

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/07/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COURTYARD HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3601 SOUTH HARLEM AVENUE BERWYN, IL 60402</b>
--	---

(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) 300.2900d)2) 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. Restorative measures</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:  <b>IL6003008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/07/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COURTYARD HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3601 SOUTH HARLEM AVENUE BERWYN, IL 60402</b>
--	---

(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>shall include, at a minimum, the following procedures:</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 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 300.2900 General Building Requirements</p> <p>d) Doors and Windows 2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required.</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.</p> <p>These regulations were not met as evidenced by:</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/07/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COURTYARD HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3601 SOUTH HARLEM AVENUE BERWYN, IL 60402</b>
--	---

(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>Based on interview, observation, and record review the facility failed to implement fall precautions and supervision for one of three residents (R1) identified as a fall risk and the facility failed to adequately supervise and ensure elopement prevention measures were functioning for one resident (R5) with advanced dementia out of five residents reviewed for elopement. This failure resulted in R5 leaving the facility unnoticed, without a coat and hat (sometime between 10:46 pm and 11:45 pm on 1/15/14). R5 was found 5 blocks away from the facility by the police department. Accuweather.com identifies temperatures for January 15 as high 22F (degrees Fahrenheit) with lows of 16F, and on Jan. 16 Highs 35F and lows of 20F. The facility has 4 residents in the supplemental sample who are ambulatory, diagnosed with dementia and assessed as at risk for elopement (R6-R9) that could have been affected by this failure.</p> <p>Findings include:</p> <p>1) Face sheet documents R5 as a 70 year old with diagnoses including but not limited to: Dementia, fall, Mental/behavioral problems, osteoporosis and Diabetes Mellitus. At the time of this incident R5 was a resident of the 3rd floor. R5 ' s psychosocial well-being Elopement Risk Observation, with a completion date of 12/17/13, was scored as 6. Score of 4 or more indicates elopement risk and requires interventions/care plan. Psychosocial well-being/elopement risk assessment dated 1/16/14 notes R5 as " moderately impaired-decisions poor; cues/supervision required. "</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/07/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COURTYARD HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3601 SOUTH HARLEM AVENUE BERWYN, IL 60402</b>
--	---

(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>Nursing progress notes describe R5 as: 1/5/14 12:00 am, document R5 is at times " adjusting objects that aren ' t present. " 1/6/14 11:22 am " very confused. " 1/7/14 3:40 am " Resident observed wandering through unit and attempted to get out from the unit through the emergency fire exit, writer immediately removed resident ... " and " ...closely monitored by staff due to high risk of elopement. " 1/7/14 11:16am " Resident observed attempting to open emergency exit door but was deterred per this writer he requires a lot of redirection at this time per staff and is unsuccessful due to confusion. This writer was informed per staff of resident being redirected after being inside a peer ' s room he became physically aggressive with staff picking up objects no one was injured. He is extremely confused ... " Z2 (physician) writes on 1/13/14 at 12:52 pm, " 1. Advanced Dementia with behavioral issues: mild delusional on and off. On 1/16/14 at 1:33 am E10 (Registered Nurse for 1/15/14 11:00 pm until 1/16/14 7:00 am) writes, " Upon nursing rounds around 11:45 writer noticed resident (R5) is not in his bed, staff searched the floor but was nowhere to be found ... " Police Department CAD call logs document the police department received a call on 1/16/14 at 11:47:46 (13 minutes to midnight or approximately 1 hour after R5 was noticed missing by nursing facility. Nursing note of 1/16/14 at 1:33 continues, " police notified and search was initiated. At about 1:15 police brought the resident to the facility stating that he was found at 31st and Harlem Ave. sitting in front of a house, resident was sent to ER (emergency room) due to extreme cold and O2 (oxygen) saturation of 77% RA (room air, Normal reading 90 ' s) per MD orders. VS (vital signs):</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/07/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COURTYARD HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3601 SOUTH HARLEM AVENUE BERWYN, IL 60402</b>
--	---

