

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

PRINTED: 05/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145734	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/19/2016
NAME OF PROVIDER OR SUPPLIER VILLA AT EVERGREEN PARK,THE			STREET ADDRESS, CITY, STATE, ZIP CODE 10124 SOUTH KEDZIE EVERGREEN PARK, IL 60805		
(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 Investigation 1692427/IL85282 - No deficiency 1692525/IL85394 - No deficiency 1692549/IL85423 - F246	F 000			
F 246 SS=E	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that call lights were within reach for five of nine residents (R3, R4, R5, R6, and R7) reviewed for accessible call lights, in a sample 11. Findings include; On 5/17/16 from 2:06pm to 3:08pm, while conducting a tour of a resident's unit accompanied by E3 (Licensed Practical Nurse) the surveyor observed the following: R4 was in a wheelchair adjacent to the bed the call light was on the floor on the opposite side of the bed. R4 stated that she is unable to walk. Surveyor inquired about the location of R4's call light E3 responded "It's on the floor" and placed it	F 246			

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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F 246	<p>Continued From page 1</p> <p>within reach. R4's ADL (Activity of Daily Living) care plan includes the following; Self care performance deficit related to impaired mobility and weakness. Intervention (5/15/16) to encourage resident to use bell to call for assistance.</p> <p>R5 was lying in bed and the call light was dangling from the upper side rail and at mattress level (out of sight). Surveyor inquired if R5's call light was within reach E3 responded "No" and placed it within reach. E3 stated that R5 requires assistance with transfer to the wheelchair. R5's ADL care plan includes the following; Self care performance deficit related to confusion with unsteady balance and gait. Intervention (10/2/15) to encourage resident to use bell to call for assistance.</p> <p>R6 was lying in bed the call light was dangling from the upper side rail at bed frame level (out of sight). Surveyor inquired if R6's call light was within reach E3 responded "No" and placed it within reach. E3 stated that R6 is bed bound. R6's care plan includes the following; (11/1/15) Severe impaired visual function: blindness. Diagnoses; cataracts and end stage glaucoma. Guest requires extensive to dependent assistance with ADL's. Intervention (3/17/14) to encourage guest to use bell to call for assistance.</p> <p>R7's was in a wheelchair adjacent to the bed the call light was on the floor on the opposite side of the bed. Surveyor inquired about the location of R7's call light E3 responded "On the floor" and placed it within reach. E3 stated that R7 is non-ambulatory. R7's ADL care plan includes the following; Self care performance deficit related to problems with gait/balance, weakness, blind.</p>	F 246			

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F 246	<p>Continued From page 2</p> <p>Intervention (3/17/14) encourage to use bell to call for assistance.</p> <p>On 5/18/16 at 11:26am, R3 was yelling "Help me Jesus help me." R3's call light was noted to be dangling from the side rail approximately 2 inches above floor level and out of reach. E8 (Certified Nursing Assistant) affirmed that R3 requires total assistance with ADL care and is unable to walk. Surveyor inquired about R3's call light location E8 responded "Hanging off the side of the rail down by the wound vac." Surveyor inquired if R3's call light was within reach E8 replied "No."</p> <p>The facility's call light policy and procedure (November 2010) includes but not limited to; When the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident.</p>	F 246			