

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006191	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/28/2015
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NAME OF PROVIDER OR SUPPLIER GLEN BRIDGE N & REHAB CENTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 8333 WEST GOLF ROAD NILES, IL 60714
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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>Section 300.690 Serious Incidents and Accidents</p> <p>a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident.</p> <p>b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.</p> <p>c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.</p> <p>This requirement is not met as evidence by:</p> <p>Based on interview and record review the facility failed to report a serious incident involving a resident who substained a serious injury within 24</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	
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Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>hours and provide a narrative summary of the incident to the Department within seven days after notification of the occurrence. This applies to one of three residents (R1) reviewed for falls.</p> <p>Findings include:</p> <p>The facility's accident and incident reports show R1 had a fall on 12/29/14 at 8:50pm and sustained a fracture of the humerus. The facility did not have any evidence this was reported to the department or that a final report sent to the Department. Also, R1 had another fall on 1/7/15 at 8:45am and sustained an intracranial hemorrhage. The facility sent the initial report to the state agency on 1/8/15 at 10:36am and did not do a final report to send to the Department.</p> <p>On 1/28/15 at 4:00pm E1 (Administrator) stated, "for the 12/29/14 incident report the final and the initial were done together. They faxed the report sheet. For the one on 1/7/15, she did sent it at 8:00am, it was busy and then resent it at 10:36am." E1 was asked if the state agency was called, E1 stated "no, I'm not sure. It should have been notified on the fax cover sheet that it was the initial and the final investigations." E1 was asked if it was noted on the fax cover sheet, E1 stated "no, not that I see."</p> <p>(B)</p>	S9999		

FAC. NAME: GLEN BRIDGE N & REHAB CENTRE
LIC. ID #: 0035014
DATE COMPLAINT RECEIVED: 01/09/15 01:00:00

COMPLAINT #: 0074198

IDPH Code	Allegation Summary	Determination
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104	NEGLECT	2
105	IMPROPER NURSING CARE	1
116	RESIDENTS FUNDS	2
131	RESIDENT INJURY	1

X The facility has committed violations as indicated in the attached*
 ___ No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

- 1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.