

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145839	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2020
NAME OF PROVIDER OF SUPPLIER PARK RIDGE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 665 BUSSE HIGHWAY PARK RIDGE, IL 60068	
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 0604 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review facility failed to ensure that bed rails are not used to restrain 4 out of 4 (R5, R10, R27 and R40) reviewed for restraints in a total sample of 12 residents. Findings Include: On 3/15/20 at 9:45 am, observed R10 in bed, asleep with left full side rail up (in use) and right side of bed against the wall. On 3/15/20 at 9:47 am, observed R40 in bed, asleep with bilateral upper and lower side rails up (in use) and bed in low position. On 3/15/20 at 9:50 am, observed R5 in bed with head of bed elevated, asleep with bilateral full side rails up (in use). On 3/15/20 at 9:55 am, observed R27 in bed with head of bed slightly elevated, asleep with bilateral full side rails up (in use). On 3/15/20 at 10:00 am, verified with V5 CNA (Certified Nursing Assistant) that R27 bilateral full side rails up. V5 stated We pull the side rails up to prevent R27 from falling off the bed. We pull the side rails up on both side when R27 is in bed because R27 is at risk for fall. On 3/15/20 at 10:15am, V4 (Nurse) stated R5, R10 and R40 are at risk for fall due to their mentation, we use their side rails to prevent them from falling. Side rails up during nights and the CNAs probably did not get a chance to lower the side rails down earlier because they are providing care to other residents. On 3/16/20 at 11:00am, V2 DON (Director of Nursing) stated We are restraint free facility. We do not have any residents on restraint. We don't have any residents with order to have and use bilateral side rails while in bed. Side rails are used during repositioning of the patient, but after providing care, side rails should be lowered down. Bilateral use of side rails is a form of restraint. Residents can hurt themselves more if side rails are used while in bed. If we really feel the resident would benefit after assessment, then we will call the doctor to get an order and get consent from the resident's family. I already talked to V4 and in-serviced her about restraint and side rail use. To only to use side rails when doing patient care and lower the side rail back down after care. Record reviewed. R5's Bed Rail/Assist Evaluation (dated 3/2/20) reads in part: Evaluation Factors #6: Has the resident requested that the side rails not be lowered during the night? Answer is NO. Interventions: Side rail DO NOT appear to be indicated at this time, answer is YES. Recommendations: NONE (no side rails). R10's Bed Rail/Assist Evaluation (dated 1/2/20) reads in part: Evaluation Factors #6: Has the resident requested that the side rails not be lowered during night? Answer is NO. Interventions: Side rail DO NOT appear to be indicated at this time, answer is YES. Recommendations: NONE (no side rails). R27's Bed Rail/Assist Evaluation (dated 2/12/20) reads in part: Evaluation Factors #6: Has the resident requested that the side rails not be lowered during night? Answer is YES. Recommendations: NONE (no side rails). R40's Bed Rail/Assist Evaluation (dated 1/20/20) reads in part: Evaluation Factors #6: Has the resident requested that the side rails not be lowered during night? Answer is NO. Interventions: Side rail DO NOT appear to be indicated at this time, answer is YES. Recommendations: NONE (no side rails). Current orders in Physician order [REDACTED]. R5, R10, R27 and R40's charts were reviewed and there is no noted CONSENT for any type of restraints. Side rail Policy (no date) reads: It is the policy of this facility to identify, assess and develop strategies to control the risk of resident falling and causing harm to themselves. The facility will accomplish this goal through assessing the resident. Side rail assessment is done upon admission, readmission, quarterly and as needed. Physical Restraint Policy (no date) reads in part: Physical restraints cannot be used without informed consent. There must be documented comprehensive assessment in the residents' clinical record for the need of physical restraint.		
F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, facility failed to follow their policy on labeling and storage by not dating opened refrigerated heavy whipping cream and liquid eggs. The failure has the potential to affect 36 resident on an oral diet in the facility. Findings include: According to the CMS 672 dated 03/15/220 there are currently 36 residents that consume an oral diet from the facility kitchen. On 3/15/2020 at 9:30am, during the initial tour of the kitchen with V3 (Dietitian), heavy whipping cream and liquid eggs were noted in the refrigerator open and not dated. On 3/15/2020 at 9:32am, V3 said, we put open dates on everything. They should have been dated. Dietary Department Sanitation and Safety Operation Storage Policy page #95 documents: Food in the refrigerator will be covered, labeled and dated.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		(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.