

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004667	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/09/2015
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NAME OF PROVIDER OR SUPPLIER ESTATES OF HYDE PARK, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 4505 SOUTH DREXEL CHICAGO, IL 60653
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S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS</p> <p>300.1210a) 300.1210b) 300.1210d)6) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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</p>	S9999	<p>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
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S9999	<p>Continued From page 1</p> <p>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:</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</p> <p>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 REQUIREMENTS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on interview and record review the facility failed to prevent an avoidable fall accident by positioning a bed close to a radiator for (R6) 1 of 3 residents reviewed for falls, and failed to prevent a fall incident while providing care for 1 of 3 residents reviewed for falls. This failure resulted in R6 falling onto a radiator requiring hospital treatment where R6 was assessed to have a surface area burn to 20% of her body.</p> <p>Findings Include:</p> <p>R6's face sheet diagnoses include dementia, muscle weakness, pneumonia and glaucoma.</p> <p>R6's incident report dated 12/17/14 at 4:00 am</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>indicates R6 was found on the bedroom floor with multiple skin tears noted. R6's report indicates 911 emergency was activated and R6 was transported to a local hospital and admitted. R6's incident report did not include mention of R6 suffering a fall on the radiator.</p> <p>On 1/27/15 at 10:30 am E1 Administrator stated R6 fell against the radiator cover causing the cover to become dislodged from the wall.</p> <p>On 1/27/14at 11:00 am this surveyor observed the radiator cover in R6's last assigned room secured with a metal bracket and a screw. E1 stated the radiator cover was reapplied and secured after R6's incident.</p> <p>On 1/27/15 at 11:30 amE2 Director of Nursing (DON) stated R6 had a fall mat to the right side of the bed however there was no fall mat on the left side of R6's bed. E2 DON stated R6 always favored the right side therefore a fall mat on the left side was not an intervention. E2 DON stated R6 fell to the left side of the bed next to the heating vent.</p> <p>R6's progress note dated 12/17/14 indicates, "upon routine rounds resident was observed laying on her left side with left knee noted resting against wall with skin tear and right arm and hand noted with skin tear."</p> <p>On 1/27/15 at 11:30am R16 stated she got up at 4:00am on 12/18/14 to go to the bathroom and heard R6 moaning. R16 stated she went to the hall and yelled for a nurse after discovering R6 lying on the floor to the left of the bed. R16 stated she did not hear any alarms sounding when she discovered R6 on the floor.</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

ESTATES OF HYDE PARK, THE **4505 SOUTH DREXEL**
CHICAGO, IL 60653

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S9999	<p>Continued From page 3</p> <p>On 1/27/15 at 12:00 pm E7 Registered Nurse (RN) stated R6 had a low bed and a floor mat to the right side but not on the left side where R6 fell from the bed. E7 stated R6 had a bed alarm in place but it did not alarm. E7 stated the bed alarms should sound when it detects resident movement from the bed. E7 stated she was made aware of R6 laying on the floor when R16 called out into the hall for help despite E7's documentation in R6's progress note indicating R6 was observed on the floor during routine rounds. E7 stated R6 was found lying on the floor with the right side facing the wall and does not recall if the radiator cover was hanging from the wall.</p> <p>R6's fall care plan dated 10/27/14 indicates R6 is dependent on staff for transfers, is unable to ambulate and is at risk for falls. R6's fall care plan includes an intervention to ensure functioning alarm devices and to continue with a low bed with a safety mattress.</p> <p>R6's Minimum Data Set dated 10/22/14 indicates R6 needed extensive assistance with two person assist for bed mobility with total dependence for transfers and ambulation.</p> <p>R6's hospital records indicate R6 was admitted to the hospital with approximately 20 percent (%) total body surface area burns (TBSA). R6's hospital record indicates R6 had the following: approximately 3% full thickness burn to left lower extremity extending from anteromedial aspect of distal thigh over knee joint; less than 1% TBSA burn characterized by a single bulla on anterolateral aspect of right knee; approximately 3 - 4% TBSA long erythematous burn with well defined borders noted across anterior chest; approximately 3% TBSA burn overlying right</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>bicep and characterized by erythema; approximately 3% TBSA burn on right forearm characterized by multiple bullae and erythema; less than 1% TBSA burn to dorsum of index and middle finger of left hand overlying the PIP (Proximal Interphalangeal) joint and characterized by the presence of bulbae; approximately 3% TBSA burn characterized by erythema on anteromedial aspect of right thigh extending from superior aspect of right hip 2/3 of the way to the knee; approximately 2 centimeters (cm) x 2 cm burn to left temple with deeper burn in the center which is likely the point of contact. R6's hospital records indicate R6 was transferred to a local hospital on 12/24/14 for hospice care where she expired on 12/26/14.</p> <p>R7's face sheet diagnoses include epilepsy and muscle weakness.</p> <p>R7's progress notes and event report dated 1/26/15 indicates R7 fell face down onto the floor from the bed while receiving incontinence care.</p> <p>R7's event report indicates R7 was observed with a small hematoma to the right middle brow area and was transferred to the local hospital for evaluation.</p> <p>R7's Minimum Data Set (MDS) dated 12/26/14 indicates R7 is totally dependent requiring two person assistance with bed mobility. The facility could not provide a fall care plan for R7 upon surveyor request.</p> <p>On 1/28/15 at 11:45 am E8 Certified Nursing Assistant (CNA) stated that she was providing incontinence care and a complete linen change for R7 when R7 rolled to her left side onto the floor. E8 stated she was providing incontinence</p>	S9999		

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S9999	Continued From page 5 care and a complete linen change alone without assistance from another staff member despite the MDS indicating R7 requires two person assistance for bed mobility. E8 stated R7's bed does not have side rails. (B)	S9999		