Illinois Department of Public Health

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
					C		
		IL6001184	IL6001184 B. WING		11/17/2014		
NAME OF E	PROVIDER OR SUPPLIER		DDECC CITY (STATE ZID CODE			
NAME OF	NOVIDER OR SUFFLIER		ST 31ST STF	STATE, ZIP CODE			
BRITISH	HOME, THE		ELD, IL 605				
(VA) ID	SI IMMA DV STA		T		ON		
(X4) ID PREFIX	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD B		(X5) COMPLETE	
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)			CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE	
				DEFINITION)			
S9999	S9999 Final Observations		S9999				
	Statement of Licensure Violations						
	300.1210b)						
	300.1210d)6)						
	300.3240a)						
	0						
	Nursing and Persor	Seneral Requirements for			ļ		
					1		
	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 shall include, at a minimum, the following						

	procedures:	-					
	d) Durayant ta ayba	nation (n) name and a consistent					
		section (a), general nursing					
	care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:						
		ecautions shall be taken to					
		dents' environment remains					
		hazards as possible. All					
		shall evaluate residents to see eceives adequate supervision					
	and assistance to p						
	·						
	Section 300.3240 A						
		ee, administrator, employee or					
	agent of a facility shi resident	nall not abuse or neglect a					
	resident						
	These requirements	s were not met as evidenced					
by:							
	Based on observation	on, interview, and record , the					

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE 12/05/14

E9N611

PRINTED: 12/10/2014 FORM APPROVED

Illinois Department of Public Health

IL6001184 B. WING C							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
BRITISH HOME, THE 8700 WEST 31ST STREET BROOKFIELD, IL 60513	BRITISH HOME. THE 8700 WES						
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMING TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	EX (EACH DEFICIENC						
S9999 Continued From page 1 facility failed to properly use a gait belt and supervise a resident while assisting with ambulation to prevent a fall for one of four residents (R4) reviewed for falls, in a sample of four. This failure resulted in R4 sustaining an acute non-displaced intertrochanteric fracture. Findings Include: Facility's incident report dated 11/4/14 at 11:00am documented, R4 was in the therapy gym. R4 was exiting the private treatment room with her walker with a gait belt on and the therapist(E9), providing stand by assistance (SBA). R4 fell backward while ambulating. The record further indicate R4 fell onto her left hip, and hit her head on the door. R4 reported pain of 10/10 pain scale while standing, and 3/10 while sitting in the wheelchair per this incident report. The therapist was not in contact with the gait belt when R4 was ambulating. At 11:05am on 11/12/14 E7 (Licensed Physical Therapist) states, "The physical therapist, and assistants should use a gait belt with all transfers, and ambulation. Their hands should be on the gait belt at all times when the resident is standing. When a therapist is holding the gait bett their hand should be around the belt and closed firmly." At 9:14am on 11/12/14 E9 (Physical Therapy Assistant)states," (E9) was walking out of the private treatment room with R4, she (R4) was using her rollator walker, and she had a gait belt on. I (E9) was giving R4 stand by assistance, meaning I was standing close by her (R4), R4 turned to say helto to E6, and she loss her	facility failed to prosupervise a reside ambulation to prevensidents (R4) revision. This failure reacute non-displace. Findings Include: Facility's incident reacute documented, R4 wexiting the private with a gait belt on stand by assistant while ambulating. fell onto her left hip R4 reported pain of standing, and 3/10 per this incident recontact with the gas ambulating. At 11:05am on 11/1 Therapist) states, assistants should a ambulation. The gait belt at all times when a therapist is hand should be are firmly." At 9:14am on 11/12 Assistant)states, I private treatment reusing her rollator won. I (E9) was giving meaning I was star						

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IL6001184 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CTANANT OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE			II 6001184	B. WING			
	NAME OF	F PROVIDER OR SUPPLIER		1 11/1	112014		
BRITISH HOME, THE 8700 WEST 31ST STREET BROOKFIELD, IL 60513			8700 WES	T 31ST STR	EET		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE	PRÉFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
chair in her path that I tried to push it out of the way prior to the fall with one hand. My left hand was back toward R4 hear the gait belt. When she went backwards we (E6 and E9) tried to reach for her (R4) and I (E9) was only able to grab enough of the belt to keep R4 from hitting her head on the floor because she had hit her leg pretty hard on the floor. I (E9) feel like maybe we could have used the regular walker with two wheels, it may have slowed her down." Facility incident reports, and care plan indicate that R4 had a fall on 10/23/14 and sustained an open area to the occipital region of her head with bleeding. R4's MDS(Minimum Data Set) functional status indicate that R4 required limited assistance of one staff with transfers, and ambulation's. Fall assessment for R4 dated 9/10, 10/23, and 11/4/14 indicate R4 has transfer difficulties, unsteady gait, and uses an assistive device (wheelchair). At 9.45am on 11/12/14 Z2(Nurse Practitioner) states, "R4 was here because of a fall she had earlier this year in her apartment. She had a pubic bone fracture and a pelvic hematoma. She was here to get rehabilitation and get stronger. I believe her baselline was walking with a walker in her apartment. I required that R4 had assistance with ambulation I. can't recall anything acute going on with R4. She was making good progress. I can't comment on therapy because I wasn't there. The facility should have their protocols in place to maintain patient safety." On 11/13/14 at 12:00pm Z1(Attending Physician) states, I saw R4 in the morning on the day of the	S9999	chair in her path that way prior to the fall was back toward R went backwards we her (R4) and I (E9) of the belt to keep I floor because she if the floor. I (E9) feel used the regular was have slowed her do bleeding. R4's MDS functional status included assistance of one sambulation's. Fall assessment for 11/4/14 indicate R4 unsteady gait, and (wheelchair). At 9:45am on 11/12 states, "R4 was her earlier this year in housic bone fracture was here to get reh believe her baseling her apartment. I receive with ambulation. I cogoing on with R4. So progress. I can't corwasn't there. The faprotocols in place to the company of the factor of the	at I tried to push it out of the with one hand. My left hand 14 near the gait belt. When she is (E6 and E9) tried to reach for was only able to grab enough R4 from hitting her head on the had hit her leg pretty hard on I like maybe we could have alker with two wheels, it may own." Forts, and care plan indicate in 10/23/14 and sustained an ocipital region of her head with EMINIMINIMINIMINIMINIMINIMINIMINIMINIMIN	S9999			

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PRINTED: 12/10/2014 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ B. WING IL6001184 11/17/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8700 WEST 31ST STREET BRITISH HOME, THE BROOKFIELD, IL 60513 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 to go home soon. I heard about the fall from my NP(Nurse Practitioner), that her X-ray was positive for a fracture. I sent her out to the hospital after I got the results. She had no neurological concerns or health conditions that contributed to the fall. She had two falls in the past and that's why she was in therapy to work on preventive measures for falls. She should have had assistance with ambulation because of the prior falls. Her injury at this time is a result of the trauma from falling." Facility policy dated 10/7/2011 indicate a gait belt is mandatory for all residents handling with the exception of bed mobility and medical contraindications. R4 didn't have any documented contraindications of gait belts being used. E9 verbalized that she had tried to grab R4's gait belt indicating she didn't maintain hand contact with R4's gait belt. (B)

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