

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRENTWOOD SUB-ACUTE HEALTHCARE CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 5400 WEST 87TH STREET BURBANK, IL 60459
---	---

(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>300.1210b) 300.1210d)6) 300.3240a)</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 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>	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: IL6001127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRENTWOOD SUB-ACUTE HEALTHCARE CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 5400 WEST 87TH STREET BURBANK, IL 60459
---	---

(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>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> <p>Based on observation, record review and interview, the facility failed to implement fall prevention interventions for 5 residents (R18, R19, R24, R25, R28) residents assessed at high risk for falls. R18 and R25 sustained serious injuries as a result of fall.</p> <p>Findings include:</p> <p>1. Nursing admission documentation dated 3/3/14 states R18 was admitted to the facility on 3/3/14 with diagnoses of Fall, Subarachnoid Hemorrhage, Hypertension and Atrial Fibrillation. R18 is assessed as alert X 2-3 with periods of confusion and unsteady gait. R18 is confined to a wheel chair. R18 requires 2 persons assist with transfer, ambulation and toileting. Fall risk assessment dated 3/3/14 shows R18 is at high risk for falls and describes R18 as "very impulsive". Fall prevention interventions include " tab alarms, low bed and floor mat. "</p> <p>Incident Report dated 3/3/14 states R18 was found on the floor by a visitor at approximately 8:30pm, calling out for help. R18 was in a lying position with head raised off the floor. R18 was assessed, found to have no injuries then transferred to bed. R18 was then transferred back to the wheel chair and placed at the nurses ' station for monitoring. Post fall interventions included " low bed, floor mat, up at nurses ' s station, frequent checks when available. "</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRENTWOOD SUB-ACUTE HEALTHCARE CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 5400 WEST 87TH STREET BURBANK, IL 60459
---	---

(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>Incident Report dated 3/4/14 at approximately 8:30am states R18 was again noted on the floor in her room, lying on her left side near the bathroom door. According to the report, the tab alarm was attached and sounding and R18 stated she was trying to go the the bathroom. R18 sustained a skin tear and hematoma. R18 complained of headache and dizziness. First aid measures were rendered to injured sites. R18 was sent out to the hospital. Emergency room records dared 3/4/14 shows R18 was admitted to the emergency room at 9:53am. R18 was diagnosed with Acute Right Cervical 7 Transverse Process Fracture; Closed Head Injury.</p> <p>Z11 (Family Member) stated on 3/20/14 at approximately 10:30am that the facility staff contacted her regarding first fall and she requested that an alarm be attached to the bed. Z11 further stated she was very concerned about R18 and was denied 24 hour visitation to keep an eye on R18.</p> <p>E9 Nurse) stated on 3/8/14 at approximately 3:30pm that, after R18's first fall, she was placed at the nurses' station for close observation. R18 was noted to remove her chair alarm.</p> <p>E8 (nurse) stated on 3/18/14 at approximately 2:15pm that R18 was placed at the nurses's station on the morning of 3/4/14 for close monitoring. E9 stated that a physical therapist took R18 back to her room and R18 fell while unsupervised in her room. E9 further stated that she does not remember if there was a falling star posted outside R18's door which would have alerted staff to R18's high fall risk.</p> <p>E10 (Physical Therapist) stated on 3/19/14 at approximately 1:35pm that R18 was sitting in her wheel chair on the morning of 3/4/14 when she arrived on the unit. E10 stated she took R18 to</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRENTWOOD SUB-ACUTE HEALTHCARE CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 5400 WEST 87TH STREET BURBANK, IL 60459
---	---

(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>her room to complete an initial evaluation. After introducing herself to R18, the breakfast tray was brought into the room and she (E10) ensured the chair alarm was attached to R18 and she left the room. E10 stated that she was not aware that R18 had fallen the previous night and if she aware, she would not have left R18 unattended. E10 also stated that there was no falling star sign on R18's door and if there were, this would have alerted her to R18's fall risk status.</p> <p>2. R19 was admitted to the facility on 2/28/14. Initial fall risk assessment dated 2/28/14 shows R19 at risk for falls. Intervention put in place was " encourage use of call light. " There is no evidence to show that fall risk care plan was initiated.</p> <p>Incident Investigation dated 3/3/14 states R19 was found on the floor in her room. During the investigation R19 stated she was trying to remove wet bed linens from underneath her. Post fall intervention includes " encourage to use call light, bed to remain in lowest position, remove wet linen during hygiene care, falling star program. " Care plan initiated 3/6/14 states R19 is at risk for falls related to " new to the facility, Depression, weakness and abnormal gait. " Interventions include placement on fall precaution. " Care plan also states R19 has self care deficit, needing assist with activities of daily living.</p> <p>On 3/19/14 at approximately 9am, R19 was observed in her room with privacy curtain closed. R19 was in bed with bed at high position with no upper clothing on. There was a washbasin on the over bed table within R19 ' s reach. R19 stated that she was trying to perform self hygiene. There were no staff present in the room. R19 ' s bed alarm was not in place. There was no fall mat on the floor.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRENTWOOD SUB-ACUTE HEALTHCARE CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 5400 WEST 87TH STREET BURBANK, IL 60459
---	---

