

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004832</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/28/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JACKSON SQ SKL NRSNG &amp; LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5130 WEST JACKSON BOULEVARD CHICAGO, IL 60644</b>
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210d)6) 300.1220b)3) 300.3240a)</p> <p>Section 300.610 Resident Care Policies 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</p>	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>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 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure that fall prevention interventions were implemented for 1 resident (R5), of 3 residents , reviewed for falls. This failure resulted in R5 sustaining bi-lateral leg fractures.</p> <p>Findings Include:</p> <p>R5 is a 59 year old female admitted to the facility on 12-3-13 with the diagnoses which includes cerebral infarction and legal blindness. On 9-23-14 at 7:30PM, R5 was lying in a bariatric bed. R5 was alert and slow to respond verbally to simple questions. R5 had bilateral soft cast and immobilizers on both legs and requires extensive assistance with bed mobility.</p> <p>R5's Minimum Data Set (MDS) assessment dated 6-16-14 notes; bed mobility extensive assist and two person physical assist, transfer assessed ; total dependence with two person physical assist.</p> <p>R5's care plan dated 12-15-13 notes;" potential for falls related to the diagnoses of blindness, cerebral vascular accident, (CVA) with left sided hemiplegic and impaired mobility. Incident on</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>2-8-14, witnessed by staff, R5 rolled to floor from bed no injury. Interventions to increase to a 2 person assist with transfers and bed mobility.</p> <p>R5's Fall Risk assessment dated 12-15-13 is noted to be at a level of 13. The fall risk assessment notes any scores above ten puts the resident at high risk for fall.</p> <p>Incident report dated 9-6-14 notes the following: " R5 rolled off the bed and onto the floor, full body assessment completed. Resident complaining of bilateral lower extremity pain. Medical Doctor (Z4) called and pain management provided. Order obtained to send to local hospital for medical evaluation. Resident was subsequently admitted with diagnoses of left tibia fracture and right femur fractures."</p> <p>The facilities investigation of the incident concluded that on 9/6/14, E7 (Certified Nursing Assistant), while performing ADL ( Activities Daily Living) care while R5 was in bed , E7 turned R5, which resulted in R5 rolling off the bed and landing on the floor. E7 was without staff assist.</p> <p>R5's hospital x-rays reports dated 9-7-14 notes the following, " An acute fracture is present at the distal aspect of the right femoral shaft. X-ray of left lower leg notes an acute transverse non-displaced fracture of the proximal shaft of the tibia is demonstrated."</p> <p>On 10-17-13 E11 (Falls Coordinator) stated," R5 was assessed at a 13, high risk for falls. R5's high risk for falls was documented in the care plan for all to see."</p> <p>On 9-23-14 at 5:30PM E6(Staff Nurse) stated," R5 is legally blind and has left sided hemi paresis,</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>alert and oriented to self and place at times. Since R5's admission, R5 has always been a two person assist because of her weight (obese) and immobility. After the fall on 9/6/14, R5 returned from the hospital with bilateral soft cast on and splint immobilizers on both legs and very apprehensive and fearful with bed mobility and transfers. "</p> <p>E1 (Director of Nursing) on 9-23-14 at 8:00PM stated, " R5 was assessed as a two person assist based on the 6-16-14 MDS assessments with all activities of daily living. "</p> <p>E4 (Administrator) on 9-23-14 at 8:30PM stated, " E7 no longer works at the facility."</p> <p>Z4 on 10-17-14 at 12:15 stated, " The facility explained that they lost control of R5 while doing care and she rolled out of the bed onto the floor. This is how she sustained fractures of both legs. "</p> <p>Facilities policy regarding transfers and fall prevention indicates that the individualized plan of care are to be followed.</p> <p style="text-align: center;">(B)</p>	S9999		