STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146132	A. BUILDING _____ B. WING _____	10/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH SUBURBAN REHAB CENTER	19000 HALSTED HOMEWOOD, IL 60430

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F 000	INITIAL COMMENTS Annual Licensure and Certification Survey Investigation of Complaints 1595800/IL80991: no deficiencies 1595840/IL81042: F279, F333	F 000		
F 168 SS=C	483.10(g)(2) RIGHT TO INFO FROM/CONTACT ADVOCATE AGENCIES A resident has the right to receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to have client advocate information posted in a prominent location readily accessable for all residents. This failure has the potential to affect all 24 residents in the sample of 24 and all 156 residents in the facility. Findings include: CMS-672 form dated 10/27/15 indicates that the facility census on that date was 156 residents. During the environmental tour on 10/28/15 the only posting of the Ombudsman contact information was located on a bulletin board in a hallway outside of the first floor locked Dementia unit. This hallway is past the general exit of the facility and only leads to the kitchen and the locked Dementia unit and is not a hallway which would be used by residents. There was no	F 168		

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

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F 168	Continued From page 1 Ombudsman contact information located on the 2nd floor of the facility. On 10/28/15 at 10:30 am, R14 and R31 through R37 all denied any knowledge of an Ombudsman or state advocate and denied knowing how to contact one. On 10/30/15 at 10:00 am, E1 (Administrator) stated there used to be a posting about the Ombudsman on the second floor but she thinks it was removed for painting.	F 168		
F 241 SS=E	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to serve and provide meal service to residents in a dignified manner. This applies to 4 out of 10 residents reviewed for assistance and supervision for meals from a total sample 24 and 3 residents in the supplemental sample (R17, R15, R18, R16, R26, R27, R28). Findings include: 1). On 10/27/2015 at 8:36 AM, E10 (Certified Nursing Assistant) was feeding R17 breakfast in the dining room. R17 was asleep. E10 (CNA) attempted to arouse R17 but was unable. E17	F 241		

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(CNA) said R17 gets up early. On 10/29/2015 at 8:33 AM, again R17 was asleep at the breakfast table.

On 10/29/2015 at 1:05 PM, R17 was again asleep during lunch service in the dining room. During the meal service 3 other residents, R26, R27 and R28 were seated, all of them were sleeping and snoring during meal service. They were aroused throughout the meal to eat. R15 and R16 were seated and spilling food on the table and on the floor. Again there was no staff intervention. R15 and R18 were eating from each other's pureed meal tray and there was no staff intervention.

On 10/30/2015 at 9:43 AM, E1 (Administrator) said the dining room is too large and staff are occupied with passing out the trays with a lack of attention to the residents. E1(administrator) said she will implement changes for meal service.

2). On 10/29/15 at 1:05 pm, R16 was given a food tray which contained a salad and a sandwich. At that time, R16 was seated in her wheel chair at a 45 degree angle to the table, with her right side closest to the table and she was facing the left-hand corner of the table, with her left side approximately 18 inches from the table. When given her tray, there was no intervention by staff to ensure better positioning, so that R16 would be perpendicular to the table. R16 then began to eat, using her fork in her right hand and using her left hand to get her salad on her fork. As R16 brought her salad up to her mouth across this 18 inch space, she would drop pieces of lettuce down the front of her clothing protector and it would land in her lap. R16 continued to eat her salad in this manner, dropping additional pieces of lettuce in her lap and occasionally

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F 241	Continued From page 3 picking up a piece of lettuce from her lap and eating it. At one point while R16 was eating in this manner and dropping lettuce in her lap, E13 (CNA) was at the table doing tray set-up for another resident, and she made no intervention to assist R16 or change R16's position. R16's current MDS (Minimum Data Set), in Section G, indicates that R16 requires supervision for eating. R16 has numerous medical diagnoses including Dementia.	F 241		
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by:	F 279		

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Based on observation, record review and interview, the facility failed to develop and implement fall risk interventions for residents at risk for falls. This applies to 2 residents out of 4 (R22 and R20) reviewed for falls from a total sample of 24.

Findings include:

1. R22's initial fall risk assessment dated 7/10/15 shows R22 at high risk for falls. R22's primary admitting diagnosis is seizure disorder. Review of R22's interim plan of care does not address interventions to prevent injuries from falls or seizure activities. R22 experienced a seizure episode on 7/13/15 which resulted in a fall. R22 sustained "a small red area to the right side of the forehead." E1 (Administrator) stated on 10/30/15 at approximately 9:30am that the facility staff failed to complete an incident report for R22's fall which should have addressed what fall and injury prevention measures were in place.

