

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003057</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/14/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GROVE OF LA GRANGE PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>701 NORTH LAGRANGE ROAD LA GRANGE PARK, IL 60526</b>
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S 000	<p>Initial Comments</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 which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a 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</p>	S 000		
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>09/04/14</b>
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S 000	<p>Continued From page 1</p> <p>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> <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 Regulations were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to initiate fall prevention interventions, failed to consistently implement fall prevention interventions, and failed to provide adequate supervision to prevent falls for four residents (R3, R4, R7 and R16) reviewed for falls. These failures resulted in R16 falling, sustaining a fractured leg on two separate occasions.</p> <p>Findings include:</p> <p>1. A Minimum Data Set (MDS) assessment dated 12-11-13 documents R16 requires extensive assistance of two people for transfers, bed mobility, and toileting. The MDS also</p>	S 000		
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S 000	<p>Continued From page 2</p> <p>documents R16 is sometimes incontinent of bowel and frequently incontinent of bladder. A care plan dated 12-11-13 documents R16 is at, "high risk for falls...follow facility fall protocol...bed in lowest position with floor mat to side of bed." R16's care plan also states, "...requires two staff participation to reposition..."</p> <p>A fall protocol (prevention program) dated 8/2013 says, "...implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary." The fall protocol also says, "All assigned personnel are responsible for ensuring ongoing precautions are put into place and consistently maintained...", and instructs staff, " Use of mechanical lifts during transfer," as a fall prevention intervention.</p> <p>An incident report form dated 1-04-14 documents R16, "...was being transferred by CNA (Certified Nurse Aide) to wheelchair when R16 lost balance and was lowered to the floor...R16 complained of right knee pain." The incident report documents R16 received an X-ray which indicated R16 had sustained a fractured leg. The incident report documents, "CNA instructed on proper way to determine mode of transfer for R16."</p> <p>An X-ray report dated 1-03-14 documents R16 sustained, "Suspicious transverse incomplete fracture of the proximal shaft of the tibia and fibula."</p> <p>On 8-13-14 at 2:15p.m. E14 (Registered Nurse) verified during interview being R16's nurse on 1-03-14 when R16 was lowered to the floor by a CNA. E14 stated that R16 was totally dependent on staff for mobility and required a mechanical lift with two staff members for transfers. E14 also</p>	S 000		
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S 000	<p>Continued From page 3</p> <p>verified R16 was transferred by only one staff member at the time of the fall, and without the use of a mechanical lift. E14 stated, "It was an inappropriate transfer by the CNA."</p> <p>An incident report dated 3-06-14 documents R16 fell to the floor while, "trying to switch sides of the bed." The incident report documents R16's bedside floor mats, "Not in use at the time of fall." The incident report concludes, "Based on the root cause of the incident...continue with prior intervention which is to ensure that the bed is on the lowest position and floor mats on the floor next to R16's bed."</p> <p>On 8-13-14 at 8:50a.m., E2 (Director of Nurses) verified the findings of R16's 3-06-14 incident investigation which indicated R16's floor mats were not in place at the time of R16's fall.</p> <p>An incident report dated 5-21-14 documents, "Observed R16 on the floor...limited ROM (range of motion) on right knee." The incident report also documents R16 was, "...sent out to ER (emergency room)...returned from ER with a soft cast on R16's right leg." The incident report documents under, "Time resident last toileted...incontinent," and the section asking, "Was the resident toileted as required..." was left blank. The incident documents R16, "...needs assistance to use the bathroom." The incident report does not include the last time R16 had been monitored for toileting needs or observed in bed prior to the fall.</p> <p>A nurses' note dated 5-21-14 at 4:45p.m. documents R16 returned from the ER with the diagnosis of, "Fractured right distal femur."</p> <p>On 8-13-14 at 8:50a.m., E2 (Director of Nurses)</p>	S 000		
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S 000	<p>Continued From page 4</p> <p>verified R16's fall 5-21-14 resulted in another fracture to R16's right leg.</p> <p>An X-ray report dated 5-21-14 documents R16 sustained, "Acute incomplete fracture of the right distal femur...after fall trauma."</p> <p>(B)</p> <p>300.615f)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at <a href="http://www.isp.state.il.us">www.isp.state.il.us</a> and the Illinois Department of Corrections sex registrant search page at <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a> to determine if the individual is listed as a registered sex offender. This REQUIREMENT is not met as evidenced by the following: Based on interview and record review, the facility failed to provide documentation that the Illinois State Police and the Department of Corrections websites were checked upon admission for one of 22 residents (R22) on the sample, and four of nine residents (R29, R31, R32 and R33) in the supplemental sample reviewed for Identified Offender screening for new admissions. Findings include: 1. The facility's admission list documents R31 was admitted on 7-24-14. Facility documentation shows the Illinois State Police website was checked on 7-28-14, four days after R31 was</p>	S 000		
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S 000	<p>Continued From page 5</p> <p>admitted.</p> <p>2. The facility's admission list documents R22 was admitted on 7-24-14. Facility documentation shows the Illinois State Police and the Illinois Department of Corrections websites were checked on 7-28-14, four days after R22 was admitted.</p> <p>3. The facility's admission list documents R32 was admitted on 7-24-14. Facility documentation shows the Illinois State Police website was checked on 7-28-14, four days after admission. The Illinois Department of Corrections website was checked on 8-12-14, 19 days after admission.</p> <p>4. The facility's admission list documents R29 was admitted on 7-31-14. Facility documentation shows the Illinois State Police and Illinois Department of Corrections websites were not checked until 8-12-14, 12 days after admission.</p> <p>5. The facility's admission list documents R33 was admitted on 8-7-14. Facility documentation shows the Illinois State Police and the Illinois Department of Corrections websites were not checked until 8-12-14, five days after admission. On 8-12-14 at 2:00 pm, E4 (Admissions Director) stated the website checks are to be checked within 24 hours of admission.</p> <p>(AW)</p> <p>300.670c)</p> <p>Section 300.670 Disaster Preparedness c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held</p>	S 000		

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S 000	<p>Continued From page 6</p> <p>under varied conditions to:</p> <ol style="list-style-type: none"> <li>1) Ensure that all personnel on all shifts are trained to perform assigned tasks;</li> <li>2) Ensure that all personnel on all shifts are familiar with the use of the fire-fighting equipment in the facility; and</li> <li>3) Evaluate the effectiveness of disaster plans and procedures.</li> </ol> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to conduct Disaster drills twice annually for per shift. This failure has the potential to affect all 132 residents living in the facility.</p> <p>Findings include: On 8/13/14 at 11:30 AM, the facility provided a disaster drill record for a drill performed on 7/8/14. E7/ Maintenance Director stated that E7 was new to the facility and could not find any other disaster drill records. E7 stated E7 was unsure if any other disaster drills had been performed prior to E7's hire date.</p> <p>The Centers for Medicare and Medicaid Services (CMS), Resident Census and Conditions form, 672, completed by facility on 08/12/2014 lists 106 residents living in the facility at the time of the survey. (AW)</p>	S 000		