Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014237	A. BUILDING: _____ B. WING _____	C 11/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD CARE CENTER OF ELGIN	2355 ROYAL BOULEVARD ELGIN, IL 60123

(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
S 000	Initial Comments Complaint Investigation #1877349/ IL#107225	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.610a) 300.1210b)d)6) 300.1220b)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures 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. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014237	A. BUILDING: _____ B. WING _____	C 11/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD CARE CENTER OF ELGIN	2355 ROYAL BOULEVARD ELGIN, IL 60123

(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
S9999	Continued From page 1 resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 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. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014237	A. BUILDING: _____ B. WING _____	C 11/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD CARE CENTER OF ELGIN	2355 ROYAL BOULEVARD ELGIN, IL 60123

(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
S9999	Continued From page 2 resident. (Section 2-107 of the Act) These requirements were not met as evidenced by: Based on Observation, Interview and Record review the facility failed to ensure residents fall interventions were implemented. This resulted in (R1) sustaining a facial fracture and a burst fracture of the C6 vertebrae. This applies to 2 of 3 residents (R1 and R2) reviewed for falls in the sample of 11. The findings include; R1's Face sheet shows resident is a 95 year old male with the following diagnoses: Dementia, Hypertension, Diabetes Mellitus, Peripheral Vascular disease, Anemia, Hyperlipidemia, Osteoarthritis, Gastro-esophageal reflux, Chronic Kidney Disease, and Ectropion of left lower eyelid. R1's MDS (Minimum Data Set) assessment dated September 9, 2018 shows R1's cognitive status is moderately impaired. The MDS shows R1 requires extensive assistance for dressing, bed mobility, toilet use, and hygiene. R1 is totally dependent on (2) staff members for transferring resident with mechanical lift. R1's Care plan dated September 18, 2018 shows R1 has a history of falls and is at risk for falls related to decreased balance and inadequate safety awareness. R1's fall investigation report dated November 9, 2018, faxed to IDPH, shows R1 at 10:12 AM was in front of the nurse's station. Per witness ,V9's	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014237	A. BUILDING: _____ B. WING _____	C 11/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD CARE CENTER OF ELGIN	2355 ROYAL BOULEVARD ELGIN, IL 60123

(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
S9999	Continued From page 3 (Insurance Case Manager) statement shows R1 was noticed sitting in his wheelchair by nurse's station and then she noticed resident was leaning forward, falling from chair and then hit his head on the ground. On November 13, 2018 at 3:02 PM, V3 LPN (Licensed Practical Nurse) stated she was not R1's nurse on November 5, 2018. V3 stated she was sitting at the nurse's station but was unable to visually see R1. V3 stated R1was a high fall risk. V3 stated all of the facility fall risk residents,on this unit, need to be visually monitored by all staff. V3 stated all fall risk residents on this wing are lined up at the nurse's station by the desk. V3 stated fall risk residents are kept in view and the facility always tries to have a staff member at the nurse's station desk. V3 stated an insurance case manager yelled; " He is going to fall" and we all ran towards R1. On November 13, 2018 at 11:00 AM, V1 (Administrator) stated R1 was at the nurse's station. R1 was trying to pick something off the floor and visitor tried to stop him. R1 was leaning over the wheelchair and he fell forward, hitting his head. V1 stated, according to the neurosurgeon at the hospital, he could not perform surgery so the family decided to remove R1 from life support and provide comfort care. R1 died the next day on November 6, 2018. V1 stated R1's personal safety alarms were removed and in place of them, the staff were to keep a visual eye on him. On November 13, 2018 at 12:00 PM, V2 DON (Director of Nursing) stated R1 had a low bed, his bed against the wall, mattress on the floor and a skid resistant pad for his wheelchair seat. V2 stated as far as she knows, R1's previous falls all happened in his room. V2 stated one of R1's	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014237	A. BUILDING: _____ B. WING _____	C 11/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD CARE CENTER OF ELGIN	2355 ROYAL BOULEVARD ELGIN, IL 60123

(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
S9999	Continued From page 4	S9999		

interventions were to try to keep R1 in the dining room so staff could see him. V2 stated the facility no longer uses personal safety alarms at this time. V2 stated R1 was brought to the front of the nurse's station at approximately 10:00 AM. V2 stated she was notified R1 was on the floor and he was provided first aid, 911 was called and he was immobilized. V2 stated she was not sure if R1 was in staff's view.

On November 13, 2018 at 3:22 PM, V4 LPN (Licensed Practical Nurse) stated R1 was reaching for something but she could not understand what he was trying to say. V4 stated she did see R1's eye glass case on the floor after the fall. V4 stated the nurses and CNAs (Certified Nursing Assistants) are supposed to watch the fall risk patients but do not have enough time or staff to do it. V4 stated; "We cannot always be around the nurse's station, we have to pass meds." V4 stated; "We had a meeting and I ,with another nurse, spoke up that we needed more staff and the same response was given that 'we are working on it. " V4 stated on November 5, 2018, at the time R1 fell, she was sitting behind the nurse's station desk and did not see R1 fall until she ran around the nurse's station and he was already on the floor. V4 stated an insurance case manager was visiting and yelled that a resident was falling and "I jumped up and ran towards R1." V4 stated usually the fall risk residents are behind the nurse's station desk, V 4 said "I do not know why he was left in front of the nurse's station." V4 stated R1 usually lays down. V4 stated once after R1 fell we had him at the nurse's station because he was trying to get up from his wheelchair.

On November 14, 2018 at 9:50 AM, V5 (Coroner)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014237	A. BUILDING: _____ B. WING _____	C 11/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD CARE CENTER OF ELGIN	2355 ROYAL BOULEVARD ELGIN, IL 60123

(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
S9999	Continued From page 5	S9999		

stated he spoke with the ER staff at the hospital regarding R1. V5 stated V11 (ICU Physician) documented R1's cause of death is related to the fall and hypoxia. The tentative death of R1 is fall related and in addition, hypercapnia. V5 stated the coroner's case is still open until all medical records are received.

