STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURVEY COMPLETED 145671 04/10/2012		RS FOR MEDICARE	& MEDICAID SERVICES				-	APPROVED 0938-0391
145671 B. WING C 04/10/2012 04/10/2012		T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				(X3) DATE SU	JRVEY
	145671				<u></u>			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	1			ST	REET ADDRESS, CITY, STATE, ZIP CODE	04/1	0/2012	
PROVIDENCE SOUTH HOLLAND 16300 WAUSAU STREET SOUTH HOLLAND, IL 60473	PROVID	ENCE SOUTH HOLLA	ND					
(X4) ID PREFIX TAGSUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL 	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	(X5) COMPLETION DATE
F 323 Continued From page 4 remember who that was, because one helped the other with her. No one reported it before R1's niece got me." F 323 The facility provided the interview of R6 (roommate of R1) on 3/1/2012. R6 is no longer living at the facility per E1 (administrator). F 100 The interview of R6 denotes in part the following: "Upon interviewing R6 who is the roommate of R1, R6 stated that when the grifs got R1 up this morning (referencing 12/16/11) in that lift, R1 hit her foot on the bar of the lift. R6 said no one did it on purpose, the grifs said they were sorry. R1 said ouch when her foot was bumped" E4 and E3 failed to notify facility staff when R 1 cried out in pain during the ADL care. Subsequently, services were not rendered until the family member of R1 notified E5. F9999 F9999 FINAL OBSERVATIONS F9999 LICENSURE VIOLATION: 300.12100j6) 300.3240a) F9999 Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of tive percent or more within a period of 30 days. The		remember who that other with her. No coniece got me." The facility provided (roommate of R1) of living at the facility p The interview of R6 "Upon interviewing R1, R6 stated that w morning (referencin- her foot on the bar on purpose, the girl said ouch when her E4 and E3 failed to cried out in pain du Subsequently, serv the family member FINAL OBSERVATI LICENSURE VIOL 300.1010h) 300.1210b)5) 300.1210d)6) 300.3240a) Section 300.1010 M h) The facility shall of any accident, inju- resident's condition safety or welfare of limited to, the prese-	A was, because one helped the one reported it before R1's d the interview of R6 on 3/1/2012. R6 is no longer ber E1 (administrator). d denotes in part the following: R6 who is the roommate of when the girls got R1 up this ng 12/16/11) in that lift, R1 hit of the lift. R6 said no one did it s said they were sorry. R1 foot was bumped" notify facility staff when R 1 ring the ADL care. ices were not rendered until of R1 notified E5. IONS ATION: Medical Care Policies notify the resident's physician ury, or significant change in a that threatens the health, a resident, including, but not ence of incipient or manifest a weight loss or gain of five			3		

If continuation sheet Page 5 of 9

PRINTED: 07/12/2012

"TAG" REGULATORY OR LSC IDENTIFYING INFORMATION "TAG" CROSS-REFERENCED TO THE APPROPRIATE DATE F9999 Continued From page 5 facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care F9999 D The facility shall povide 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 to meet the total nursing and personal care needs of the resident. F9999 S All nursing personnel care shall be provided to each resident to meet the total nursing and personal care needs of the resident. F9999 Ghort to meet the total nursing and personal care needs of the resident. F9999 All nursing personnel care shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. O Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be precided on a24-hour, seven-day-a-week basis: All necessary precautions shall be taken to assure that the resident be approximate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.			AND HUMAN SERVICES & MEDICAID SERVICES				FORM	07/12/2012 APPROVED 0938-0391
Independence Independence Out/10/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE Issouwaussus STREET SOUTH HOLLAND, IL 60473 STREET ADDRESS, CITY, STATE, ZP CODE Issouwaussus STREET SOUTH HOLLAND, IL 60473 PROVIDENCE SOUTH HOLLAND SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MSI BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFINIS INFORMATION) IP BERX TAG IF CONSS-REFERENCE OT THE APPROPRIATE DEFICIENCY Communication (Care for the care or treatment of such accident, injury or change in condition at the time of notification. 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 compretines with ambulation and safe transfer activities as often as necessary in an effort to hegi there resident. S) All nursing personnel shall assist and encourage resident care plan. Adequate and properly supervised nursing care ead personal Care shall be provided to each resident to meet the total nursing and personal care in the resident. S) All nursing personnel shall assist and encourage resident swith ambulation and safe transfer activities as often as necessary in an effort to hegi there resident. S) All nursing personnel shall basist to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner. Ilcensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. Image: State action there, as evidenced by	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				(X3) DATE SU COMPLE	JRVEY TED
PROVIDENCE SOUTH HOLLAND 18300 WAUSAU STREET SOUTH HOLLAND, IL 60473 (X1) D PREFX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY WEIS DEPICEDED BY FULL (EACH CORRECTIVE OF LOS DENTIFYING INFORMATION) IP IP Continued From page 5 facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. F9999 F9999 <td< td=""><td colspan="3">145671</td><td>B. WI</td><td>NG _</td><td></td><td colspan="2"></td></td<>	145671			B. WI	NG _			
Continued From page 5 facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. F9999 F9999 B Outfield of the resident of and personal care for the care or treatment of such accident, injury or change in condition at the time of notification. F9999				_				
PREFIX TAG (EACH OPERCIENCY MUST BE PRECEEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTIONS HOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F9999 Continued From page 5 facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 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 property supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to heip them retain or maintain their highest practicable level of functioning. 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 resident is a spessible. All nursing personnel shall evaluate residents to see that each resident hazards as possible. All nursing personnel shall evaluate residents to see that each resident accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These regulations are not met, as evidenced by 						SOUTH HOLLAND, IL 60473		
facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 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. 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain the highest practicable level of functioning. 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 exiptents adout the supervision 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 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These regulations are not met, as evidenced by	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	JLD BE	COMPLETION
the following:	F9999	facility shall obtain a of care for the care injury or change in or notification. Section 300.1210 G Nursing and Person b) The facility shall and services to atta practicable physical well-being of the res each resident's com plan. Adequate and care and personal of resident to meet the care needs of the res each resident's com plan. Adequate and care and personal of resident to meet the care needs of the res of the res each resident's com plan. Adequate and care and personal of resident to meet the care needs of the res of the res each resident to subs care shall include, a and shall be practic seven-day-a-week f 6) All necessary pre assure that the resident r and assistance to p Section 300.3240 A a) An owner, license agent of a facility shr resident.	and record the physician's plan or treatment of such accident, condition at the time of General Requirements for hal Care provide the necessary care in or maintain the highest l, mental, and psychological sident, in accordance with hyrehensive resident care properly supervised nursing care shall be provided to each e total nursing and personal esident. nnel shall assist and s with ambulation and safe s often as necessary in an retain or maintain their highest functioning. section (a), general nursing at a minimum, the following ed on a 24-hour, pasis: ecautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see eceives adequate supervision revent accidents.	F9	999			

