| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145892 | A. BUILDING _____ B. WING _____ | C 06/24/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNNY HILL NURSING HOME OF WILL COUNTY | 421 DORIS AVENUE JOLIET, IL 60433 |

| (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 | F 000 | | |
| F 323 SS=D | Incident investigation of 06/05/15/ IL78134<br>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview and record review the facility failed to thoroughly investigate fall incidents resulting in injuries to determine the cause of the fall and prevent additional falls.<br><br>This applies to 2 of 3 residents, (R1 and R3) reviewed for falls that resulted in injuries.<br><br>The findings include:<br><br>According to the medical record and incident investigation completed by E3, ADON (assistant director of nursing) R1 is a 93 year old male with diagnoses including hypertension, dysphasia and flaccid hemiplegia (left side). According to the MDS (minimum data set) of 04/15/15 R1 has a BIMS (brief interview for mental status) score of 13 meaning R1 is cognitively intact. According to an incident report submitted by the facility R1 sustained a sprain injury to the left hand and a contusion to the left ankle during a transfer on 06/08/15. Upon further review of the incident | F 323 | | |

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

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| F 323 | Continued From page 1 | F 323 | | |

investigation the correct date of the transfer incident was actually 06/05/15. The report also stated staff would be re-in serviced on safety during transfers. In review of the investigation there is no indication of how the injury occurred during the transfer and how E3 came to her conclusion about staff needing in-servicing about safety during transfers. The statements provided by the 2 CNAs involved in the transfer do not include any documentation about an injury occurring. R1, who is alert and oriented, was not interviewed regarding the incident. Progress notes in the medical record were also reviewed and there was an entry by E4 (Registered Nurse-RN) dated 06/05/15 documenting a complaint by R1 of left hand pain. R1 told the nurse it happened last night (06/04/15) when they put the splint on, bent my finger back. The facility's investigation of this incident did not include an interview with R1 to determine who may have put his splint on the night before and there was no evidence E3 attempted to find out who worked with R1 the night of 06/04/14. E3 also did not look at the 2 separate incidents together to determine if the injury occurred from the 06/04/15 incident or the transfer on 06/05/15. E3 could not be interviewed because she was on vacation but E1 (administrator) and E2 (DON) were unable to provide any further information regarding the 2 incidents. R1 was interviewed on 06/23/15 and stated he did not remember exactly how his injury occurred.

According to the MDS of 03/26/15 in the medical record and an incident investigation report R3 is an 82 year old female with diagnoses including Hypertension and Parkinson's disease. R3 has a BIMS score of 15 and is alert and oriented. According to the facility's initial incident report on

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| F 323 | Continued From page 2<br>06/15/15 R3 was observed lying on the floor on her left side, stated she lost her balance when walking without assistance, complained of pain to the left wrist. R3 was sent to the hospital and returned with a diagnosis of left wrist fracture and a hematoma to the left side of the head. The facility's final report did not indicate that any further investigation was conducted. There was no interview with the person who found R3 on the floor and that person is not identified. There were no contributing factors assessed for or identified that may have contributed to the fall occurring. There was no further interview with R3 included in the investigation after the fall occurred. | F 323 | | |