

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 09/04/2020
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 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide timely assistance to the toilet for a resident who required extensive assistance with toileting. This applies to 1 of 3 residents (R3) reviewed for assistance with ADLs (Activities of Daily Living). Findings include: R3's POS (Physician order [REDACTED]). R3's 8/16/20 MDS (Minimum Data Set) and care plan showed R3's cognition is intact and R3 requires extensive assistance with toileting, hygiene and dressing. R3 is non ambulatory. On 8/31/20 at 1:30 PM, R3 stated she is unable to walk and needs assistance. R3 stated on one evening, she had to wait over hour after asking for help to the toilet. R3 stated in the meantime, she urinated and had a bowel movement on herself. R3 described the event as being embarrassing as she has never had that experience before. R3 stated V10 (CNA, Certified Nursing Assistant) apologized and added that is why it is called an accident. R3 stated she still felt bad about the experience and it could have been prevented if she had been taken to the bathroom. He (V10) said he would be right back. R3 stated I'm [AGE] years old and that shouldn't have happened. On 9/2/20 at noon, V2 (Director of Nursing) interviewed V10 about the situation that occurred on the evening shift of 8/27/20. V2 reported that V10 responded to R3's call light and R3 stated I had an accident, since I could not hold it any longer while waiting for my call light to be answered. V10 added R3 said I'm so embarrassed. On 9/2/20 at 1:09 PM, V10 stated R3's call light may have been on for a while because it was during mealtime. V10 acknowledged R3 saying she was so embarrassed and kept apologizing. The facility's camera review for 8/27/20 3-11 PM shift showed the following: 3:04 PM V10 gave R3 dinner menu 3:14 PM Call light on 3:15 PM V10 went in, turned off call light and left at 3:17 PM 3:19 PM Call light on 3:19 PM V10 went in and left at 3:22 PM 5:12 PM V10 delivered dinner tray 5:15 PM V10 went back with a plate 5:38 PM V10 went in with towels The policy provided by the facility titled Activities of Daily Living (ADL's), Supporting showed: Policy Statement: Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain .personal . 2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently .including appropriate support and assistance with: b: Mobility (transfer . c: Elimination (toileting)		
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.