STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146112	A. BUILDING _____ B. WING _____	C 09/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER NORTH OF BRADLEY H & R	**650 NORTH KINZIE BRADLEY, IL 60915**

(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
F 000	INITIAL COMMENTS Complaint Investigations: 1674896/IL88153: F323 1675031/IL88208: F323 1675037/IL88217: F314, F323 1675041/IL88227: F323 1675202/IL88411: F309, F314	F 000		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on interviews and record review the facility failed to assess, monitor and notify the physician of a change in a resident's skin condition. This applies to 1 of 5 residents (R3) reviewed for incontinent care and skin changes. The findings include: R3 was a closed record review. R3 was originally admitted to the facility from the hospital on August 13, 2016 with multiple diagnoses which included UTI (urinary tract infection). R3's nursing admission assessment dated August 13, 2016 showed that the resident has redness on the coccyx area but not open and some discoloration on the right hip. R3 was assessed as being at risk for skin alteration.	F 309		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146112	A. BUILDING _____ B. WING _____	C 09/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER NORTH OF BRADLEY H & R	**650 NORTH KINZIE BRADLEY, IL 60915**

(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
F 309	Continued From page 1 On August 14, 2016, R3 was sent out to the hospital ER (emergency room) for pain management. R3 was readmitted back to the facility on August 17, 2016 with diagnoses of diabetes mellitus (type 2), malignant neoplasm of mouth, spinal stenosis and chronic kidney disease. R3's nursing readmission assessment effective August 18, 2016 showed that the resident is at risk for skin alteration with a Braden score of "12.". The same readmission assessment did not show any skin breakdown on R3. R3's progress notes dated August 19, 2016 showed that the resident has poor appetite. R3's progress notes dated August 22, 2016 showed that the resident has fair appetite. R3's nutritional progress notes made by the registered dietitian dated August 24, 2016 showed that the resident is obese weighing 220.4 pounds. R3's body check sheet dated August 19, 2016 showed that the resident has pink skin on the bilateral buttocks. R3's body check sheet dated August 23 and 26, 2016 showed that the resident had dark pink skin on the bilateral buttock area and pink skin on the bilateral groin/inner thigh area. On September 8, 2016 at 2:55 PM, E2 (Director of Nursing) stated that R3's body check sheets were made by the CNA (certified nursing assistant). The nurses are expected to initial the body check sheets to indicate that they were reviewed. E2 stated that the R3's body check sheets made on August 19, 23 and 26, 2016 did not have the initials of the nurses, indicating that the nurses did not see it and that no assessment or evaluation was made with regards to the skin condition of R3. Per E2, the August 19 and 23, 2016 body check sheets was a new occurrence of pink areas on R3's buttocks and bilateral	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146112	A. BUILDING _____ B. WING _____	C 09/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER NORTH OF BRADLEY H & R	**650 NORTH KINZIE BRADLEY, IL 60915**

(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
F 309	Continued From page 2	F 309		

groin/inner thigh area which should have been assessed by the nurse and the physician should have been notified to obtain any treatment plan. R3's records showed no assessment made by the nurses to evaluate the skin condition of the resident, after the body check indication pink areas on the buttocks and groin/inner thighs was made by the CNA on August 19, 23 and 26, 2016. R3's progress notes dated August 27, 2016 (5:00 PM) showed, "Received in report that patient had sores to buttocks and thighs, upon CNA cleaning patient up skin was sloughing off when wiping, even very gently. Upon examination by this nurse after all cream and powder removed, left thigh was found very red and swollen with the skin starting to split part due to swelling."
On September 8, 2016 at 12:10 PM, E9 (CNA) stated that she took care of R3 on August 27, 2016 during the 2:00 PM through 10:30 PM shift. Per E9 at around 2:45 PM on August 27, 2016 she took R3 to the room to change the resident's incontinent brief. E9 stated that while cleaning/ removing cream off of R3's perineal area, buttocks and bilateral thigh area, it looks like she was removing the outer layer of R3's skin and that the entire area were reddened. Per E9, she took R3 to the shower room and used soap and water to remove the cream that was caked on the resident's skin (perineal area, buttocks and bilateral thigh area) then placed R3 back to bed. While R3 was in bed she again attempted to clean more cream off of R3's groin area. E9 stated that after removing all those caked on cream, R3's inner thigh (especially the left side) was very red and swollen. The crease area between the labia showed red dotted bumps and R3's buttocks were very red. Per E9 after cleaning R3 she informed the nurse of the resident's skin condition. E9 stated that she did

