Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN OF CORRECTION IDEN		IDENTIFICATION NUMBER:	A. BUILDING	:	СОМ	PLETED
		IL6001853	B. WING		09/0	09/2014
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
CLEADE	ROOK CENTER	3201 WES	ST CAMPBE	LL STREET		
CLEARD	ROOK CENTER	ROLLING	MEADOWS	6, IL 60008		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (	CORRECTION	(X5)
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	Licensure Violations	s:				
	350.620a) 350.1210		THE STANDARD			
	350.1210 350.1230d)		00/00/00/00			
	350.3240a)		n-y-			
	000.02 100)		***			
			and the second			
	Section 350.620 Re	esident Care Policies				
		have written policies and	100 Aug			
		ng all services provided by the				
	facility which shall be formulated with the			A CONTRACTOR OF THE CONTRACTOR		
	involvement of the administrator. The policies shall be available to the staff, residents and the					
	public. These written policies shall be followed in					
	operating the facility and shall be reviewed at					
	least annually.					
	•			TO COMMANDA		
	Section 350.1210 Health Services					
		ovide all services necessary to				***************************************
	maintain each resid	ent in good physical health.				
	Section 350.1230 N	lursing Services				
		onnel shall be trained in, but				WIND STATE OF THE
	are not limited to, th					
		of illness, dysfunction or				
		or that warrant medical,				
	nursing or psychoso					
		red to meet the health needs				
	and problems of the					
	o) rust aid in the pre	esence of accident or illness.				
	Section 350.3240 A	buse and Neglect				
		ee, administrator, employee or				
		all not abuse or neglect a				
į.	resident					
		шаучиння				
	The second second	Annual Contraction				
	These Requirement by:	s are not met as evidenced				
	~j.					

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE 09/23/14

Illinois Department of Public Health

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMF	SURVEY
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	Based on interview and record review, the facility failed to implement their policy to prevent neglect by failing to prevent 1 of 1 client outside the sample (R18 with a significant history of falls) from falling and sustaining injuries that required emergency room attention.  The facility failed to:  1. Ensure 1 to 1 supervision was provided to R18 on 6/21/14.  2. Ensure staff implemented safety measures when walking R18 on 7/7/14.  3 Ensure staff implemented safety measures on 7/14/14 when R18 fell and his head after a behavioral incident. R18 received 13 staples to close 2 lacerations to the back of his head.  4. Ensure staff implemented safety measures on 8/14/14 when R18 dropped to the floor, with his head making contact with the floor. R18 was noted to have several pin point lacerations on his forehead, an abrasion under his right eye and a laceration to his right forearm.  5. Ensure staff were retrained on providing 1 to 1 supervision and how to safely assist R18 with ambulation.					
77774	Findings include:  The facility's Abuse and Neglect Policy, titled "Client Treatment Policy" last revised October 2013 was reviewed. This policy notes: "Under no circumstances shall any abuse or neglect of a client be tolerated Neglect is defined as: The failure to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to an individual or in the deterioration of an individual's physical or mental condition. When care takers do not give a person the care for the goods or services needed to avoid harm or illness"					

