

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G072	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 03/26/2015
NAME OF PROVIDER OR SUPPLIER BETHSHAN ASSOCIATION			STREET ADDRESS, CITY, STATE, ZIP CODE 12927 SOUTH MONITOR PALOS HEIGHTS, IL 60463		
(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) COMPLETION DATE	
{W 000}	INITIAL COMMENTS	{W 000}			
{W 148}	<p>1ST FOLLOW UP TO ANNUAL SURVEY OF 01/16/15.</p> <p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>This STANDARD is not met as evidenced by: REPEAT</p> <p>Based on record review and interview, it was determined the facility failed to implement their Plan of Correction (POC), when they failed to notify guardians of 8 of 8 incidents involving peer to peer aggression (R1, 9, 10, 12, 13, 14, 15, 17, 18), and 4 of 5 incidents involving injuries (R1, 5, 11, 18).</p> <p>Findings include:</p> <p>The facility's POC, completion date of 2/15/15, states, "The administrator will be responsible to develop a plan on contacting guardians and parents in the event of a serious illness, injury of abuse. The administrator and QIDP will ensure that parents and guardians are notified of any serious illness, accidents, and abuse when they occur, according to the plan laid out."</p> <p>Incident reports were reviewed from the POC completion date of 2/15/15, to present.</p>	{W 148}			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{W 148}	<p>Continued From page 1</p> <p>The following reports lacked guardian notification for peer to peer incidents:</p> <ol style="list-style-type: none"> 1) 3/21/15 = R9 hit R10 across the hip. 2) 3/22/15 = R12 punched R13 on the arm. 3) 3/2/15 = R1 grabbed R14's legs and pinched her. 4) 2/26/15 = R1 hit R14 in the chest. 5) 2/20/15 = R15 hit R12. 6) 2/18/15 = R16 was noted to be grabbing R17's arm and hitting R17 in the head. 7) 2/17/15 = R1 hit R13 in the arm, with her fist. 8) 2/17/15 = R18 threw her dinner plate at R1, hitting her in the chest. <p>The following reports lacked guardian notification of these injuries:</p> <p>3/17/15 = R11 was found on the floor, after apparently rolling out of bed. R11 sustained a scratch, with a minute laceration, on the right eyebrow.</p> <p>3/1/15 = R5 was seen, and treated by the physician, for a warm and swollen knee. The facility investigation found the cause to be from a partial fall on 2/28/15.</p> <p>2/17/15 = R18 was found to have a red rash on both buttocks and an abrasion on her mid-back.</p> <p>2/19/15 = R1 was found to have a bruised left, fifth toe. Guardian was not notified until R1 went to the hospital on 2/21/15, and was diagnosed with a fractured toe.</p> <p>E1, Administrator, confirmed the lack of guardian notification on 3/24/15, at 11:30 AM. E1 stated the facility's POC was to individualize guardian notification at each residents' annual staffing. E1 said that at this time, the annual staffings have not taken place, and currently all guardians</p>	{W 148}			

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{W 148}	Continued From page 2 should be notified of all resident injuries and peer to peer aggression.	{W 148}			
{W 153}	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: REPEAT Based on record review and interview the facility failed to implement their plan of correction when they failed to notify Illinois Department of Public Health (IDPH) for incidents and injuries of unknown origin for 2 of 3 individuals (R1 and R11) reviewed. Findings include: 1. Review of facility report titled "Injury Report/ICF-ID" dated 02/19/15 at 6:50am states that while staff were assisting with showering R1, they found R1 to have swelling in her left pinky toe. E7; (Registered Nurse) assessed R11 on 02/19/15 at 6:15am. R1 was observed with mild swelling, a quarter size purple bruise 3mm long to the top of her left foot and a paper- cut in the webbing of the fifth toe. No bleeding was noted. a. Facility "Injury Report Investigation/ICF-ID" dated 02/20/15 states "Because no specific incident was observed for R1, the origin of the bruise is unknown at this time."	{W 153}			

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{W 153}	Continued From page 3 b. Review of facility report titled "Nurses Notes" dated 02/21/15 states that R1 is unable to bear weight and was taken to the emergency room at 11:30am. R1 was diagnosed with a fracture to the left fifth toe. c. Facility "Fax Transmission" sheet dated 02/21/15 at 3:30pm to IDPH states "R1 was taken for evaluation to the emergency room for injury to left foot." No documentation was noted on this form regarding the fracture for R1. An interview was held with E1; Administrator on 3/24/15 at 12:30pm and E3; Director of Nursing on 3/24/15 at 1:35pm. E1 and E3 confirmed that the facility failed to notify IDPH of the fracture diagnosis for R1 once they became aware of it for an unknown injury. 2. Review of facility report titled "Injury Report/ICF-ID" dated 02/18/15 at 7:30am states that R11 was found to have a quarter size abrasion on his left cheek of unknown origin. No bleeding was noted. a. Review of facility report "Injury/Illness/Investigation Report" dated 02/23/15 does not state that IDPH was notified. b. An interview was held with E3; Director of Nursing on 3/24/15 at 1:35pm. E3 confirmed that IDPH was not notified of the injury of unknown origin for R11 based on their plan of correction.	{W 153}			