(X3) DATE SURVEY

Illinois Department of Public Health

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED	
		IL6014682	B. WING		C 11/12	: 2/2014	
NAME OF PROVIDER OR SUPPLIER STREET ADD  14601 SOU  14601 SOU			DDRESS, CITY, STATE, ZIP CODE  DUTH JOHN HUMPHREY DR  PARK, IL 60462				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE	
S9999 Final Observations		S9999					
	Statement of Licens	sure Violations:					
	300.610a) 300.1210b) 300.1210d)6) 300.3240a)						
	Section 300.610 Re	sident Care Policies					
	procedures governing facility. The written pube formulated by a land Committee consisting administrator, the administrator, the admedical advisory coof nursing and other policies shall comply The written policies the facility and shall	dvisory physician or the immittee, and representatives in services in the facility. The y with the Act and this Part. shall be followed in operating be reviewed at least annually documented by written, signed					
	Section 300.1210 G Nursing and Person	eneral Requirements for al Care					
	and services to attain practicable physical well-being of the research resident's complan. Adequate and care and personal complants of the property of the pro	provide the necessary care in or maintain the highest , mental, and psychological sident, in accordance with a prehensive resident care properly supervised nursing are shall be provided to each a total nursing and personal esident.					

(X2) MULTIPLE CONSTRUCTION

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

TITLE

(X6) DATE

12/04/14

PRINTED: 12/16/2014 FORM APPROVED

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6014682	B. WING		11/1	2/2014
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
LEXING'	LEXINGTON OF ORLAND PARK  14601 SOUTH JOHN HUMPHREY DR  ORLAND PARK, IL 60462					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	assure that the residuas free of accident hursing personnel s	ecautions shall be taken to dents' environment remains nazards as possible. All hall evaluate residents to see eceives adequate supervision revent accidents.				
	agent of a facility sh	buse and Neglect ee, administrator, employee or all not abuse or neglect a ction 2-107 of the Act)				
AND THE PROPERTY OF THE PROPER	These Requirement by:	s are not met as evidenced				
	failed to prevent an care in the shower r reviewed for falls, ar resident. These fail to the hospital for ev	and record review, the facility avoidable fall while providing oom for 1 of 4 residents (R1) nd/or failed to safely transfer ure resulted in R1 being sent valuation and assessed to ed rib and right fractured hip.				
	Findings include:					
	2/8/14, she assisted E6 stated that she w	o, E6 (CNA) stated that on E4 (CNA) with R1's shower. vas behind R1's shower chair vard. E6 stated that she				

Illinois Department of Public Health

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Illinois E	Department of Public	Health			FORM	APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		DENTIFICATION NUMBER:		S:		PLETED
						2
		IL6014682	B. WING			0
		120014082			1 11/1	12/2014
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
LEVING	TON OF ORLAND PAR	14601 SC	NHOL HTU	HUMPHREY DR		
LEXING	ON OF OKLAND PAR	ORLAND	PARK, IL 6	0462		
(X4) ID	(4) ID SUMMARY STATEMENT OF DEFICIENCIES			PROVIDER'S PLAN OF CORRECT	ION	(X5)
PRÉFIX		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOU	LD BE	COMPLETE
TAG	NEOGLATORT ON E	OCIDENTIF TING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRODEFICIENCY)	PRIATE	DATE
		_				
S9999	Continued From pa	ge 2	S9999			
	removed the sling fi	rom under R1 and then R1	none accurate			
	was "dropped" into					
		5am, E4 (CNA) stated that	TOUROGEN			
		mber what happened during				
The state of the s		ated that it was a long time				
		she remembers giving R1 a	- Average (1994)			
	hurt after the transfe	that R1 stated that her chest				
	nunt anter the transit	ਈ.				
	E5's witness statement dated 2/8/14 reads "After					
	R1's shower, CNA said that R1 complained of					
	knee pain. R1 stated that it hurt when she breathed in & R1 complained of chest pain. E5's statement reads R1's family member came to					
			A TANKA CARLON COMMANDER C			
		ays. Z2 (Physician) gave an	The second secon			
	order to send R1 to	the hospital."	200TWANTER			
	E2's (DN) solled D1	's family mambar on 2/9/14 of	A CONTRACTOR OF THE CONTRACTOR			
		's family member on 2/8/14 at R1's family member what R1	and the second s			
MANAY V. Channe		pital regarding the incident.	electrocens			
		stated that R1 said that on	00000000000000000000000000000000000000			
		ached under R1's arms and				
	around R1's chest a	and pulled her up to reposition				
	her during the show	er. R1 stated that she heard a				
		d a crack in her knee. R1's				THE THOUGHT AND THE
		2/8/14 read R1 is alert and				VANALA ALL
	oriented.					
	On 2/8/14 71's Em	ergency Room clinical notes				
		male (R1) presents to the ED				
		ment) for chest pain around				
		ifted out of the bath tub at the				
	the nursing home. F	R1 reports pain across lower			İ	
	chest that is worse v	when taking a deep breath.				
		a crack in her right knee when				
		current right knee pain.				
		s: Chest wall positive for				
		ess bilaterally, marked swollen enderness mid thigh and				
	antenor Hunt Mice. L	CHUCHICOO HHU HIUH MHU				

