

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/13/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MANORCARE OF OAK LAWN WEST	STREET ADDRESS, CITY, STATE, ZIP CODE 6300 WEST 95TH STREET OAK LAWN, IL 60453
---	--

(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
S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS</p> <p>300.610a) 300.1210b) 300.1210d)6) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>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:</p> <p>6) All necessary precautions shall be taken to</p>	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/13/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MANORCARE OF OAK LAWN WEST	STREET ADDRESS, CITY, STATE, ZIP CODE 6300 WEST 95TH STREET OAK LAWN, IL 60453
---	--

(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
S9999	<p>Continued From page 1</p> <p>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</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 were not met as evidenced by: Based on interview and record review the facility failed to provide supervision during toileting for 1 (R1) of 3 residents reviewed for falls. As a result of no supervision R1 fell and sustained a hip fracture which required hip surgery.</p> <p>Findings include: Face Sheet documents that R1 was admitted on 10/23/2013(89 years old) with the following pertinent diagnosis: Rehab procedures, dementia, osteoarthritis, history of fall, difficulty walking, heart disease and lack of coordination.</p> <p>Minimum Data Set dated 10/30/2013 and 11/6/2013 both document that R1 was required extensive assist with 2 plus person physical assist with toilet use.</p> <p>Falls Care Plan dated 10/30/2013 interventions include, " encourage to transfer and change positions slowly. Provide assist to transfer and ambulate as needed."</p> <p>Nursing Progress Note dated 11/6/2013 states, " patient fell on shift while trying to move from toilet to bed. Doctor notified. Family notified. Patient</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/13/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MANORCARE OF OAK LAWN WEST	STREET ADDRESS, CITY, STATE, ZIP CODE 6300 WEST 95TH STREET OAK LAWN, IL 60453
---	--

(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
S9999	<p>Continued From page 2</p> <p>was favoring left hip, stat x- ray ordered per medical doctor. Neurological checks in progress. 20 Milligrams Lasix ordered for 1 plus pitting edema. Will continue to monitor patient."</p> <p>Incident Report dated 11/6/2013 states, R1 fell while trying to get off toilet.</p> <p>Investigation Report dated 11/7/2013- 11/8/2013 states, R1 was admitted on 10/23/2013 after recent hospitalization related to heart disease, dementia, kidney disease and gout." R1 is identified as a fall risk upon admission, low bed with mats implemented and R1 is kept out by the nurses' station when she is in her wheelchair for frequent observation."</p> <p>On 2/11/2014 at 3:50 PM, E5(Nurse) said that she only relayed the x- ray results to the doctor. "R1 was in bed when I received her on the day of the fall. The doctor sent R1 to the hospital because R1 had a fracture. R1 was confused, R1 could not follow directions. R1 was kept at the nurses station to keep an eye on her."</p> <p>On 2/11/2014 at 3:57 PM via telephone, E6(Nurse) said on 11/6/2013 at about 6 PM R1 was at the nurses station and began to get up from her wheelchair. E6 said she took R1 to the toilet in R1's room and closed the bathroom door because R1 said that she wanted privacy. E6 further stated that she gave R1 the call light, closed the bathroom door and left the resident unattended because she had other things to do(another fall) and there was no staff available to observe R1. E6(Nurse) continued to state that 5 minutes had elapsed and R1 was on the floor next to her bed in her room wrapped in a comforter that was on her bed. E6 went on to say that R1 has been toileted alone by her in the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/13/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MANORCARE OF OAK LAWN WEST	STREET ADDRESS, CITY, STATE, ZIP CODE 6300 WEST 95TH STREET OAK LAWN, IL 60453
---	--

(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
S9999	<p>Continued From page 3</p> <p>same fashion previously and there was no problem and that she was aware that R1 needed supervision. E6 said that she then assessed R1. R1 did not have any problem until 2 hours later. The doctor was notified, X- ray ordered and family was made aware.</p> <p>Radiology Report dated 11/6/2013 states, " Intertrochanteric fracture of the left proximal femur with slight displacement."</p> <p>On 2/11/2014 at 4:35 PM, E4(Director of Care Delivery/Supervisor) said that R1 was much R3, requiring constant observation. E4(DCD) further stated that E6 should not have left R1 unattended in the bathroom, E6 could have taken R1 to a bigger bathroom next to the nursing station.</p> <p>On 2/13/2014 at 2:11 PM, E7(Certified Nursing Assistant) said that she was assigned to R1 that day. There were 4 CNA's on duty and 2 nurses. No one knew where the other nurse was. E6 responded to the other nurses patient(R4) that fell and told us that she left R1 on the toilet alone. E7 continued to say that she never left R1 alone because R1 stayed at the nurses station for observation because of the fall risk. R1 could stand but she was unsteady.</p> <p>On 2/13/2014 at 2:36 PM via telephone Z1(Medical Doctor) said that she took care of R1 and was familiar with R1. " it's too bad that R1 sustained a fracture from the fall". R1 was discharged to another nursing facility after the surgery, R1 returned because she was anemic. R1 tried to undergo a gastrointestinal procedure coded and died. "The death had nothing to do with the fall."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/13/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MANORCARE OF OAK LAWN WEST	STREET ADDRESS, CITY, STATE, ZIP CODE 6300 WEST 95TH STREET OAK LAWN, IL 60453
---	--

(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
S9999	<p>Continued From page 4</p> <p>Hospital Record date 11/7/2013 through 11/11/2013 document that R1 was admitted for a unwitnessed fall at the nursing home and had intramedullary rodding of left interochantric femur fracture procedure(ORIF, Open Reduction and Internal Fixation) and was discharged to another nursing home on 11/11/2013.</p> <p>Falls Practice Guide dated 12/2011 states, " If the patient is found to be at risk for falls, the physician is contacted for orders, as appropriate, an initial plan of care is developed and individualized interventions are initiated."</p> <p style="text-align: center;">(B)</p>	S9999		