

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002265	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/18/2014
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NAME OF PROVIDER OR SUPPLIER SYMPHONY OF CRESTWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 14255 SOUTH CICERO AVENUE CRESTWOOD, IL 60445
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 300.1210b) 300.1210d)6 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care 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</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 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</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on interview and record review facility failed to provide toileting assistance for 1 of 3 residents (R1) reviewed for falls. This failure</p>	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 12/04/14
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S9999	<p>Continued From page 1</p> <p>resulted in the facility not assisting R1 to use the washroom after she (R1) requested to go and subsequently R1 sustained a left shoulder and left knee fracture after attempting to get up on her own.</p> <p>Findings Include:</p> <p>R1 ' s minimum data set dated 9-23-14 toilet use extensive assist one person; incontinent of bowel and bladder.</p> <p>E5 (Certified Nurse Aide) stated on 11-13-14 at 2:00 pm works regularly on the unit where R1 once resided and was assigned to took care of R1 on a regular basis. E5 stated R1 would urinate on herself but sometimes would let the staff know when she had to use the washroom and they would assist her to the toilet to urinate. E5 stated if a resident or R1 asks to use the washroom that she helps her go immediately or if she is helping another resident would ask another staff member to assist that resident to the washroom. E5 stated would not make a resident or R1 wait longer than 10 minutes to take them to the washroom.</p> <p>E4 (Licensed Practical Nurse) stated on 11-13-14 at 1:30 pm R1 was one of the residents she took care of on a daily basis. E4 stated R1 wanted to have her independence but had to remind frequently of what she couldn't do. E4 stated R1 was able to express to staff her needs or what she wanted. E4 stated R1 was incontinent and would be found wet at times. E4 stated on some occasions R1 would ask staff to help her use the washroom. E4 stated R1 had to be monitored because she was high risk for fall. E4 stated if R1 or any resident asked her to assist to the washroom would do it help that resident or get a</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>staff member right away to assist that resident to the toilet. E4 stated because R1 liked her independence R1 needed constant to be reminding to wait for help to come because she would try to go to the washroom on her own.</p> <p>R1's care plan initiated 9-25-14 denotes R1 has an ADL self care performance deficit related to cognitive deficits, requires extensive assistance with ADL ' s transfers. Resident ambulates with staff assist. Incontinent bowel and bladder. Toilet use the resident requires extensive (1) staff participation to use toilet.</p> <p>E2 (Licensed Practical Nurse) stated on 11-13-14 was the nurse on duty for the fourth floor when R1 was discovered in her room on the floor on 10-30-14 at 6:45 am. E2 stated the fall occurred at approximately 6:45 am on 10-30-14 but prior to R1 ' s fall incident R1 had tried to get out of her bed without assistance wanting to go to the washroom at around 6:00 am. E2 stated she repositioned R1 back in the bed checked the bed alarm, floor mat and instructed R1 to wait for the CNA to come to help her use the washroom. E2 stated she gave R1 her six o ' clock medication at 6am then told R1 to wait that the CNA would be in to help her use the washroom. E2 stated she walked out of R1 ' s room and saw the CNA (E3) in another room giving care to another resident and told E3 that R1 needed toileting. E2 stated finished her morning medication pass and went back to the dining room to monitor the residents that were sitting there. E2 stated she did not take R1 to the washroom because she had to monitor the dayroom. E2 stated was sitting in the dining room at about 6:45 am when E3 called for help that R1 had fallen. E2 stated she went to R1's room and saw R1 on the floor on her left side. E2 stated R1 was assessed, doctor notified and</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>X-ray ordered.</p> <p>E3 (Certified Nurse Aide) stated on 11-13-14 at 10:20 am was assigned to the fourth floor on 10-30-14 and was on E2 ' s team with her residents including R1. E3 stated normally works the third floor and was new and not familiar with the fourth floor residents. E3 stated while she was in R1's room in the washroom with R1's roommate she heard R1's alarm go off and stepped out of the washroom and observed R1 on the floor. E3 stated she called for assistance and E2 came to the room and assessed R1. E3 stated she was never told by E2 that R1 had to use the washroom prior to the fall because if she had knew that R1 need to use the washroom would have not gotten R1 ' s roommate up but instead would have assisted R1 to the washroom first. E3 denied that E2 told her that R1 needed to be toileted between 6:00- 6:45 am on 10-30-14.</p> <p>R1 ' s incident report dated 10-30-14 denotes type-fall, location resident ' s room, laying face down on the floor. Care prior to fall 6:00am. Time of fall 6:45 am.</p> <p>R1 ' s medication sheet denotes R1 received heparin 5000 unit injection subcutaneously.</p> <p>R1 ' s nurse note dated 10-30-14 denotes fall at 6:45 am with complaints of pain to left shoulder, arm and knee; X-ray ordered. R1 ' s nurse note dated 10-30-14 written at 12:50 pm denotes doctor notified X-ray results mid left patella suspect an acute nondisplaced fracture. Received orders to send R1 to hospital as direct admit.</p> <p>R1 ' s hospital record dated 10-31-4 denotes impression the X-rays revealed the patient (R1)</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>status post fall, has left shoulder fracture with minimal displacement. She (R1) also has left knee patellar fracture with minimal displacement. Will proceed with close management of left shoulder with immobilization sling. A knee immobilizer was applied to the left extremity for close management.</p> <p>Z2 (Doctor) stated on 11-14-14 at 9:00 am does not know what happened prior to fall but believes the fall caused the fracture to the left knee and shoulder.</p> <p>E1 (Director of Nursing) stated on 11-13-14 at 3:00 pm all residents should be toileted as soon as they call/request to go to the washroom. E1 stated no resident should have to wait no longer than ten minutes to use the washroom if they inform staff that they need to go.</p> <p>Facility ' s Activities Of Daily Living guidelines denotes activities of daily living is provided to prevent disability and return or maintain residents at their maximal level of functioning based on their diagnosis. The ability of each resident to meet the demands of daily living is determined by a Licensed Nurse. A program of assistance and instructions in ADL skills is care planned and implemented. Procedure: Elimination assistance and instruction are given as required.</p> <p>R1 ' s diagnosis dated 9-17-14 included personal history of fall, difficulty in walking and muscle weakness.</p> <p style="text-align: center;">(B)</p>	S9999		