

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005177</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/12/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LAKE SHORE HLTHCARE &amp;REHAB CTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626</b>
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(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) COMPLETE DATE
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210d)6) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>d) Pursuant to subsection (a), general</p>	S9999		
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Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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S9999	<p>Continued From page 1</p> <p>nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure that safety interventions were implemented involving transfers for 1 resident (R1). This failure resulted in (R1) patient diagnosis of bilateral shoulder dislocation. Findings Include: R1's care plan dated 3/6/14 indicate that R1 has limitation with range of motion, impaired standing balance and require 2 person assistance with transfer. Incident report dated 5/24/14 at 2:30pm, indicates that R1 was being transferred to the toilet by E10 (Certified Nursing assistant). The report continues to describe R1 being lowered to the floor twice by E10 during the attempted chair to toilet transfer. The report also states that R1 was placed in the chair by E10, and transferred into</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>the bed by mechanical lift by E10 unassisted. Once in bed, R1 began to complain of pain in both arms upon movement. Z1(Doctor) was notified. Orders included X-Rays. Radiology report dated 5/24/14 at 7:40pm has the following impressions; 1. Anterior dislocation of the left shoulder. Recommend a follow-up X-ray examination after the dislocation has reduced to include a Grashey and/or transscapular view to re-evaluate for a fracture of the humeral head. 2. Anterior dislocation of the right shoulder. Recommend a follow-up X-ray examination to include a Grashey and transscapularviews after reduction of the right shoulder to completely exclude a fracture.</p> <p>On 6/10/14 at 10:05am E1 (Administrator) states that after the incident with R1, the Quality Assurance team initiated educating and training the staff on transfers</p> <p>Interview with E13 (Registered Nurse) on 6/12/14 at 11:30am, indicate that R1 was observed on the floor twice during the time when E10 CNA (Certified Nursing Assistant) was rendering incontinent care. E13 stated that the standing lifter used during this transfer should be used by two people during transfer of residents, and E10 didn't seek help prior to trying to transfer .</p> <p>On 6/11/14 at 10:45am Z1 (Physician) states, " R1 had dislocation of her shoulders; they told me it was from when they were trying to get R1 in bed. She didn't have any conditions that would contribute to a dislocation. She doesn't have a fracture, it's a dislocation. "</p> <p>Facility policy regarding proper transfers /mechanical lift transfers states in part -" Staff are to assist residents based on their individual needs assessment and that all mechanical transfers required at a minimum, 2 people.</p> <p>(B)</p>	S9999		