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146112	A. BUILDING _____ B. WING _____	C 09/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER NORTH OF BRADLEY H & R	**650 NORTH KINZIE BRADLEY, IL 60915**

(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
F 309	Continued From page 3 not receive any report that R3 has any skin concerns and that she have taken care of R3 before and the resident did not have any skin problem. On September 8, 2016 at 11:55 AM, E7 (Nurse) stated that she was the nurse assigned to R3 on August 27, 2016 during the 3:00 PM through 11:30 PM shift. Per E7 on August 27, 2016 between 3:30 and 4:00 PM, the CNA told her that she had given R3 a shower and after cleaning off cream or powder substance from R3's buttocks, perineal area and inner thighs, she noticed that the resident's was very red with swelling on the left thigh. E7 stated that she went and assessed R3 and noted that R3's buttocks and inner thigh were very reddened, the skin was sloughing off and had abrasion and there was swelling and pus like discharge coming from R3's left thigh area. R3's physician was notified of R3's skin condition and was sent out to the emergency room for further evaluation and treatment. Z6's (hospital social worker) written statement indicating date of occurrence as August 27, 2016 showed, "ER (emergency room) record shows documentation of buttock and bilateral inner thigh wound of moisture associated skin damage & supporting photo taken." On September 19, 2016 at 10:42 AM, Z5 (Physician) stated that when R3 was first observed with pinkish skin on the buttocks and inner thighs, the nurse's should have assessed, documented and monitored the skin condition. Z5 stated that he expected the facility to inform him of any new changes in his residents, including change their skin condition, so he could determine the need to change or continue their treatment plan.	F 309		
F 314	483.25(c) TREATMENT/SVCS TO	F 314		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146112	A. BUILDING _____ B. WING _____	C 09/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER NORTH OF BRADLEY H & R	**650 NORTH KINZIE BRADLEY, IL 60915**

(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
F 314 SS=D	Continued From page 4 PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to assess, monitor and implement pressure relieving methods to help prevent the development of pressure ulcers for one resident (R2) out of three residents reviewed for incontinent care. The findings include: R2 was admitted to the facility April 19, 2016 per the admission face sheet. The physician order sheet dated September 2016 showed that R2 had diagnosis of fracture to left lower leg, Hypertension, Breast Cancer, Major depressive disorder, steatohepatitis, diabetes mellitus type two, spondylosis, Chronic Obstructive Pulmonary Disease, Fibromyalgia and Oxygen dependence. On September 7, 2016 at 2:00pm, E15 and E16 CNA ' s (Certified Nursing Assistant ' s) were assisting R2 to stand and pivot to use a bedside commode. While providing pericare to R2 an open area of skin on the right buttock was seen. The area was reddened and had a piece of dry flaky skin hanging from the edges of the wound. R2 stated, " I got a sore back there I forgot to tell anyone about it " .	F 314		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146112	A. BUILDING _____ B. WING _____	C 09/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER NORTH OF BRADLEY H & R	**650 NORTH KINZIE BRADLEY, IL 60915**

(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
F 314	Continued From page 5 R2's skin assessment monitoring sheet filled out by the CNA ' s showed entries for the last two weeks that indicated R2 had no changes to her skin. Documents indicating tasks that were to be performed by the CNA ' s generated on July 5, 2016 showed that the CNA ' s and the restorative nurse were to monitor the skin every shift. Bath sheets dated August 16, 2016 through September 4, 2016 do not show any skin change. The Braden skin assessment performed on July 25, 2016 showed that R2 was at risk for the development of pressure ulcer. Notes from the wound care Physician dated September 8, 2016 showed that R2 had a stage three pressure ulcer.	F 314		
F 323 SS=G	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to prevent resident injury while transferring residents and failed to supervise residents while toileting. This applies to three residents (R1, R2 and R3) of five reviewed for transfers. This failure resulted in R2 sustaining a fractured rib. The findings include: R2 was admitted to the facility April 19, 2016 per	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146112	A. BUILDING _____ B. WING _____	C 09/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER NORTH OF BRADLEY H & R	**650 NORTH KINZIE BRADLEY, IL 60915**