On November 14, 2018 at 10:10 AM, V6 (R1's wife) stated R1 broke his neck and nose. V6 stated he died related to the fall and it was a terrible situation. V6 stated R1 fell multiple times times. V6 stated ;"it was very concerning to me." V6 stated R1 should have not fallen like he did. V6 stated she felt the facility should have put something in or on his chair or do something that would prevent him from falling. V6 stated she was married to R1 for over 32 1/2 years and he will be truly missed.

On November 14, 2018 at 11:00 AM, V7 RN (Registered Nurse) stated on November 5, 2018 at 9:40 AM she was getting her folder from the 400 hall wing office for a meeting. V7 stated and she saw R1 at a table in the dining room asleep with a tray on his lap and a bowl of cereal, spoon and fork on his leg. V7 stated she tapped R1's shoulder and asked if a CNA (Certified Nursing Assistant) could change him . When V7 and R1 reached the nurses station, all CNAs and nurses were at the nurses station for morning meeting. V7 stated she told R1's CNA that he spilled cereal on his lap and needed to be changed. V7 stated she put R1 by the outer part of the nurse's station where the aide could see R1. V7 stated she was not sure if R1's CNA changed his clothes. V7 stated R1 fell at the spot she put him. V7 stated ,most of the time, if a resident is a fall risk they have to be in staff's view at the nurse's station where staff are present. V7 stated the reason

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014237	A. BUILDING _____ B. WING _____	C 11/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD CARE CENTER OF ELGIN	2355 ROYAL BOULEVARD ELGIN, IL 60123

(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
S9999	Continued From page 6	S9999		

she did not place R1 behind the nurses station is because all the staff where behind the desk. V7 stated if R1 is confused, a staff member will sit with him and chart. V7 stated "we remind staff in the am meetings who are frequent fallers and who need to go to bed to prevent falls." V7 stated there is no specific time frame implemented on checking fall risk patients. V7 stated the facility did away with alarms and thought alarms were more convenient for the staff. Alarms would not stop resident from falling. V7 stated the staff should check on the residents physically. V7 stated the facility looks at the falls based on how the resident falls and then implement interventions.

R1's Hospital records were reviewed and showed V11 (Neurosurgeon) explained to V6 (R1's wife) that R1 was not a reasonable candidate for his neck fracture. In addition, R1's cause of death was respiratory failure due to airway compromise, due to a burst fracture of the C6 vertebrae which was the result of an accidental fall. A burst fracture is a descriptive term for an injury to the spine in which the vertebral body is severely compressed. Burst fractures typically occur from severe trauma such as a fall.

2. R2's face sheet showed resident with the following diagnoses: Parkinson's disease, Benign hypertrophy, Anemia, Anxiety, Urinary Tract Infection, Hypertension, Diabetes Mellitus, Dementia, Psychosis and Major Depression.

On November 13, 2018 at 9:45 AM, R2 was at the nurse's station behind the desk sleeping in his wheelchair. V3 LPN (Licensed Practical Nurse) stated R2 was sitting behind the nursing station desk because he was a fall risk. R2 was noticed with his wheelchair brakes on and his body was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014237	A. BUILDING: _____ B. WING _____	C 11/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD CARE CENTER OF ELGIN	2355 ROYAL BOULEVARD ELGIN, IL 60123

(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
S9999	Continued From page 7	S9999		

pushed up against the desk. V3 stated she had to go to the bathroom. No staff were at the nurse's station or in the dining room to view R2 for 18 minutes consecutively. R2 woke up and started to push back on his wheelchair that was locked. V3 returned from the bathroom and was told R2 was pushing himself back in his wheelchair trying to move away from the desk. V3 stated staff should have been at the desk to monitor him.

R2's Fall Risk Care Plan dated November 2, 2018 to present shows resident is alert to person and place with episodes of confusion; exhibits poor safety awareness and unsafe attempts to transfer self without assistance and last known fall was on September 1, 2018. R2's interventions are as follows: to be monitored frequently and keep within sight of staff and to monitor frequently and anticipate his needs.

On November 13, 2018 at 10:30 AM, V2 DON (Director of Nursing) was told R2 was left at the nurse's station behind the desk with no one at the nurse's station or in the dining room from 10:02AM to 10:20 AM. In addition, V2 was told R2 was trying to stand but his wheelchair brakes were locked. V2 stated R2 is positioned at the nurse's station so that staff would be able to see him to prevent him from standing and falling.

On November 13, 2018 at 2:00 PM, V1 (Administrator) stated R2 is positioned in the nurses station, behind the desk, because he was a high fall risk. V1 stated R2 should not have been left alone at the nurse's station and not in sight of a staff member. V1 stated R2 should monitored and should be kept within sight of staff members.

On November 13, 2018 at 11:00 AM, V1 stated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014237	A. BUILDING: _____ B. WING _____	C 11/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD CARE CENTER OF ELGIN	2355 ROYAL BOULEVARD ELGIN, IL 60123

(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
S9999	Continued From page 8 R2 has a history of falls and tries to get up and down all the time . Staff walk with R2, do activities, 1:1, and R2 is placed behind the nurse's station to keep him with someone. V1 stated R2 has not fallen recently since these interventions mentioned above. The Facility's Incidents/Accidents Policy and Procedure Revised October 2018 shows: The facility will take every precaution to prevent the occurrence of accidents...An incident may defined as, but is not limited to falls, resident injuries of known or unknown origin, or any occurrence of an unusual nature that requires investigation. (A)	S9999		