(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>3. On 4/1/14 at approximately 10:45am, R24 was observed in bed, with bed in high position. E3 (Assistant Director of Nursing) was present and stated she will lower the bed. There was no falling star on the door, no mats on the floor and no tab alarm in place. E3 stated R24 is non-verbal and alert to self only.</p> <p>Fall risk assessment dated 1/24/14 shows R24 is at high risk for falls. Documented intervention includes " call light within reach " and " Bed in lowest position. " Care plan originated 11/22/13 states R24 is at risk for falls related to " opens eyes only, unable to stand, assumed poor vision, unable to use call light and diagnosis of Seizure. "</p> <p>4. Nursing admission assessment dated 3/22/14 shows R25 is a 92 year old resident admitted to the facility on 3/22/14 for rehabilitation treatment for Fracture of Cervical Spine 9 and 10. R25 has a Diagnosis of Dementia, and assessed as confused with impaired hearing and non-verbal. R25 is noted to continuously remove Oxygen tubing and enjoys tearing paper into small pieces and placing them in cups. R25 is incontinent of bowel and bladder with poor balance. R25 requires 2 persons assist for transfer and bed mobility.</p> <p>Fall risk assessment dated 3/22/14 shows R25 at high risk for falls. Fall prevention interventions include " bed in lowest position; tabs alarm; floor mat in place. " Fall investigation report dated 3/25/14 states R25 had been observed sitting up on the side of the bed and reaching over on the floor. R25 ' s bed was switched to a low bed. Further documentation states R25 was tearing up papers and attempted to pick up scraps of paper on the floor.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRENTWOOD SUB-ACUTE HEALTHCARE CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 5400 WEST 87TH STREET BURBANK, IL 60459
---	---

(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>Undated Nurses notes signed by E19 (Nurse) states " Staff heard a loud noise coming from patient ' s (R25) room. " R25 was found on the floor in her room. Incident Report shows this fall occurred on 3/24/14 at 10:15am. Fall investigation was conducted by E21 (Nurse Manager). Investigation documentation states Z10 (family member) had previously expressed concerns about R25 ' s fall risk because R25 will try to get out of bed and needs to be closely monitored. Z10 stated on 4/3/14 at 9:30am that he was very concerned about R25 experiencing another fall and asked facility staff to monitor R25 closely.</p> <p>E19 stated during an interview on 4/2/14 at approximately 2:10pm that she found R25 sitting on the floor with back against the night stand. According to E19, R25 showed no signs of discomfort. Range of motion exercises was performed to assess for injuries and R25 had no injuries. R25 was found to be alert but not able to state what happened due to non-verbal status. R25 ' s chair alarm was not attached to R25 and did not sound. According to E19, R25 was picked up off the floor by 2 staff members, each supporting R25 by underarms and each holding onto R25 ' s pants and lifted R25 onto the wheelchair. E22 (Certified Nurses Aid) stated on 4/3/14 at 10:45am, that E19 informed her that R25 had fallen. E22 was assisting another resident at the time and within 5 minutes went to R25 ' s room and noted R25 " sitting in the wheel chair in her room while E19 was performing passive range of motion (PROM) to R25 ' s extremities. " E22 further stated that at the beginning of her shift (7-3pm) R25 was in her room, sitting in the wheel chair with several cups of shredded paper and there was shredded paper on the floor at the time of R25's fall.</p> <p>According to E20 (Physical Therapist), R25</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRENTWOOD SUB-ACUTE HEALTHCARE CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 5400 WEST 87TH STREET BURBANK, IL 60459
---	---

(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>exhibited signs of pain during right knee exercise. R25's physician ordered portable X-ray which showed right hip fracture. Emergency room records dated 3/24/14 states R25 sustained a closed Right Femur Subthrocanteric Fracture, closed, non-displaced. R25 underwent closed reduction surgery.</p> <p>4. R28 was admitted to the facility on 12/14/13. Initial fall risk assessment dated 12/13 shows R28 at high risk for falls with intervention for " call light within reach. " Care plan initiated 12/14/13 states R28 is placed on fall precaution. Care plan was updated on 3/4/14 due to R28 having a fall in the facility ' s parking lot after R28 ' s daughter transferred R28 from car to wheelchair. Nursing documentation dated 3/13/14 states R28 " attempts unsupervised ambulation at times. " New interventions dated 3/17/14 states " apply tabs monitor. "</p> <p>On 4/1/14 at approximately 10:40am, R28 was observed in bed with bed not in it's lowest position, no bed alarm in place, no mats on floor. E3 (Assistant Director of Nursing) was present and stated that R28 does not try to get out of bed. Nursing documentation of updated fall prevention intervention dated 3/29/14 states " discontinue tab alarm. Patient does not attempt to ambulate without supervision, uses call light. "</p> <p>Facility ' s Fall Management policy dated 10/2011 does not address fall prevention interventions for residents assessed as high risk for falls. E9 (Nurse) stated on 3/18/14 at approximately 3:30pm that the facility ' s protocol for residents who are admitted with high fall risk includes posting a falling star outside residents door, low bed, fall mat, chair and bed alarm. E1 (Administrator) and E2 (Director of Nursing)</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRENTWOOD SUB-ACUTE HEALTHCARE CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 5400 WEST 87TH STREET BURBANK, IL 60459
---	---

(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	Continued From page 7 stated on 4/2/14 at approximately 4:15pm that the only standard intervention for residents assessed at high risk for falls is the posting of the falling star outside the resident's room. All other interventions are individualized based on the resident's condition. (B)	S9999		