

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004964	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/22/2008
NAME OF PROVIDER OR SUPPLIER JOLIET TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 2230 MCDONOUGH JOLIET, IL 60436		
(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
Z9999	<p>FINDINGS</p> <p>LICENSURE VIOLATIONS</p> <p>300.1210a) 300.1210b)3) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven days a week basis: 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.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Requirements are not met as evidenced by:</p>	Z9999		

Illinois Department of Public Health

TITLE

(X6) DATE

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

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004964	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/22/2008
NAME OF PROVIDER OR SUPPLIER JOLIET TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 2230 MCDONOUGH JOLIET, IL 60436		
(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	
Z9999	<p>Continued From page 1</p> <p>Based on record review, interview and observation the facility failed to:</p> <ol style="list-style-type: none"> 1. Conduct an ongoing assessment of falls and monitor one resident at high risk for falls and/or who experienced recurring falls. 2. Implement interventions to prevent further falls. 3. Analyze circumstances and/or reasons for falls. 4. Monitor resident for signs and symptoms of declining status post fall. <p>This is for one resident- R1.</p> <p>This failure led to R1 falling with resulting subdural hematoma requiring craniotomy and evacuation. R1 expired 11 days later, the cause of death being directly related to the subdural hematoma per death certificate.</p> <p>Findings include:</p> <p>R1 fell on 10/7/08 and, per staff interview, R1 began experiencing sudden and severe changes in condition with evidence of vomiting and increasing lethargy throughout the day. The resident was sent to the hospital on 10/8/08 even though the facility still did not recognize the symptoms of a subdural hematoma, sending R1 out for what facility believed to be an admission for fever and congestion.</p> <p>Review of admitting Minimum Data Set (MDS) dated 9/5/08 shows that R1 was 72 years old with a cognitive status of "2" : poor decisions and requires supervision. This MDS shows that R1 required physical assist of one person for all activities of living (except eating) including ambulation and transfer issues. It also shows R1 has fallen in the last 30 days. Admitting nurses' note dated 8/25/08 state that both of R1's eyes</p>	Z9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004964	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/22/2008
NAME OF PROVIDER OR SUPPLIER JOLIET TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 2230 MCDONOUGH JOLIET, IL 60436		
(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	
Z9999	<p>Continued From page 2</p> <p>were noted to have bruises, a bruise to lower mid back and two small red bruises to neck area on back. No facility documentation was located in record in attempt to identify source of the bruising even though R1 had been transferred from a sister facility. The admitting history and physical dated 8/28/08 states R1 was wheelchair bound and non-ambulatory.</p> <p>Per review of nurses' notes, the following injuries/falls were documented: 9/9/08 three abrasions to back of head with dried blood; 9/16/08 R1 stated he fell. Nose bleeding. Bruising/redness to right hand; 10/7/08 nurse's aide found (R1) on floor. Fell out of bed.</p> <p>E1 (administrator) confirmed on 10/29/08 that there was no restorative/physical assessment completed on R1.</p> <p>Per Psychosocial/Mental Status Progress Note dated 9/9/08: R1 had diagnosis of dementia, psychosis, depression, hypertension and diabetes. R1's vocabulary and insight are extremely limited. R1's basic needs at the moment are fall prevention and social contact. He was completely dependent upon staff for his needs and may benefit in a special care facility that deals specifically with dementia patients.</p> <p>Review of Falls Assessment Tool dated 9/8/08 scores R1 at 35. A score of 15 or greater indicates to implement fall precautions. Facility provided copy of fall policy and procedure. This policy states that at a minimum the initial fall assessments should include a history of previous falls, contributing factors, gait and balance abilities, and medications. The facility fall risk</p>	Z9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004964	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/22/2008
NAME OF PROVIDER OR SUPPLIER JOLIET TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 2230 MCDONOUGH JOLIET, IL 60436		
(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	
Z9999	<p>Continued From page 3</p> <p>assessment 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.</p> <p>Review of Incident / Accident report dated 10/8/08 states that on 10/7/08 at 8:00 pm, R1 "fell out of bed. Sitting on floor. Could move all extremities. No apparent injury '. There is a nurses ' note stating nurse's aide found R1 on the floor, fell out of bed. The time of the incident listed on both the nurses' note and the incident report appears to have been altered from 4 pm to 8 pm. There is no other nursing documentation regarding R1 ' s condition following this fall until 10/8/08 at 5pm when R1 was noted to have difficulty breathing with congested lungs, pale color and unable to follow commands. R1 was transported to the hospital via ambulance at 5:40 pm per nursing note where he was diagnosed to have subdural hematoma. There was no documentation to show deterioration of R1's condition after his falling from 10/7/08 8:00 p.m.</p>	Z9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004964	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/22/2008
NAME OF PROVIDER OR SUPPLIER JOLIET TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 2230 MCDONOUGH JOLIET, IL 60436		
(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	
Z9999	<p>Continued From page 4</p> <p>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.</p> <p>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."</p> <p>E3 (nurse's aide) was interviewed via phone on 10/29/08. E3 stated she thought she knew R1 very well and had been R1's nurse's aide the morning following his fall. E3 worked 6 am to 2 pm on 10/8/08. E3 stated R1 needed help to stand but was very confused. R1 would say he wanted to lie down but then he would be up trying to walk. E3 said she would see R1 fall because he was so confused and that she would always be putting him back to bed - he would not know I just laid him down. I've never seen someone so confused that he did not know he was lying down. He knew when he had to go to the bathroom. He would fall out of bed, his foot would get caught in the linen and he would fall. E3 stated the night nurse told E3 that R1 was not feeling well on the morning of the day he went to the hospital (10/8/08). R1 was dressed but in bed</p>	Z9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004964	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/22/2008
NAME OF PROVIDER OR SUPPLIER JOLIET TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 2230 MCDONOUGH JOLIET, IL 60436		
(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
Z9999	<p>Continued From page 5</p> <p>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.</p> <p>The Coroner's report noted the cause of R1's death was subdural hematoma.</p> <p>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 ultimately 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 fall and evaluate neurological changes after the initial evaluation immediately after the fall on 10/7/08.</p> <p>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 supervise.</p>	Z9999		