If continuation sheet Page 6 of 9

		AND HUMAN SERVICES				FORM	APPROVED	
	<u>SFOR MEDICARE</u> OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) M	IULTI	PLE CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING			COMPLE	TED	
		145671	B. WI	\G		C - 04/10/2012		
NAME OF PROVIDER OR SUPPLIER				STR	REET ADDRESS, CITY, STATE, ZIP CODE			
PROVIDE	ENCE SOUTH HOLLA	ND			6300 WAUSAU STREET SOUTH HOLLAND, IL 60473			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	5	PROVIDER'S PLAN OF CORRECT	ION	(X5)	
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLETION DATE	
F9999	Continued From pa	ge 6	F99	999				
	facility failed to ensu the sample received and services to pre- resulted in a Right I	review and interview the ure that 1(R1) of 6 residents in d the necessary assistance vent an accident. This failure Mildly Displaced comminuted a fractures just above the						
	Finding Include:							
	onsite visit was initi	arged from the facility when ated on 2/29/2012. Review of 12/17/2011 Consultation ts the following:						
	0. The right ankle >	r old female, alert, orientation Kray revealed a valgus ar ankle fracture with nia present."						
	The X-ray report 12 denotes in part the	2/16/2011 of the Right Ankle following:						
		omminuted distal tibia and above the ankle joint."						
	nurse aides) for R1 completely depende	e assigned CNA's (certified on 12/16/2011. R1 is ently on staff for ADL's ving) per MDS (minimum data re plan.						
	E4 is no longer emp	ployed per E1 (administrator).						
	stated, "E4 that mo	on 2/29/11-10:30 am rning asked me to help her ouched R1's right foot, R1						

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CENTE		AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) N	1ULT	TIPLE CONSTRUCTION	FORM	07/12/2012 APPROVED 0938-0391 JRVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BU	ILDIN	NG	COMPLETED		
145671		B. WI	NG _		C 04/10/2012		
NAME OF F	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
PROVID	ENCE SOUTH HOLLA	ND			16300 WAUSAU STREET SOUTH HOLLAND, IL 60473		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPP DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	cried out a lot. I ask responded, R1 alwa anyone R1 cried ou out, I cleaned R1 for another sock on, ar crying out before R did not hit foot on th On 3/1/2012-10:00 interviewed, and sig stated,"Around lund of R1 told me R1's asked me to look a lobby. I assessed it touch. R1 was show I had the aides lay sock, I called R1's of an X-ray. I asked to of them said they d remember who that other with her. No of niece got me." The facility provided (roommate of R1) of living at the facility p The interview of R6 "Upon interviewing R1, R6 stated that y morning (referencin her foot on the bar on purpose, the girl said ouch when her	ted E4 about it, and E4 ays cries out. I didn't tell it. I took off R1 sock, R1 cried bot. R1 cried out and I put and R1 cried out. R1 was 1 got in the (mechanical) lift, he (mechanical) lift." am, E5 (R1's charge nurse) gned a written statement. E5 ch time, (12/16/2011) the niece right ankle was swollen, and t it. I went, R1 was in the , touched it and it was warm to wing facial grimaces like pain. R1 in bed. I removed R1's doctor and the doctor ordered he aides if they noticed it, one idn't notice it, but I do not t was, because one helped the one reported it before R1's d the interview of R6 on 3/1/2012. R6 is no longer ber E1 (administrator). d denotes in part the following: R6 who is the roommate of when the girls got R1 up this ag 12/16/11) in that lift, R1 hit of the lift. R6 said no one did it s said they were sorry. R1 foot was bumped" notify facility staff when R 1	F9	999			

If continuation sheet Page 8 of 9

		AND HUMAN SERVICES				FORM	APPROVED 0938-0391	
STATEMENT	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IULT	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
145671			B. WI			C 04/10/2012		
NAME OF PROVIDER OR SUPPLIER PROVIDENCE SOUTH HOLLAND					REET ADDRESS, CITY, STATE, ZIP CODE 16300 WAUSAU STREET SOUTH HOLLAND, IL 60473			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			AG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
F9999		ices were not rendered until	F9	999				
		В						

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