(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>BP124/75 T (temperature) 96.9, P(pulse)81, Respirations 22; Administrator, DON (Director of Nursing) and family made aware. "</p> <p>On 2/4/14 at 10:38 pm Z3 (Police officer who found R5) stated, " I don ' t know exact time he was found but once we received call he was found 10 - 15 minutes later. He was found at 31st and Harlem on the Riverside. He had to cross railroad tracks; crossing Harlem Ave. He did not have a coat on; no hat; shoes on backward (left shoe on right foot). "</p> <p>For Jan 15, 2014 accuweather.com reports a high temperature of 22F and low of 16F.</p> <p>R5 was released from the emergency room back to the facility without injury " ...returned to the floor by 2 EMTs (emergency medical technicians) as per nursing note of 1/16/14 at 5:44am.</p> <p>On 1/31/14 Z1 (Attending for R5) stated, " (R5 has) advanced dementia. Last 1 to 2 months more behavioral issues. Outside alone, yes, potential harm. "</p> <p>On 1/28/14 at 3:00 pm E11 (Certified Nursing Assistant) stated, " In the past he has waited for the elevator. No not able to get on elevator. Get his luggage and stand by elevator or standing by stairs on 3 South. From time I worked there on 3rd floor I saw him standing there. He told me once he wanted to leave. This happened over 2 month period. "</p> <p>On 1/28/14 at 3:00 pm E13(Registered Nurse) who worked on 3rd floor 3pm - 11pm shift on 1/15/14 stated, " Noticed (R5) missing at 11:45 pm. Nothing open. Opened door 3 South and 3 North and they both alarmed. Sometimes (R5) wait for elevator to jump. No visitors on unit. When making rounds not one visitor. "</p> <p>On 1/28/14 at 3:15 pm E14 (Certified Nursing Assistant for 3 South) who was scheduled 11:00 pm to 7:00 am 1/15/14 stated, " I arrived late almost 12:00 midnight. "</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/07/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COURTYARD HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3601 SOUTH HARLEM AVENUE BERWYN, IL 60402</b>
--	---

(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 5</p> <p>On 1/28/14 at 9:00 am E2 (Director of Nursing) stated, " (R5) only privilege (pass privilege) if with family however, no one picked him up and he eloped. Front lobby stops when doors locked at 8:00 pm. No receptionist. Have to use code to get out front door. Exit in basement has alarm. It wasn ' t alarming so he got out front door. Someone gave him code. He ' s not alert and oriented. He has advanced dementia. He doesn ' t know how to press 1, 2, 3, 4 code. Someone let him out. "</p> <p>According to E1 (Administrator) per conversation on 1/28/14 at 9:35 am, " Stairwells are alarmed from 3rd floor. Elevators need key. The charge nurse is to have key on her at all times. Front lobby locked at 8:00 pm. I went to visitor log. Last visitor (illegible) signed out at 7:51 pm and 8:15 pm. Some visitors with no sign out. I asked ...They all said no visitors on 3rd floor. E12 (charge nurse 3 - 11pm) said saw him in dining room on 3rd floor 10:45 pm to 10:50 pm. No witnesses saw him leave. I guess what happened. Investigation done 11 pm - 7 am staff came off elevator. There ' s 8 - 9 second delay due to American with Disabilities act so doors remain open. He got on during lapse of time. Doors in lobby locked at 8:00 pm (receptionist leaves). If want to leave must call charge nurse (or 1 South Nurse). Only charge nurse (supposed to have code) has code. Operational since September. During in-service (found out) everyone knows code. Visitors know code. I ' m thinking visitor let him out. Staff told me visitor knows code. Cameras were not recording at that time. "</p> <p>On 1/31/14 at 1:15 pm, E1 (Administrator) reported the front lobby area had no written instructions for visitors when entering or exiting the facility related to residents. E1 (administrator) didn ' t think there would be an issue so no</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/07/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COURTYARD HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3601 SOUTH HARLEM AVENUE BERWYN, IL 60402</b>
--	---

