	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION ING	COV	TE SURVEY MPLETED
		145334	B. WING			C / 04/2013
	PROVIDER OR SUPPLIER	NG CTR		STREET ADDRESS, CITY, STATE, ZIP CO 9300 BALLARD ROAD DES PLAINES, IL 60016		704/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
F 323	was assessed and states did not know previous night on 8-known that R4 had put in place a new f the facility 's fall pro R4s 'hospital reco was found to have I upper forehead, Co linear nondisplaced C-collar. Z2 (Medical Doctor AM, R4 has slight d and hurts himself tr unassisted. Z2 state vertebrae and requ 6-8 weeks. Z2 state his forehead that re FINAL OBSERVAT Licensure Violation 300.610a) 300.1210b) 300.1210b) 300.1210d)6) 300.3240a) Section 300.610 Recapility. The written be formulated by a Committee consisting administrator, the amedical advisory controlled the	that R4 had fallen the -24-13. E13 states if she had fallen two days ago would had fall intervention and followed ocedure. Indicated 8-26-13 notes R4 arge laceration across the imputed Tomography showed fracture of C4, R4 place in a 1) states on 9-3-13 at 10:40 Itementia and forgetful at times ying to get out of the bed ites R4 had fracture of C4 ities him to wear a C-collar for ites R4 also had a laceration on quired 8 stitches. IONS IS Resident Care Policies have written policies and ing all services provided by the policies and procedures shall Resident Care Policy	F99			

	N OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION				ATE SURVEY DMPLETED		
		145334	B. WING			0	C 9/ 04/2013
	PROVIDER OR SUPPLIER	NG CTR			S, CITY, STATE, ZIP CODE ROAD		5/04/2015
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH C	VIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO EFERENCED TO THE APPE DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	The written policies the facility and shall by this committee, and dated minutes Section 300.1210 (Nursing and Person b) The facility shall and services to attapracticable physica well-being of the reeach resident's corplan. Adequate and care and personal resident to meet the care needs of the resident to meet the care needs of the resident to section 300.1210 (Nursing and Person d) Pursuant to subscare shall include, and shall be practices seven-day-a-week 6) All necessary proassure that the resident rursing personnel services as free of accident nursing personnel services.	ly with the Act and this Part. Is shall be followed in operating and be reviewed at least annually documented by written, signed of the meeting. General Requirements for an Care provide the necessary care an or maintain the highest and all the highest and psychological sident, in accordance with a mprehensive resident care and properly supervised nursing care shall be provided to each a total nursing and personal and esident. General Requirements for an Care section (a), general nursing and a minimum, the following and a minimum, the following and a 24-hour, basis: secautions shall be taken to idents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision prevent accidents.	F99	99			
	a) An owner, licens	ee, administrator, employee or hall not abuse or neglect a					

ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145334	B. WING			C 04/2013
NAME OF PROVIDER OR SUPPLIER PRESENCE BALLARD NURSING CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 9300 BALLARD ROAD DES PLAINES, IL 60016	1 09/0	5 4 /2013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Continued From pa	ge 6	F99	99		
	follow their fall asset plan procedure for residents reviewed in the interdisciplina considering new fall second fall and sub	d record review facility failed to essment, prevention and care one resident (R4) out three for falls. This failure resulted ary team not evaluating and I interventions for R4 after his sequently R4 had a third fall oken neck (fracture of C4).				
	Review of the facilit Prevention, and Capolicy establishes of identifying and assort for falls, planning proceeding facilitating safe envious essessment. Fall in the resident interim will be reviewed and the fall committee. Interventions in the prevention-Fall prevention-Fall prevention-Fall preventions (prevention of the interdisciplinary car collaboration with the family and may confinterventions (Nursbed/chair heights a alarms). Fall documentation, representation of the interdisciplinary car collaboration with the family and may confinterventions (Nursbed/chair heights a alarms). Fall documentation, representation, representation, representation of the interdisciplinary car collaboration with the family and may confinterventions (Nursbed/chair heights a alarms). Fall documentation, representation, representation, representation, representation, and capital services are confined to the interdisciplinary car collaboration with the family and may confine the interdisciplinary car collaboration with the family and may confine the interdisciplinary car collaboration with the family and may confine the interdisciplinary car collaboration with the family and may confine the interdisciplinary car collaboration with the family and may confine the interdisciplinary car collaboration with the family and may confine the interdisciplinary car collaboration with the family and may confine the interdisciplinary car collaboration with the family and may confine the interdisciplinary car collaboration with the family and may confine the interdisciplinary car collaboration with the family and may confine the interdisciplinary car collaboration with the interdisciplinary ca	cy's Fall Assessment, re Plan Procedure notes this juidelines for proactively essing those residents at risk reventative strategies and ironment. Process: Fall aterventions documented on /comprehensive plan of care d or revised at the discretion of The nurse will chart progress notes. Fall vention is the goal for every of meet this goal the resident and the designated is ider use of the following ing rounds, Evaluating and application of personal mentation and reporting-Every ed an incident requiring porting, and follow up. The evises the Comprehensive				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			7 20.22			(Э .
		145334	B. WING			09/0	04/2013
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F9999	R4 's fall risk asses R4 scored 15= High comprehensive car R4 greater than nor incident report date out of wheel chair. 7-26-13 notes 4 poiscore of 9= High risk R4 's current risk for 8-21-13 notes R4 was Approaches- assessure environment frobstacles, remind to light in reach, imple R4 's nurses dated was angry each time away the alarm. R4 notes R4 was found the night stand, no R4s 'fall assessmerals up, body alarm activated not applic R4s 'incident report alert and oriented X leaning on the night R4s 'incident report alert and oriented X leaning on the floor. E11 (Registered Nt. AM, works 7pm-7amiddle of night (8-2 R4 was assessed in notified no new ord have an alarm on a states did not apply place a floor mat not the states of the s	e prevention of falls. ssment dated 5-18-13 notes in risk 14+. R4 's e plan initiated 5-18-13 notes mal risk for falls. R4 's d 6-11-13 notes R4 fell getting R4s ' fall risk model dated ints for confusion with total sk for falls. or fall care plan initiated vill not fall or injure self. s meds for side effects, make ree from hazards and o ask for assistance, keep call ment fall precaution. 6-19-13 and 6-20 13 note R4 e the alarm went off and threw s' nurse note dated 8-24-13 d sitting on the floor leaning on injury noted doctor notified. ent dated 8-24-13 notes side in not applicable, alarm	F99	999			

