Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:

IL6009112

(X2) MULTIPLE CONSTRUCTION
A. BUILDING:

B. WING:

(X3) DATE SURVEY COMPLETED

C

09/17/2020

NAME OF PROVIDER OR SUPPLIER

PAUL HOUSE & HEALTH CRCTR

STREET ADDRESS, CITY, STATE, ZIP CODE

3800 NORTH CALIFORNIA AVENUE

CHICAGO, IL 60618

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG

S 000

Initial Comments

Complaint: 2082860/IL121991 - F684 G

S9999

Final Observations

Statement of Licensure Violations:

300.610a)

300.1210b)

300.1210d(6)

300.3240a)

Section 300.610 Resident Care Policies

a) 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.

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

Attachment A

Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

09/05/2020

599K11

If continuation sheet 1 of 8
**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 300.3240 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)

These Regulations were not met as evidenced by:

Based on interviews and record review, the facility failed to timely send a resident out for evaluation and treatment of a confirmed hip dislocation for one resident (R4) reviewed for improper nursing care. This failure resulted in R4 remaining in the facility for eight days with a dislocated hip joint before reduction treatment was provided in the hospital.

Findings include:

R4's diagnosis include but not limited to Dementia, Parkinson's Disease, Cognitive...
Continued From page 2

Communication Deficit and Presence of Right Artificial Hip Joint.

On 9/16/2020 at 10:39 am, V23 (LPN) stated that on 2/19/2020, she called V37 (POA) to remind her about R4's orthopedic appointment on 2/20/2020 at 12:05 pm. V23 stated that V37 wanted to cancel the appointment. V23 stated that she then notified V10 (NP) that V37 needed to cancel R4's orthopedic appointment, and V10 ordered for an X-ray of R4's right hip.

V23 added that if a family member or POA cannot come with a resident to a medical appointment, then the facility will offer an escort to accompany the resident. V23 could not recall if she offered V37 an escort for R4's orthopedic appointment.

On 9/15/2020 at 9:33 am, V15 (Scheduler) stated that if there's no family member available to go with a resident to a medical appointment, the nurse will call her to set up an escort.

Facility document, titled "Escort for Patients/Residents" and dated February 2020, documents, in part, that V37 (POA) is R4's escort for the 2/20/2020 orthopedic appointment with V21 (Orthopedic Surgeon).

R4's portable X-ray results of right hip from 2/19/2020 at 8:56 pm, document, in part, "Acute posterior dislocation of femoral head prosthesis with inward rotation of femur."

On 9/17/2020 at 6:31 am, V19 (RN) stated that when she received R4's first right hip X-ray result on 2/20/2020 at 12:45 am, she called V17 (NP) with the results, and V17 replied that she wanted R4 to attend his orthopedic appointment scheduled on 2/20/2020 and to inform V10 (NP)
Continued From page 3

of this right hip X-ray result for R4. V19 stated that V17 did not give an order at this time to transfer R4 to the hospital for the right hip dislocation.

Furthermore, V19 stated that on 2/20/2020 at 4:32 am, when R4's right femur and lumbar spine X-ray results came in, she called V27 (Former Employee, NP) and read him the results. V19 stated that she informed him that she had already communicated to V17 the results of R4's first right hip X-ray and that she had ordered for R4 to attend the orthopedic appointment scheduled on 2/20/2020 and that V19 would be notifying V10 of R4's X-ray results in the morning. V19 stated that V27 did not give an order at this time to transfer R4 to the hospital for the right hip dislocation.

V19 continued to state that on 2/20/2020 at 6:45 am, she called V10 (NP) and relayed R4's right hip X-ray results to her, and that V10 ordered for R4 to go to the scheduled orthopedic appointment on 2/20/20 and for V19 to call V37 (POA) to inform her of this order. V19 stated that she phoned V37 and left this new order from V10 on V37's voicemail. V19 stated that V10 did not give an order at this time to transfer R4 to the hospital for the right hip dislocation.

On 2/20/2020 at 8:00 am, V36 (RN) documented, in part, that V37 (POA) wanted to reschedule V4's orthopedic appointment due to being sick. On 2/20/2020 at 10:00 am, V36 documented, in part, that R4's rescheduled orthopedic appointment was made for 2/27/2020 at 12:05 pm, and V37 and V10 (NP) were made aware of the new orthopedic appointment date.