(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 6</p> <p>procedure in place. In addition E1 (administrator) acknowledged no quality assurance process was in place prior to 1/16/14 to ensure elopement preventive mechanisms in place were functioning as intended.</p> <p>On 1/28/14 at 3:45 pm while on tour with E1 (Administrator) and E9 (maintenance) basement door was found unalarmed.</p> <p>R5 care plan with target date of 9/25/13 documents a problem as: " Resident has exhibited behaviors that show a risk for elopement. Approach is " to continue to reside on a secured unit to be monitored. "</p> <p>R6 through R9 were all identified on list titled, " Elopement Risk Residents " as being ambulatory, diagnosed with dementia and assessed as at risk for elopement.</p> <p>2. Facility Progress Note dated 12/16/13 at 10:27 pm reads: Resident (R1) observed lying down on the floor, after writer and staff heard a sound coming from resident's room, immediately vital signs, neuro-checks, physical and pain assessment were initiated, upon no apparent injury resident was placed on bed to be observed, writer contacted medical doctor. incident was explained and give the order of if any apparent injury, mental status change, of abnormal vital sign, to be sent to emergency room for further examination. Resident was reassessed and a small bump was noted on occipital, cold compresses and as needed medication were given for pain with positive outcome, transportation was set up, family notified about incident and doctors orders.</p> <p>On 12/27/13 at 12:58 pm E2 (director of nurses) stated "He [R1] was in the fall prevention program. He had floor mats, bed bolsters, alarm on bed and chair. The alarm has been in place</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/07/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COURTYARD HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3601 SOUTH HARLEM AVENUE BERWYN, IL 60402</b>
--	---

(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 7 since May 2013.</p> <p>On 1/3/14 at 3:29 pm E5 (licensed practical nurse) stated "I was in a room right in front of his [R1]. I heard a sound like something hit over something, like metal over wood. I sent the CNA (certified nurses assistant) to see what happened. He [R1] said he went to the washroom and when he was coming out of the washroom, he tripped over the wheel. The CNA was [E8]. When I did my rounds, I'm pretty sure I saw the alarm but I never saw the alarm when he fell. The alarm wasn't there. He had bed bolsters but was able to get over the bed bolsters. He was very independent."</p> <p>On 1/3/14 at 3:38 pm E8 (certified nurses assistant) stated "I was taking care of another resident across the hall. I heard a thud and went to see what happened. He [R1] was on the floor with his head against the closet door. There was no alarm. I called for the nurse. I worked with him before and he didn't have an alarm. I don't remember mats on the floor or any other fall precautions."</p> <p>Facility Occurrence Report dated 12/16/13 reads: Nurse narrative of occurrence: Resident was ambulating with walker from washroom to bed. He stated that he tripped with walker's wheel and fell and hit his head against closet door.</p> <p>Facility Care Plan with a problem start date of 10/11/13 reads: Resident has been identified as a high fall risk. Resident will be placed on fall prevention program. Goal target date 1/4/14, Resident will remain injury free. Approach start date 10/11/13, Make staff aware of residents placement of falling star program; Place icons on doors and mobile devices to alert of fall risk</p>	S9999		



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/07/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COURTYARD HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3601 SOUTH HARLEM AVENUE BERWYN, IL 60402</b>
--	---

(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 8</p> <p>factor; keep fall precautions in place.</p> <p>Facility Current Orders sheet with a print date of 12/27/13 reads: Start date: 5/4/12 bed bolsters when in bed for safety precautions every shift, end date: open ended; 5/4/12 floor mats when in bed every shift, end date: open ended; 5/4/12 mobility alarm to be on all times in bed and/or wheelchair every shift, end date: open ended; 9/20/13 initiate falls prevention program, end date: open ended; 10/11/13 place resident on fall prevention program, monitor for safety, end date: open ended.</p> <p>Facility Fall Log dated December 2013 reads: 12/16 Root cause: staff error, not doing rounds.</p> <p>On 12/27/13 at 12:58 pm E2 stated "I complete the fall log. That was my own opinion. I tell them to do rounds all the time. The nurse and the CNA were in the same room with another patient. The log is just the conclusion for me. I didn't see why the CNA was in the same room with the nurse. They could have taken turns so that one would be on the floor."</p> <p>Facility Falls and Fall Risk, Managing policy reads: Based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling.</p> <p>6. In conjunction with the Attending physician, staff will identify and implement relevant interventions (e.g., hip padding or treatment or osteoporosis, as applicable) to try to minimize serious consequences of falling.</p>	S9999		