(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
F 323	Continued From page 6	F 323		

the admission face sheet. The physician order sheet dated September 2016 showed that R2 had diagnosis of fracture to left lower leg, Hypertension, Breast Cancer, Major depressive disorder, steatohepatitis, diabetes mellitus type two, spondylosis, Chronic Obstructive Pulmonary Disease, Fibromyalgia and Oxygen dependence.
On September 7, 2016 at 12:10pm, R2 was sitting in a wheelchair in her room. R2 was connected to an oxygen concentrator. R2 said that a staff member who worked last night did not want to transfer her from the bed to the bed side commode. R2 stated, " I am not here to do that. I am just here to spot you. " R2 explained that two people are to help her get on the commode. R2 said that she fell on August 20, 2016. R2 said that when standing up the bedside commode, R2 slid and she fell forward. R2 said there was no staff in the room while she was using the commode and the door was closed.
R2 ' s clinical record showed a fall report dated August 20, 2016. This report showed that on August 20, 2016 R2 was assisted to the bed side commode by E14 CNA (Certified Nursing Assistant). The report showed that R2 had problems with gait, difficulty maintaining a standing position, impaired balance during transition and the need for assistance when standing up. The report showed that the floors were slippery and wet. The report concluded that R2 slipped on the wet floor. The report showed that R2 had increased confusion and attempted to transfer herself back to her own chair when she slipped and fell.
A written statement dated August 20, 2016 showed that E14 (CNA) stated that the incident happened at 2:10pm. The statement showed that R2's nurse was on break and E14 applied barrier cream to an abrasion under R2 ' s breast

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146112	A. BUILDING _____ B. WING _____	C 09/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER NORTH OF BRADLEY H & R	**650 NORTH KINZIE BRADLEY, IL 60915**

(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
F 323	Continued From page 7	F 323		

area. The written statement showed that E14 transferred R2 alone.
Care plans for R2 dated April 20, 2016 showed that R2 was to be transferred with extensive assist of two staff for toileting. The care plan showed that R2 needed the call light in reach and needed a quick response for all requests for help.
The Minimum Data Set dated July 27, 2016 showed that R2 had some cognition deficits and required two staff for transfers between surfaces including to or from: bed, chair, wheelchair and standing position. The MDS showed that R2 required two staff assist for toilet use including bed side commode.
On September 8, 2016 at 1:15pm, via telephone, Z7 (Medical Doctor) said that R2 was put closer to the nursing station to increase supervision. Z7 said that R2 shouldn't have been left alone on the bedside commode. Z7 stated, " R2's left leg does not give her good balance and is in support boot for a fracture. Also R2 is on continuous oxygen with all of the tubing I think the staff should stay in the room with R2, being on oxygen. R2 had an x-ray of the chest after the fall which showed R2 fractured the tenth rib on the left side of the chest.

R1 was admitted to the facility on August 8, 2016 per the admission face sheet. R1 ' s current Physician Order sheet showed that R1 had diagnoses including status post coronary artery bypass surgery, Diabetes type two, morbid obesity, end stage renal disease, Hemodialysis, Chronic Lung disease and Carotid stenosis.
R1's task transfer sheet dated August 18, 2016 showed that R1 had impaired physical mobility with transfer. R1 was to be transferred with minimal assist. The transfer sheet showed that Staff were not to pull on residents upper

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146112	A. BUILDING _____ B. WING _____	C 09/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER NORTH OF BRADLEY H & R	**650 NORTH KINZIE BRADLEY, IL 60915**