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION	ļ	` ´COM	E SURVEY PLETED
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	PROVIDER OR SUPPLIER	NG CTR		STREET ADDRESS, CITY, STATE, ZIP C 9300 BALLARD ROAD DES PLAINES, IL 60016	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD	BE	(X5) COMPLETION DATE
F9999	10:50 AM states, R in & out " and forge alarm. E12 states w work on 8-25-13 tol the middle of the ni eye on R4 to monituse his call light. Efall interventions intapproaches per fall try bed pad alarm at the body alarm. E1 the floor next to R4 E10 (Care Plan Co AM states, the facil and pad alarms. E1 bed nursing could had placed a pad alarm 8-24-13. E1 (Assistant Direct 11:00 AM states R4 Friday night. E1 states -24-13 restorative assessment on that again before that had nurses that worked gotten a pad alarm E1 states in the passalarm but did not co R4s ' nurses note of PM notes CNA four forehead with 3.5 conotified and ordered R4s ' incident report 12:50 PM CNA four without alarm, sittin cleansed with saling admitted to hospital	ctical Nurse) on 9-3-13 at 4 was confused sometimes, " etful and used to wear a body orks 7am- 7pm when came to d that R4 fell out of his bed in ght. E12 states just kept an or him and reminded him to 12 states there were no new roduced and kept the current care plan. E12 states did not nd that R4 in the past refused 2 states did not put a pad on s' bed. Ordinator) on 9-3-13 at 10:00 ity has in stock body, chair 0 states after R4 fell out of lave used their judgment and under R4 after he fell on tor of Nursing) on 9-3-13 at 1 fell over the weekend on tes regarding the fall on nurse was going to do fall appened. E1 states the over the weekend could have from the storage room for R4. St R4 used to have a body omply with wearing it. Stated 8-26-13 written at 1:00 and R4 on the bathroom floor; entimeter wound, doctor d R4 to emergency room. It dated 8-26-13 notes At and R4 on the bathroom floor g up. Injury to forehead and dressing applied	F99	999			