Illinois Department of Public Health

STATE FORM 6899 AFLK11 If continuation sheet 2 of 6

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
IL6001853		B. WING		09/0	9/2014	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
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		ROLLING	MEADOWS	, IL 60008		
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	the following was no "On June 21st, 201 (R18) was found sit (centimeter) lacerat Nursing applied pre bleeding. (R18) wa hospital) where he rof his head. (R18) is 6/21/14."  E11 (QAF - Quality completed the invested the invested the invested the invested that who has impaired or R18 utilizes a walker foot orthotics). E11 has a bed alarm. E11 interviewed E18 Person) for the invested that at approximately 5:50a R18's bed alarm. E11 concluded that 5:50am R18 got out In the process of sitt back of R18's head pipe above the toiled local hospital where back of his head.  E1 (Administrator) with 12:20pm. E1 stated supervision on 6/21/20.	4 at approximately 5:50am ting on his toilet with a 3cm ion to the back of his head. ssure and stopped the stransported to (local received 4 staples to the back returned to the (facility) on Assurance Facilitator) stigation of R18's injury. at R18 is a 47 year old male coordination due to tremors. Fr., a gait belt and AFO's (ankle also documented that R18 also documented that R18 also documented that R18 also documented that R18 also stigation. E15 stated that she at shift on 6/20 - 6/21/14. E15 at shift on 6/20 - 6/21/14 and she heard the sound of 15 stated that she was in the she heard the alarm.  Son 6/21/14 at approximately of bed to use the bathroom. It in the did that R18 was on 1 to 1 also and a staples to the did that R18 was on 1 to 1 also and a staples to the did that R18 was on 1 to 1 also and a staples in the did that 1 to 1 supervision was				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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			MEADOWS,		~	
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	11:37am. E5 stated supposed to be prostated that R18's 1 (10:45pm / 11pm to E5 stated that R18 because he falls - h E5 stated that on 6/few call off's" and "vin." E5 stated that the fathere were other cliemore serious. E5 s and had to pull staff E5 stated that R18's provided the entire was injured (approx supervision was not E5 stated that he dithe 3rd shift that R1 necessary 1 to 1 supposed to the supposed to 1 supposed the entire supervision was not E5 stated that he dithe 3rd shift that R1 necessary 1 to 1 supposed the supposed to 1 supposed the supposed to 1 supposed to 1 supposed the supposed the supposed to 1 supposed the supposed the supposed the supposed to 1 supposed the supposed the supposed to 1 supposed the supposed to 1 supposed the supp	requires 1 to 1 supervision is walking is not stable. 21/14 the facility had, "quite a we couldn't get staff to come acility had to prioritize and ent's whose condition's were tated that we were short staff to other duties. Is 1 to 1 supervision was not 3rd shift. E5 stated when R18 imately 5:50am) 1 to 1 to being provided. In the domain of the domain of the was not provided with his pervision.				
	R18's Physical Therapy Evaluation, dated 11/14/13, was reviewed. The evaluation includes the following:  - Coordination: Impaired coordination due to tremors					
COLUMN TO THE CO	- Transfers: (R18) his balance and sta affects his safety. He safety.	is able to transfer; however bility are impaired which de needs staff supervision for				
	<ul> <li>Gait Deviations: His gait skills are inconsistent and he does have a significant history of falls.</li> <li>Summary Recommendations: (R18) continues to receive weekly PT (Physical Therapy) services. He continues to have significantly impaired balance and increased fall risk.</li> </ul>					

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R18's 11/19/13 IPP (Individual Program Plan)

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Illinois Department of Public Health

