

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145458	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2020
NAME OF PROVIDER OF SUPPLIER OAK BROOK CARE		STREET ADDRESS, CITY, STATE, ZIP 2013 MIDWEST ROAD OAK BROOK, IL 60521	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure interventions were in place to reduce the risk of falls for a resident with known fall history upon admission. This applies to 1 of 3 residents (R4) reviewed for falls. Findings include: According to the Electronic Health Record (EHR) R4 had [DIAGNOSES REDACTED]. The Minimum Data Set ((MDS) dated [DATE] showed R4's cognition as severely impaired R4's EHR (Electronic Health Record) review showed the following: R4's admission progress note on 5/29/20 at 1:55 PM showed: R4 required 2 person assist with walker and gait belt. R4's admission fall assessment showed family reported 1-2 falls in the previous 3 months. R4's hospital records that accompanied R4 showed R4 was admitted to hospital with complaints of weakness and disorientation to place and time. Hospital physical therapy evaluation notes showed R4 exhibited impaired cognition, was easily distracted, forgetful, impulsive and had decreased problem awareness. R4's progress note on 5/30 shows R4 with periods of confusion. R4's care plan meeting notes on 6/3/20 at 1:41 PM showed R4's family confirmed R4 needs lot of encouragement, still able to walk - but a high fall risk and is still weak. Fall reports provided by the facility showed the following: On 6/7/20 R4 was found kneeling at the bedside after trying to transfer self without assistance and was reminded to seek help with interventions placed. On 6/25/20, R4 was lying on floor, while stating she slid off the bed. New intervention added of landing pads. R4's Care Plan completed on 6/1/20 showed R4 at risk for falls without interventions and no interventions following fall on 6/7/20. Interventions were not initiated until after the fall on 6/25/20. R4's PT (Physical Therapy) evaluation on 5/30/20 showed she has difficulty in walking and lack of coordination and the EHR showed therapy dates from 6/1/20 through 7/9/20. On 8/4/20 at 3:40 PM. During telephone interview, V2 (Director of Nursing) acknowledged R4 had cognition issues and had fallen twice in the facility and the initial care plan failed to show interventions. V2 stated the care plan should have shown interventions after the fall on 6/7/20 that may have helped to prevent the second fall. V2 acknowledged the hospital records showed R4 had recent falls and was unstable. V2 acknowledged the preliminary care plan did not show falls interventions until after the fall of 6/25/20.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.