

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002521</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/03/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DOBSON PLAZA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 DODGE AVENUE EVANSTON, IL 60202</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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S9999	<p>Final Observations</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 care needs of the resident. Restorative measures</p>	S9999		
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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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S9999	<p>Continued From page 1</p> <p>shall include, at a minimum, the following procedures:</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 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 safely transfer one resident (R1) using a two person assist as directed by the facility care plan guide for Certified nursing assistants. This deficient practice caused R1 to fracture the right femur and required surgical intervention. This applies to one resident (R1) reviewed for falls and neglect. The findings include: R1 was admitted to the facility on 4/12/11 with a diagnosis of Dementia and Ataxia per the admission Physician Order. The MDS (Minimum Data Set dated 1/10/14),</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>showed that R1 needed two assistants for transfer from bed to chair. The document also showed that R1 had impairment to both lower extremities. The MDS dated 4/9/14 and 7/10/14 showed the same information for transfers and the need for two staff to provide weight bearing support.</p> <p>A nursing note written by E4 (Registered Nurse) showed that on 8/14/14 at 6:50am E4 was called to R1s room. The note showed that E5 (Certified Nursing Assistant) was transferring R1 from bed to wheelchair when R1 " lost balance " and started to fall. E4 documented that R1 did not complain of pain and had no visible injury. On 8/17/14 at 6:50 am E4 stated, " R1 was to be transferred with two assistants. I scolded E5 for not asking for help. R1 did not appear in pain so I helped E5 put R1 in the wheelchair using a sling lift and we took her to breakfast "</p> <p>On 8/15/14 at 2:45pm, E6 (Certified Nursing Assistant) said that while caring for R1 there were no signs of pain. E6 reported that she was assigned to R1 since 7:00am that morning and did not get R1 out of the chair until 12:00pm. That is when E6 noticed swelling to the right leg. E6 then notified E7 (registered Nurse) of the swelling of the leg.</p> <p>On 8/15/15 at 3:15pm, E7 stated, " When I touched R1's leg, R1 said Oww. R1 had no falls during my shift. R1 is incontinent and requires two people to transfer from bed to chair. R1 was not able to tell us if she needs to go to the bathroom ". E7 then called the physician. E7 sent R1 to the community hospital at 2:15 pm (per nursing note dated 8/14/14).</p> <p>E5, CNA (Certified Nursing Assistant) was unavailable for interview during the survey. E2, (Assistant Administrator) reported on 8/18/14 at 12:30pm, via telephone that E5 CNA was not returning to the facility at this time and may</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>require further in servicing/education if returning to the facility.</p> <p>On 8/18/14 at 2:00pm, Z2 (registered Nurse) from the community hospital stated, " The degree of the injury did not match the history obtained from the nursing home. R1's right was extremely swollen and deformed. Both of R1's legs were contracted so I don't know how she could stand up to get in a chair. R1 had a severe fracture that completely separated the femur " .</p> <p>An x-ray taken at the community hospital showed that R1 had an oblique fracture of the right distal femur. The hospital records dated 8/14/14 from the emergency department showed that after assessing the nursing home paperwork and the injury to R1's leg, the emergency room doctor was notified and social services were called. The elder abuse hotline was called. Hospital records dated 8/18/14 showed that R1 underwent an open reduction internal fixation surgical procedure to treat the fracture to the right leg.</p> <p>(A)</p>	S9999		

300.610a)  
300.1210b)  
300.1210d)g)  
300.3240a)

## Imposed Plan of Correction

F-323 4833.25 (h)

The affected resident was evaluated and treated.

We will review all fall assessments and care plans so that the facility will provide the necessary care and services to attain or maintain the highest practicable level of well being for each resident in accordance with the care plan.

Restorative nurse will further assist risk for falls as part of the individual's functional assessment on admission, readmission, declining condition and on a quarterly basis. Restorative nurse will then determine level of transfer need and any appropriate assistive device to be used and will indicate this in the resident's individualized care plan for staff reference.

Any new nursing staff will review prior to the beginning of their shift the individualized resident care plan guide for CNA reference. See attached Certified Nursing Asst. Resident Care Plan Guide and Inservice.

Nursing staff will be inserviced and properly supervised to provide each resident with proper nursing and personal care needs.

See attached Inservices: Transfer Technique Form

All necessary precautions will be taken to assure that the resident's 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.

The facility will review resident care plans and fall assessments on a quarterly basis to assure safe transfer of all residents who could possibly be affected. We will also evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

Completion date: 20 Days from Receipt of Notice

DEPARTMENT OF PUBLIC HEALTH  
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH )  
STATE OF ILLINOIS ) Docket No. NH 14-C0436  
Complainant, )  
v. )  
DOBSON PLAZA NURSING & REHAB CENTER, LLC )  
D/B/A DOBSON PLAZA, )  
Respondent. )

PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "A" Violation(s) and Order to Abate or Eliminate; Notice of Conditional License and Imposed Plan of Correction; Notice of Fine Assessment; Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent: MS Registered Agent Services  
Licensee Info: Dobson Plaza Nursing & Rehab Center, LLC  
Address: 191 North Wacker Drive, STE 1800  
Chicago, IL, 60606

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 10th day of November 2014.

Leona Juhl /SH  
Leona Juhl  
Long Term Care  
Illinois Department of Public Health