Illinois Department of Public Health

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Illinois Department of Public Health

	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED	
	IL6014682	B. WING		11/1	2/2014	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ON OF ORLAND PAF	?K					
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	LD BE	(X5) COMPLETE DATE	
Continued From pa	ae 3	S9999				
lateral hip, knee paidrop. Primary imprineck fracture. Addiderangement right I pain, right rib fracture. Z4's (Consultant Phe 2/9/14 read R1 is a presents from a nur R1 is bedridden but R1 for a shower, shead some pain in hexerays, it looks like I the right femur with report: Hip x-ray, the femur with impaction Z1's report on 2/8/1 Blunt trauma to the undisplaced right rib. The facility's IDPH (Health) final report or reads "It is possible"	in with movement, left foot ession: Possible right femoral tional impression: Internal knee, musculoskeletal chest re."  Pysician) clinical notes dated 96 year old female who sing home after apparent fall. In the process of transferring e may have fallen. R1 clearly er ribs and her hip. On initial R1 has a subcapital fracture of possible impaction. Imaging here is a capital fracture of the n."  4 reads "Clinical information: chest. Impression: possible of fracture."  Illinois Department of Public of the incident dated 2/14/14 that R1 may have sustained	29999				
the chair."						
	(B)					
•						
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE  Continued From pa lateral hip, knee paidrop. Primary imprineck fracture. Addiderangement right I pain, right rib fractu  Z4's (Consultant Phin 2/9/14 read R1 is a presents from a nur R1 is bedridden but R1 for a shower, she had some pain in he x-rays, it looks like I the right femur with report: Hip x-ray, the femur with impaction  Z1's report on 2/8/1 Blunt trauma to the undisplaced right rite.  The facility's IDPH (Health) final report or reads "It is possible."	PROVIDER OR SUPPLIER  STREET ADD  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3  lateral hip, knee pain with movement, left foot drop. Primary impression: Possible right femoral neck fracture. Additional impression: Internal derangement right knee, musculoskeletal chest pain, right rib fracture."  Z4's (Consultant Physician) clinical notes dated 2/9/14 read R1 is a 96 year old female who presents from a nursing home after apparent fall. R1 is bedridden but in the process of transferring R1 for a shower, she may have fallen. R1 clearly had some pain in her ribs and her hip. On initial x-rays, it looks like R1 has a subcapital fracture of the right femur with possible impaction. Imaging report: Hip x-ray, there is a capital fracture of the femur with impaction."  Z1's report on 2/8/14 reads "Clinical information: Blunt trauma to the chest. Impression: possible undisplaced right rib fracture."  The facility's IDPH (Illinois Department of Public Health) final report of the incident dated 2/14/14 reads "It is possible that R1 may have sustained a fracture during repositioning with a gait belt in the chair."	PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, 14601 SOUTH JOHN I ORLAND PARK  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3  lateral hip, knee pain with movement, left foot drop. Primary impression: Possible right femoral neck fracture. Additional impression: Internal derangement right knee, musculoskeletal chest pain, right rib fracture."  Z4's (Consultant Physician) clinical notes dated 2/9/14 read R1 is a 96 year old female who presents from a nursing home after apparent fall. R1 is bedridden but in the process of transferring R1 for a shower, she may have fallen. R1 clearly had some pain in her ribs and her hip. On initial x-rays, it looks like R1 has a subcapital fracture of the right femur with possible impaction. Imaging report: Hip x-ray, there is a capital fracture of the femur with impaction."  Z1's report on 2/8/14 reads "Clinical information: Blunt trauma to the chest. Impression: possible undisplaced right rib fracture."  The facility's IDPH (Illinois Department of Public Health) final report of the incident dated 2/14/14 reads "It is possible that R1 may have sustained a fracture during repositioning with a gait belt in the chair."	IL6014682  STREET ADDRESS, CITY, STATE, ZIP CODE  14601 SOUTH JOHN HUMPHREY DR  ORLAND PARK  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3  lateral hip, knee pain with movement, left foot drop. Primary impression: Possible right femoral neck fracture. Additional impression: Internal derangement right knee, musculoskeletal chest pain, right rib fracture.  24's (Consultant Physician) clinical notes dated 2/9/14 read R1 is a 96 year old female who presents from a nursing home after apparent fall. R1 is bedridden but in the process of transferring R1 for a shower, she may have fallen. R1 clearly had some pain in her ribs and her hip. On initial x-rays, it looks like R1 has a subcapital fracture of the right femur with possible impaction. Imaging report: Hip x-ray, there is a capital fracture of the femur with impaction."  21's report on 2/8/14 reads "Clinical information: Blunt trauma to the chest. Impression: possible undisplaced right rib fracture."  The facility's IDPH (Illinois Department of Public Health) final report of the incident dated 2/14/14 reads "It is possible that R1 may have sustained a fracture during repositioning with a gait belt in the chair."	OF CORRECTION   IDENTIFICATION NUMBER:   A. BUILDING:   COMPILED	

Illinois Department of Public Health