

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146053	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2020
NAME OF PROVIDER OF SUPPLIER HOLY FAMILY VILLA		STREET ADDRESS, CITY, STATE, ZIP 12220 SOUTH WILL COOK ROAD PALOS PARK, IL 60464	
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	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interviews and record reviews, this facility failed to follow the physician orders [REDACTED]. Findings include: On 8/20/2020 at 12:15pm, V6 (Restorative Nurse) stated that all residents are assessed for functional status on admission/re-admission, quarterly, and with any significant change. V6 stated that prior to entering into hospice, R1 was able to transfer using a slide board and two staff assistance. On 8/20/2020 at 2:15pm, V7 (Director of Rehabilitation Therapy) stated that states R1 did not have great trunk control. R1's functional ability gradually declined due to co-morbidities. V7 stated that R1 had been using a slide board with two assists for transfers since early 2019. Review of the medical record notes R1 with [DIAGNOSES REDACTED]. Review of R1's MDS (Minimum Data Sheet), dated 3/5/2020, notes R1's</p> <p>BIMS (Brief Interview of Mental Status) is 14 out of 15. R1 requires extensive assistance of two persons for transfers. It also notes range of motion impairment to both upper extremities. Review of R1's POS (physician order [REDACTED]). This care plan was revised on 2/28/2019 to include: make sure wheelchair is always close by during transfers due to R1's tendency to knee buckle. This care plan was revised on 3/6/2019 to include: transfer always two person gait belt assist with walker use. Review of R1's re-admission functional needs assessment, dated 4/29/2019, notes R1 with memory deficit. R1 is able to dangle at bedside with assistance, R1 is non-ambulatory and requires two person gait belt assist with transfers with rolling walker. Review of R1's resident lift profile, dated 4/29/19, notes R1 requires two person gait belt assist with rolling walker use. Review of R1's progress notes, dated 4/14/2019, notes at 5:53pm, the CNA (Certified Nurse Aide) was transferring R1 from the bed to wheelchair. The CNA realized that R1 could not support herself. The CNA laid R1 safely on the floor, supported with a pillow. R1 has no pain or any discomfort. Neurological checks within normal limits. Vital signs stable. On 4/18/2019, physician's note: On 4/14/2019 she was being transferred as a one person transfer and was unable to be handled and lowered to the floor. Communication physician received was that there was no injury but R1's family wanted her sent to the hospital for evaluation. R1 returned from the hospital with no findings of injury. R1 was seen and was sleeping in bed. R1 denied any pains. Plan: R1 will need consistent two-person transfers and safe transfers to avoid injury. Condition appears stable.</p>		
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.