2. R20 was observed in her room on 10/29/15, 9:30am sitting in a wheel chair in her room. R20 has right sided weakness, right arm contracture and an elastic bandage on right leg from foot to knee. R20 stated she has an ulcer on her right leg. R20 was observed to attempt to stand and wheel chair moved slightly backward. Surveyor directed R20 to lock her wheel which R20 was not able to engage the right lock. After a few attempts, R20 was able to come to a standing position, holding on to the bedside table for stability. R20 was able to pivot herself, holding onto the bedside table and plopped onto the bed.

R20 was admitted to the facility on 10/12/15 and fall risk assessment dated 10/17/15 shows R20 at

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F 279	Continued From page 5 high risk for falls. There are no interventions in place to address R20's risk factor. E2 (Director of nursing) stated on 10/30/15 at approximately 10:20 am that even though R20 is at high risk for falls, interventions are put in place in the event a resident has a fall. Pre-fall interventions include accessibility of call light and low bed position. The facility's fall policy dated August 2008 does not address fall intervention strategies. Facility's Care Plans-Preliminary dated August 2006 states "A preliminary plan of care to meet the resident's immediate needs shall be developed for each resident within twenty-fours (24) hours of admission." "The preliminary care plan will be used until the staff can conduct the comprehensive assessment and develop an interdisciplinary care plan."	F 279		
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide emergency	F 328		

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equipment/tracheostomy supplies at the bedside for 1 resident with a tracheostomy.

This applies to 1 (R5) of 3 residents reviewed for specialty care in the sample of 24.

The Findings Include:

Resident Admission Record states, R5 was admitted on 2/12/2014 with pertinent diagnosis of quadriplegia and attention to tracheostomy (a tube placed through the windpipe to relieve an obstruction to breathing).

On 10/27/2015 starting at 10:20AM, during the initial tour with E7 (Restorative Nurse), R5 was laying in bed with a tracheostomy that was capped. R5 was alert and able to communicate. There was a suction machine at the bedside table, there was no suction solution at the bedside table. The room did not have an ambu bag/mask or a replacement tracheostomy tube.

On 10/27/2015 at 2:31 PM and on 10/28/2015 at 9:24 AM, R5 was again laying in bed with the capped tracheostomy. Again there was no ambu bag/mask, suction solution nor replacement tracheostomy at the bedside table.

On 10/28/2015 at 10:12 AM, E8 (Nurse) said emergency equipment such as ambu bags and tracheostomy tubes are not kept in residents rooms, the supplies are locked in the medical supply room. E8 said R5 sometimes requires suctioning through the tracheostomy.

On 10/29/2015 at 9:10 AM, E9 (Nurse) said if an emergency occurred with R5's breathing she would have to run down the hall, unlock the door

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F 328	Continued From page 7 to the medical supply room to retrieve supplies and come back to R5's room and begin treatment. Tracheostomy Care Policy revised June 2005 states, "A replacement tracheostomy tube must be available at the bedside at all times. Ambu bag with mask must be available at the bedside at all times." Tracheostomy Care Plan dated 2/12/2014 does not state where the supplies should be kept.	F 328		
F 333 SS=D	483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to administer seizure medications to 1 of 3 residents (R22) reviewed for medication error. This resulted in R22 missing three days of antiseizure medication. Findings include: Face sheet dated 7/10/15 shows R22 was admitted to the facility on 7/10/15 with primary diagnosis of Seizures. Nursing notes dated 7/10/15, 8:06 pm states R22 was exhibiting seizure activity during the initial nursing assessment. R22 has a life long history of seizure disorder not easily controlled. Hospital records show R22 receives Vagus Nerve Stimulation (VNS) therapy to control seizure	F 333		

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F 333	Continued From page 8 activity. Physician's Order Sheet (POS) dated 7/10/15 through 7/13/15 shows orders for Ativan 1 milligrams (mg) twice daily, Clonazepam 1 mg daily and Vimpat 300 mg twice daily, all Schedule IV medications. R22 did not receive any of these medications during the 3 days in the facility. R22 had subsequent seizures on 7/11/15, 4:27pm and 7/13/15 at 2pm. E2 (Director of Nursing) stated during an interview on 10/30/15 at approximately 10:05 am that the Ativan was available in the medication convenience box and the nurse responsible for administrating this medication has been reprimanded. E2 stated that the schedule IV Vimpat, required a physician's written order and this was not obtained during the 3 days of R22 stay in the facility. R22's 7/13/15 seizure activity resulted in hospitalization. R22 was transferred from the community hospital to a Level 3 medical center and did not return to the facility. Z1 stated that R22 expired at the hospital on 8/4/15.	F 333		