PRINTED: 02/11/2014 FORM APPROVED OMB NO. 0938-0391

F9999 Continued From page 9 Therapist Assistance) states, was in another resident 's room next to R4s' room on 8-26-13 when a family member came to her and stated that R4 fell. E15 states she went in R4s' room and saw R4 on bathroom floor with lots of blood and did not see or hear and any alarm going off. E15 states she yell the CNA (E14) and they assisted R4 into a wheel chair. E14 (Certified Nurse Aide) on 9-4-13 at 10:40 AM states, R4 has been for the past week or two not himself, seemed more confused. E14 states she fed R4 lunch on 8-26-13 and assisted him back to bed placed a body alarm on him. E14 states she did not know R4 had history of removing his body alarm. E14 states E15 called her from the nurses 's tation and went into R4s' room. E14 states saw (R4) bleeding from his forehead on the bathroom floor. E13 (Registered Nurse) on 9-4-13 at 12:50 AM, states was coming from lunch when E14 informed her that R4 had fallen. E13 states R4 was assessed and sent to the hospital. E13 states did not know that R4 had fallen the previous night on 8-24-13. E13 states if she had known that R4 had fallen two days ago would had put in place a new fall intervention and followed the facility's fall procedure. R4s' hospital record dated 8-26-13 notes R4 was found to have large laceration across the upper forehead, Computed Tomography showed	<u> </u>	to i oit MEDIO/tite	A MEDIOTID CETTATOLO			<u></u>	<u> </u>	0000 0001
NAME OF PROVIDER OR SUPPLIER PRESENCE BALLARD NURSING CTR X(2) D PREETIX TAGO REGULATORY OR LSC IDENTIFYING INFORMATION TAGO TA		DE CORRECTION DENTIFICATION NUMBER:						
NAME OF PROVIDER OR SUPPLIER PRESENCE BALLARD NURSING CTR (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) F9999 Continued From page 9 Therapist Assistance) states, was in another resident's room next to R4s' room on 8-26-13 when a family member came to her and stated that R4 fell. E15 states she went in R4s' room and saw R4 on bathroom floor with lots of blood and did not see or hear and any alarm going off. E15 states she year to the past week or two not himself, seemed more confused. E14 states she fed R4 lunch on 8-26-13 and assisted him back to bed placed a body alarm on him. E14 states she did not know R4 had history of removing his body alarm. E14 states E15 called her from the nurses 'station and went into R4s' room, E13 (Registered Nurse) on 9-4-13 at 12:50 AM, states was coming from lunch when E14 informed her that R4 had fallen. E13 states R4 was assessed and sent to the hospital. E13 states if she had known that R4 had fallen the previous night on 8-24-13. E13 states if she had known that R4 had fallen to widays ago would had put in place a new fall intervention and followed the facility's fall procedure. R4s' hospital record dated 8-26-13 notes R4 was found to have large laceration across the upper forehead, Computed Tomography showed							(C
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(X9) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE PRECEDED BY FULL TAG) FREEK (EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F9999 Continued From page 9 Therapist Assistance) states, was in another resident 's room next to R4s' room and saw R4 on bathroom floor with lots of blood and did not see or hear and any alarm going off. E15 states she got the CNA (E14) and they assisted R4 into a wheel chair. E14 (Certified Nurse Aide) on 9-4-13 at 10:40 AM states, R4 has been for the past week or two not himself, seemed more confused. E14 states she did not know R4 had history of removing his body alarm. E14 states E15 called her from the nurses 's tation and went into R4s' room. E14 states saw (R4) bleeding from his forehead on the bathroom floor. E13 (Registered Nurse) on 9-4-13 at 12:50 AM, states was coming from lunch when E14 informed her that R4 had fallen. E13 states R4 was assessed and sent to the hospital. E13 states did not know that R4 had fallen the previous night on 8-24-13. E13 states if she had known that R4 had fallen two days ago would had put in place a new fall intervention and followed the facility's fall procedure. R4s' hospital record dated 8-26-13 notes R4 was found to have large laceration across the upper forehead, Computed Tomography showed	DDESEN	DDECEMOS DALLADD MUDCING OTD			9	300 BALLARD ROAD		
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C-collar. Z2 (Medical Doctor) states on 9-3-13 at 10:40 AM, R4 has slight dementia and forgetful at times and hurts himself trying to get out of the bed unassisted. Z2 states R4 had fracture of C4	F9999	Therapist Assistant resident's room nowhen a family mem that R4 fell. E15 states and saw R4 on battle and did not see or he E15 states she got assisted R4 into a we E14 (Certified Nurs states, R4 has been himself, seemed med R4 lunch on 8-2 bed placed a body did not know R4 has alarm. E14 states E' station and went it alarm going off whe E14 states saw (R4 on the bathroom flot E13 (Registered Nustates was coming informed her that R was assessed and states did not know previous night on 8 known that R4 had put in place a new fithe facility's fall proper forehead, Colinear nondisplaced C-collar. Z2 (Medical Doctor AM, R4 has slight cand hurts himself to the E15 states and hurts himself to the E15 states and hurts himself to the that R4 had put in place a new fithe facility and to have supper forehead, Colinear nondisplaced C-collar.	ce) states, was in another ext to R4s' room on 8-26-13 aber came to her and stated ates she went in R4s' room shroom floor with lots of blood near and any alarm going off. the CNA (E14) and they wheel chair. e Aide) on 9-4-13 at 10:40 AM in for the past week or two not ore confused. E14 states she c6-13 and assisted him back to alarm on him. E14 states she id history of removing his body e15 called her from the nurses into R4s' room, did not hear en entering the R4s' room. I) bleeding from his forehead for. Jurse) on 9-4-13 at 12:50 AM, from lunch when E14 at had fallen. E13 states R4 sent to the hospital. E13 at that R4 had fallen the red-24-13. E13 states if she had fallen two days ago would had fall intervention and followed foredure. In dated 8-26-13 notes R4 large laceration across the omputed Tomography showed a fracture of C4, R4 place in a states on 9-3-13 at 10:40 dementia and forgetful at times lying to get out of the bed	F99	999			

6-8 weeks. Z2 states R4 also had a laceration on

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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