much that day compared to usual. E3 stated R1 did not get up the rest of the shift. R1 was very unsteady on his feet, at night he would be up wandering - no matter how many times we put him back tot bed. E3 said staff was aware of the fact R1 was high risk for falls and that they tried to keep a close eye on him as best they could. There was no special monitoring plan for him. The Coroner's report noted the cause of R1's death was subdural hematoma. The facility failed to recognize and act in a timely manner to R1's fall and subsequent change in condition. In fact, facility was still not aware that R1 had suffered a subdural hematoma that utimately led to his death at the time of the hospital transfer thinking instead that they were sending the resident out for respiratory fever and congestion. There was no evidence that the facility continued to monitor his pupil reactions after the fiall and evaluate neurological changes after the hidl evaluate neurological changes after the hidl evaluate in mediately after the facility continued to monitor his pupil reactions after the right and evaluate neurological changes after the initial evaluation immediately after the facility with multiple bruising which should have alerted the facility about the fall in head in the facility with multiple bruising which should have alerted the facility about the fall in king head have alerted the facility about the fall in king head have alerted the facility about the fall in king head have alerted the facility about the fall in king head have alerted the facility about the fall in king head have alerted the facility about the fall in king head head to the facility who multipe bruising which should have alerted the facility about	PRÉFIX	(EACH DEFICIENC)	/ MUST BE PRECEDED BY	FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	COMPLETE
<ul> <li>to the hospital and that he had vomited right</li> <li>before I came on at 6 am. E3 went to R1's room</li> <li>and tried to feed him but he hardly ate at all, not</li> <li>at lunch either. He slept most of that day. R1</li> <li>usually was up in the dining room and fed</li> <li>himself. He was not saying much that day</li> <li>compared to usual. E3 stated R1 did not get up</li> <li>the rest of the shift. R1 was very unsteady on his</li> <li>feet, at night he would be up wandering - no</li> <li>matter how many times we put him back tot bed.</li> <li>E3 said staft was aware of the fact R1 was high</li> <li>risk for falls and that they tried to keep a close</li> <li>eye on him as best they could. There was no</li> <li>special monitoring plan for him.</li> </ul> The Coroner's report noted the cause of R1's death was subdural hematoma. The facility failed to recognize and act in a timely manner to R1's fall and subsequent change in condition. In fact, facility was still not aware that R1 had suffered a subdural hematoma that <ul> <li>ultimately led to his death at the time of the</li> <li>hospital transfer thinking instead that they were</li> <li>sending the resident out for respiratory fever and</li> <li>congestion. There was no evidence that the</li> <li>facility continued to monitor his pupil reactions</li> <li>after the fall and evaluate neurological changes</li> <li>after the fall and evaluate neurological changes</li> <li>after the fall and evaluate neurological changes</li> <li>after the initial evaluation immediately after the</li> <li>fall on 1077/08.</li> </ul> Interviews with E2 confirmed that the facility did not track or trend R1's falls in order to assist staff in developing individualized approach to a plan of care. R1 was a known faller and came into facility with multiple bruising which should have alerted the facility about the fall risk and need to	Z9999	Continued From pa	ige 5		Z9999			
		and not feeling well to the hospital and before I came on at and tried to feed hin at lunch either. He usually was up in th himself. He was no compared to usual. the rest of the shift. feet, at night he wo matter how many ti E3 said staff was a risk for falls and that eye on him as best special monitoring f The Coroner's repor- death was subdura The facility failed to manner to R1's fall condition. In fact, fall condition. In fact, fall condition. In fact, fall condition. In fact, fall condition. There is hospital transfer thi sending the resider congestion. There is facility continued to after the fall and eval fall on 10/7/08. Interviews with E2 on in developing indivi- care. R1 was a kno facility with multiple alerted the facility a	I. They told me he way that he had vomited t 6 am. E3 went to R m but he hardly ate a slept most of that day he dining room and for t saying much that day E3 stated R1 did no R1 was very unstea uld be up wandering mes we put him back ware of the fact R1 way they could. There way plan for him. ort noted the cause of I hematoma. or recognize and act in and subsequent chat acility was still not aw subdural hematoma for death at the time of nking instead that the th out for respiratory was no evidence that or monitor his pupil rea- raluate neurological of uation immediately a confirmed that the fa th's falls in order to a dualized approach to by faller and came i a bruising which shou	right 1's room at all, not y. R1 ed ay t get up dy on his - no k tot bed. vas high a close as no f R1's n a timely unge in vare that that the ey were fever and t the actions changes fter the cility did ssist staff o a plan of nto ild have				

#### Illinois Department of Public Health

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AME OF PI	ROVIDER OR SUPPLIER		STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
OLIET T	ERRACE			ICDONOUGH T, IL 60436				
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