On 9/17/2020 at 6:31 am, V19 (RN) stated that on 2/20/2020 at 7:45 pm, she witnessed R4
Continued From page 4

standing up from R4's wheelchair and fell to the floor. V19 stated that she immediately went to R4 while calling for help and then assessed R4. She stated that R4 complained of right hip pain and upon checking for range of motion, R4 had limited movement of the right leg. V19 stated, "I didn't force the movement. (R4) had limited movement because of pain." V19 stated that she informed V27 (Former Employee, NP) of R4's fall and complaints of right hip pain, and he gave orders for X-rays of R4's right hip, femur and spine. V19 stated that on 2/21/2020 at 3:00 am, when she faxed R4's X-ray results to V27, she spoke to V27, and that he concluded that R4's new X-ray results from 2/20/2020, when compared to the previous X-ray results from 2/19/2020, were "almost the same" and ordered to send both sets of R4's hip X-rays results with R4 to the orthopedic appointment scheduled on 2/27/2020. V19 stated that V27 did not give an order at this time to transfer R4 to the hospital for the right hip dislocation.

R4's portable X-ray results of right hip from 2/20/2020 and reported on 2/21/2020 at 12:04 am, document, in part, "Examination reveals total right hip replacement prosthesis with subluxation of the metallic head prosthesis outside confines of the metallic acetabular prosthesis."

On 9/17/2020 at 6:31 am, V19 (RN) stated that on 2/21/2020, she notified V37 (POA) of R4's X-ray results and said that V37 stated that she would be able to transport R4 to the 2/27/2020 orthopedic appointment.

On 9/14/2020 at 11:23 am, V8 (LPN) stated that on 2/21/2020, she set up transportation with a non-emergency transportation provider company for R4 to go to the 2/27/2020 orthopedic
Continued from page 5

appointment at 12:05 pm.

On 9/14/2020 at 1:19 pm, V10 (NP) was shown R4's right hip and femur X-ray results that were performed on 2/19/2020 and 2/20/2020, and V10 stated, "Oh my God, (R4) should have been sent out." V10 stated that R4 should have been sent out to the hospital with a dislocated hip. V10 stated that she cannot manually adjust a dislocated hip joint and that this treatment has to be done in the hospital.

On 9/18/2020 at 10:39 am, V23 (LPN) stated that on 2/24/2020, V23 (LPN) stated that she received a new order from V10 (NP) for scheduled Acetaminophen twice a day for R4's right hip pain. V23 stated that due to R4's dementia, R4 wouldn't complain of any pain and would not request any pain medication. V23 stated that Acetaminophen was ordered twice a day for R4 for right hip pain relief coverage.

On 2/24/2020 at 4:43 pm, V10 (NP) documented, in part, that R4 was examined, complained of right hip pain with a history of a recent fall with right hip dislocation and not taking any whenever (PRN). R4's Order Summary Report, with an order date of 2/25/2020, documents, in part, "Acetaminophen 325 mg, Give 2 tablets by mouth every 12 hours for right hip pain."

On 9/15/2020 at 4:16 pm, V21 (Orthopedic Surgeon) stated that he has seen R4 on several occasions for he met R4 for the first time during R4's orthopedic office visit on 2/27/2020. V21 stated that he immediately could see that R4's right leg was contracted. V21 said that he immediately performed an X-ray in his office which showed that R4's right hip was dislocated. V21 stated that he attempted to "pop it back in,"
but that R4 was already in pain and that "it's difficult to do without sedation." V21 stated that when he asked R4 how long R4's right hip has been like this, R4 said that R4 had "no idea." V21 stated that he sent R4 emergently to the nearest hospital emergency room to reduce and relocate R4's right hip joint.

After this surveyor read V21 (Orthopedic Surgeon) the right hip and femur X-ray results for R4 that were taken in the facility on 2/19/2020 and 2/20/2020, V21 stated that R4's confirmed right hip dislocation on 2/19/2020 "needed to be evaluated and treated in a hospital emergency room."

On 9/15/2020 at 4:16 pm, V21 stated that R4 suffered harm caused by the facility's delay to send out R4 for treatment at a hospital for eight days, from 2/19/2020 to 2/27/2020. V21 stated, "With the nature of R4's hip being out for over a week, it makes it difficult to put back in, harder to keep it in the socket and increased R4's chances of future dislocations." V21 said that artificial parts don't get damaged with a dislocation, but that it is R4's soft tissues surrounding the hip joint that get damaged the longer it stays dislocated. Lastly, V21 added that since R4 has dementia and can't always make needs known to staff, R4 must have experienced right hip pain during the facility's delay in sending R4 out to the hospital.

R4's Order Summary Report, with an order date of 3/6/2020, documents, in part, "If (R4) dislocates hip, call 911 and go to hospital by ambulance."

R4's emergency department hospital records on 3/11/2020 to 3/12/2020 revealed that R4 had another dislocated right hip and received
<table>
<thead>
<tr>
<th>ID TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>S9999</td>
<td>Continued From page 7 intravenous sedation to reduce and set R4's right hip joint.</td>
</tr>
</tbody>
</table>

(A)