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X41   ID   SUMMARY STATEMENT OF DEFICIENCIES   ID   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
(X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  Z9999  Continued From page 4  was reviewed. R18's level of supervision is identified as the following: "(R18) requires 1:1 supervision during the right and on community outings. (R18) requires same room supervision while completing his ADL's (activities of daily living) and during meals: "Fall/Risk/Safety - 11/19/13 (R18) is considered a high fall risk."  On 8/28/14 E1 provided the following additional Incident Reports involving R18 and recent falls: 1. 7/7/14 11pm - R18 fell while walking with staff assistance. The gait belt was being used and staff had two hands on the gait belt. R18 lost his balance by tripping on the threshold between the living room and hallway. No injuries noted by nursing.  2. 7/14/14 - E22 (former Residential Service Director) conducted an investigation and documented interviews that included the following:  E22 interviewed E26 and E27 (DSP - Direct Support Person) and both stated that R18 came home from his Day Training program and R18 was sagitated. R18 was spitting, hitting and throwing his shoes. E26 stated that R18 attempted to hit E25. R18 did not make contact with E25, however, he fell and hit his head. E26 went to get the nurse and R18 laid on his back on the floor and held his head.  E27 (nurse) stated, per the investigation, that when she arrived she found R18 laying on his stomach in the middle of the room. E27 assisted R18 to a sitting position and physical aggression which resulted in his injury. R18 was sent to the Emergency Room as he was	CLEARR	BOOK CENTED	3201 WES	ST CAMPBE	LL STREET		
PRÉEIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  Z9999  Continued From page 4  was reviewed. R18's level of supervision is identified as the following: "(R18) requires 1:1 supervision during the night and on community outings. (R18) requires ame room supervision while completing his ADL's (activities of daily living) and during meals."  "Fall/Risk/Safety - 11/19/13 (R18) is considered a high fall risk."  On 8/28/14 E1 provided the following additional Incident Reports involving R18 and recent falls: 1. 7/7/14 11pm - R18 fell while walking with staff assistance. The gait belt was being used and staff had two hands on the gait belt. R18 lost his balance by tripping on the threshold between the living room and hallway. No injuries noted by nursing. 2. 7/14/14 - E22 (former Residential Service Director) conducted an investigation and documented interviews that included the following: E22 interviewed E28 and E27 (DSP - Direct Support Person) and both stated that R18 came home from his Day Training program and R18 was sagitated. R18 was selfully, hitting, nitting and throwing his shoes. E26 stated that R18 attempted to hit E25. R18 did not make contact with E25, however, he fell and hit his head. E26 went to get the nurse and R18 laid on his back on the floor and held his head. E27 (nurse) stated, per the investigation, that when she arrived she found R18 laying on his stomach in the middle of the room. E27 assisted R18 to a sitting position and provided First Aid. E22 concluded that R18 displayed agitation and physical aggression which resulted in his injury, R18 was sent to the Emergency Room as he was	CLLAIL	NOOK CENTER	ROLLING	MEADOWS	3, IL 60008		
was reviewed. R18's level of supervision is identified as the following: "(R18) requires 1:1 supervision during the night and on community outings. (R18) requires same room supervision while completing his ADL's (activities of daily living) and during meals."  "Fall/Risk/Safety - 11/19/13 (R18) is considered a high fall risk."  On 8/28/14 E1 provided the following additional Incident Reports involving R18 and recent falls: 1. 7/7/14 11pm - R18 fell while walking with staff assistance. The gail belt was being used and staff had two hands on the gait belt. R18 lost his balance by tripping on the threshold between the living room and hallway. No injuries noted by urursing. 2. 77/41/41 - E22 (former Residential Service Director) conducted an investigation and documented interviews that included the following: E22 interviewed E26 and E27 (DSP - Direct Support Person) and both stated that R18 came home from his Day Training program and R18 was agitated. R18 was spitting, hitting and throwing his shoes. E26 stated that R18 attempted to hit E25. R18 did not make contact with E25, however, he fell and hit his head. E26 went to get the rurse and R18 laid on his back on the floor and held his head. E27 (nurse) stated, per the investigation, that when she arrived she found R18 laying on his stomach in the middle of the room. E27 assisted R18 to a sitting position and provided First Aid. E22 concluded that R18 displayed agitation and physical aggression which resulted in his injury. R18 was sent to the Emergency Room as he was	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI	ON SHOULD BE E APPROPRIATE	COMPLETE
Review of R18's Emergency Department records		was reviewed. R18 identified as the follosupervision during to outings. (R18) requivable completing his living) and during m "Fall/Risk/Safety - 1 a high fall risk."  On 8/28/14 E1 provided Incident Reports invident Reports invited Reports invident Reports invi	's level of supervision is owing: "(R18) requires 1:1 he night and on community tires same room supervision aDL's (activities of daily eals." 1/19/13 (R18) is considered ided the following additional tolving R18 and recent falls: 18 fell while walking with staff it belt was being used and on the gait belt. R18 lost his on the threshold between the way. No injuries noted by former Residential Service an investigation and ews that included the same Training program and R18 was spitting, hitting and E26 stated that R18. R18 did not make contact the fell and hit his head. E26 and R18 laid on his back on shead. Der the investigation, that the found R18 laying on his le of the room. E27 assisted ion and provided First Aid. R18 displayed agitation and which resulted in his injury. Emergency Room as he was ons to the back of his head.	Z9999			

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	noted that R18 rece	eived 4 staples to the first					
	laceration and 9 sta	ples to the second laceration.				***************************************	
	3. 8/14/14 10:20pr	n - R18 was being assisted in	B-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
		18 dropped to the floor and hit					
		shower floor. R18 was	- Oppose a series			Percent Flooris	
		g and noted to have sustained					
	a 5cm raised area v	vith several pin point	and or a second				
		orehead. A 1.5cm by 1cm eye and a 2cm by 0.5 cm					
	laceration to R18's r	right forearm were noted.	A CONTROL OF THE PERSON OF THE				
	4. 3/19/14 6:40pm	- R18 was walking with staff	a-dalah yananan				
	when he lost his bal	ance and fell forward and					
		. No injuries were noted.					
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