(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
F 323	Continued From page 8	F 323		

extremities and allow R1 time to complete process.
Nursing notes in R1's clinical record showed that On September 15, 2016 R1 was found on the floor at 7:36am by staff. The nursing note showed that R1 had bruising under the left eye. The fall was investigated as an unwitnessed fall. The care plan for prevention of falls in R1 ' s clinical record showed that the facility initiated orthostatic blood pressures three times a day to assess for a drop in blood pressure.
Nursing notes dated August 22, 2016 showed that at 5:30am E3 CNA (Certified Nursing Assistant) reported to the nurse that while assisting R1 to the toilet R1's legs buckles. E5 reported to the nurse that she lowered R1 to the floor. The facility did an investigation of the fall as a witnessed fall. A statement by E5 obtained via telephone dated August 22, 2016 showed that again E5 said that R1's knees buckled while transferring.
On September 6, 2016 at 6:24 am in the conference room E3 stated, " R1 was to be transferred stand and pivot. I don ' t know of any falls. " E3 then stated, " The fall on the day I was working with her. R1 wanted to use the bathroom. I got her in a wheelchair and pushed it to the toilet. While I was locking the brakes she started to scoot (E3 makes jerking movements forward as an example). I told R1 to stop or she would fall. Her bottom got to close to the edge of the chair and I lowered her to the floor " .
The facility reinterviewed E3 on September 6, 2016 and on September 14, 2016. Each time the information given regarding how R1 fell changed. An Employee report dated September 14, 2016 E3's employment at the facility was terminated. The reason for discharge written on the report was improper discharge.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146112	A. BUILDING _____ B. WING _____	C 09/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER NORTH OF BRADLEY H & R	**650 NORTH KINZIE BRADLEY, IL 60915**

(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
F 323	Continued From page 9	F 323		

3. R3 was readmitted back to the facility on August 17, 2016 with diagnoses of diabetes mellitus, malignant neoplasm of mouth, spinal stenosis and chronic kidney disease. R3's nursing readmission assessment effective August 18, 2016 showed that the resident is at risk for falls.
R3's admission MDS (minimum data set) dated August 24, 2016 showed a BIMS (Brief Interview for Mental Status) score of "07," indicating that the resident is severely impaired with cognition and would require extensive assistance x two or more physical assist with transfers, dressing and toilet use.
R3's witnessed fall report dated August 20, 2016 showed that a CNA (Certified Nursing Assistant) had just assisted R3 to the floor. When the nurse saw R3, the resident was lying on her back on the floor inside the room. R3 was moaning that she broke her knees. The report showed in-part, "She screamed when I moved it, but the joint had smooth movement; no appearance of dislocation; no bumps or dislocation." The same report showed that four CNA's assisted R3 back to bed. The same report also showed in-part, "Resident stated that she was standing at the bedside with the CNA when her knees buckled and the CNA tried to assist her to the bed, but she slid down the side of the mattress and onto the floor and then she leaned forward hitting her knees on the floor. She kept repeating that she had broken her left knees." R3's physician was notified of the incident and ordered to send the resident to the emergency room for evaluation of her left knee.
R3's progress notes dated August 20, 2016 (8:15 AM) showed that the resident returned to the facility from the ER. R3's x-ray results were taken at the hospital and had negative results.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146112	A. BUILDING _____ B. WING _____	C 09/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER NORTH OF BRADLEY H & R	**650 NORTH KINZIE BRADLEY, IL 60915**

(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
F 323	Continued From page 10 R3's care plan revised on August 19, 2016 and was in effect during the fall incident on August 20, 2016 showed that R3 should be transferred with two person assist using the stand/pivot technique. On September 8, 2016 at 1:00 PM, E8 (CNA) stated that she was the staff taking care of R3 when the resident had a fall on August 20, 2016. E8 stated that on August 20, 2016, she assisted R3 from bed to a stand up position using a gait belt. E8 stated that she assisted R3 by herself. Per E8 she got R3 up her feet to change the resident because R3's bed was wet. When R3 was on her feet, the resident just suddenly fell to the floor. E8 stated that she does not know much about the resident and that she did not check R3's care plan prior to the fall incident. Per E8, she does not know that resident should be transferred by two person physical assist. On September 19, 2016 at 2:18 PM, E2 (Director of Nursing) stated that on August 20, 2016, R3 should have been transferred using a two person assist based on R3's care plan and CNA task guide. On September 19, 2016 at 10:42 AM, Z5 (physician) stated that if the resident was assessed by the facility as needing two person assist with transfers, two staff assistance should be provided to ensure resident's safety.	F 323		