Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: С B. WING IL6003586 02/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 270 SKOKIE HIGHWAY **ELEVATE CARE NORTHBROOK** NORTHBROOK, IL 60062 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRFFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint 2090590/IL119484 - F600 G \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)5)6) 300.3240a) 300.3240d) Section 300.610 Resident Care Policies The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures 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. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Attachment A Statement of Licensure Violations Nursing and Personal Care The facility shall provide the necessary b) care and services to attain or maintain the highest Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATE FORM

Electronically Signed

03/04/20

PRINTED: 04/20/2020 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6003586 02/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 270 SKOKIE HIGHWAY **ELEVATE CARE NORTHBROOK** NORTHBROOK, IL 60062 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 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 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: A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. 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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
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\$9999	Continued From pa	ge 2	S9999				
	Section 300.3240 /	Abuse and Neglect					
	employee or agent	censee, administrator, of a facility shall not abuse or (Section 2-107 of the Act)					
	agent who becomes	ministrator, employee, or saware of abuse or neglect of preport the matter to the on 3-610 of the Act)					
	These Requirement by:	ts are not met as evidenced					
	failed to protect a re neglect by leaving a for care, lying on a l amount of time. Thi alteration in skin into	and record review, the facility esident from abuse and resident, dependent on staff ped pan for an undetermined a failure resulted in an egrity and scarring of skin affected 1 of 3 residents (R1) and neglect.					
	Findings include:						
	admitted to the facil part but not limited t Kidney Disease, De	alert and oriented resident ity with diagnoses listed in to Atrial Fibrillation, Chronic pendence of Renal dialysis, essure ulcer of sacral region.					
	(Wound nurse) show fall. Lower back to g	dated 10/12/19 written by V8 ws, Abrasion r/t (related to) pluteal folds-circular shape ma related to bedpan.					
	2/13/2020 at 11:30 a	am interview with V8 (Wound					

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2/10/20 at 10:40 am interview with R1, It was in the middle of the night and I needed to go to the bathroom so I asked my nurse (CNA, certified nurses aide) for help and she put the bed pan under me while I was in bed. Surveyor asked when this happened, R1 stated, I think it was close to the start of the shift so maybe around 12 or 12:30 (a.m.). I think I fell asleep because it was already light out when I woke up and I was still on

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED

IL6003586

B. WING \_\_\_

C 02/18/2020

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## **ELEVATE CARE NORTHBROOK**

270 SKOKIE HIGHWAY NORTHBROOK, IL 60062

NORTHBROOK, IL 60062							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE			
S9999	the bedpan and nobody bothered even checking on me. I remember waking up cold because I didn't have a blanket over me so they should've seen that. Surveyor asked if she used the call light to call anyone. R1 stated, I did use the call light and I was crying out for someone to help and no one even came by. I must have fallen back to sleep because of the pain on my butt and I was tired of waiting. It wasn't till the morning when a different nurse finally came to take the bed pan away. I told my husband all this and I have this huge permanent mark on my butt and they didn't even care. I didn't like it there so my husband looked for another place for me.  2/10/20 at 12:20 pm interview with V4 (Assistant Director of Nurses) states, There was an incident one weekend where the resident had a skin	S9999					
	alteration due to a bed pan that was left behind from night shift to morning shift. Surveyor asked V4 to clarify about the skin, V4 stated, A skin alteration because of the bedpan. The CNA put her (R1) on the bedpan during her shift and in the morning a CNA found it under the resident. The nursing supervisor did an investigation but I can't recall what happened. The CNA the following day did not show up and was terminated. The skin alteration left a mark on the resident's skin. It was an abrasion. V8 (wound nurse) did the assessment and treated the skin alteration. Surveyor asked if incident was reported to public health, V4 stated, I do not know if this was reported. I am not sure if this is reportable. Surveyor asked if she considered this incident a form of abuse, V4 stated, This would be considered an abuse. I don't know where R1 is now. We sent her (R1) out to the hospital but for a different medical issue. V8 told me the CNA forgot to take out the bed pan and caused a mark on her buttocks. I felt that it was an unfortunate						

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ok, they are offered the position. Once all background checks are accomplished, they can

start as soon as the employee is ready. V13(CNA) personnel file was provided to surveyor. V13's personnel file showed differing names and date of birth not matching the actual person hired. Surveyor showed V7 (human

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aide) stated, Yes I worked there but I didn't like it. Surveyor asked if she remembered R1, V13 stated, I don't remember her. Asked about abuse prohibition training she received from the facility V13 stated, I didn't get any abuse training. I was put on the floor right away when I got hired. I remember getting a bunch of papers and I signed it but I didn't get a test or anything. I worked right away and that was it.

2/11/20 at 3:35 pm interview with V14 (Weekend supervisor), stated, The incident was reported to me when I did my rounds on the weekend in the beginning of the shift. I was the weekend

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NAME OF PROVIDER OR SUPPLIER   STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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ELEVATE CARE NORTHBROOK  270 SKOKIE HIGHWAY NORTHBROOK, IL. 60062  (KA) ID  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 7  supervisor and I was told there was a bed pan and the nurse did an assessment. I looked at it (wound) and there was discoloration. It was somewhat red and there was redness in sacral area. There is injury to the site and it looked like a bed pan. The part of the skin that was indented was red. I asked the morning CNA what happened but she didn't know how long she (R1) was on the bed pan because I couldn't talk to the previous CNA. She could have been on it long but I can't answer that. Surveyor asked if she knew the CNA that took care of R1, V14 stated, No, she (V13) wasn't here long.  2/13/20 at 2:50 PM V12 (Physician) stated, I saw markings on her (R1) behind. The husband and nursing staff informed me that it came from her previous nursing home where she was left on the bed pan by staff. Surveyor asked if the injury was permanent, V12 stated, if this happened last October than yes there is still markings of that injury. There is scarring but in time perhaps it will fade but there's definite scarring if that's what you're asking because you can still see the outline of the bed pan she was left on to this day.  Policy and procedures dated 1/16/19 titled "Abuse Prevention Program and Reporting" states in part but not limited to, The resident has the right to be			IL6003586	B. WING			_
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resident property, and exploitation as defined in this subpart. This facility desires to prevent abuse, neglect, exploitation, mistreatment and misappropriation of resident property by establishing a resident sensitive and resident secure environment. This will be accomplished by a comprehensive quality management approach involving the following: a. Concern Identification and follow-up: Resident and family concerns will		supervisor and I wa and the nurse did a (wound) and there is somewhat red and area. There is injury bed pan. The part of was red. I asked the happened but she of was on the bed pan previous CNA. She I can't answer that the CNA that took of (V13) wasn't here lost 2/13/20 at 2:50 PM markings on her (Ronursing staff informing previous nursing how bed pan by staff. Supermanent, V12 states October than yes the injury. There is scarfade but there's defit you're asking becaute outline of the bed part of the bed	s told there was a bed pan in assessment. I looked at it was discoloration. It was there was redness in sacral of to the site and it looked like a of the skin that was indented a morning CNA what lidn't know how long she (R1) is because I couldn't talk to the could have been on it long but Surveyor asked if she knew are of R1, V14 stated, No, she ong.  V12 (Physician) stated, I saw and the same of R1, V14 stated, No, she ong.  V12 (Physician) stated, I saw and the same of R1, V14 stated, I saw and the same of R1, V14 stated, I saw and the same of R1, V14 stated, I saw and the same of R1, V14 stated, I saw and the same of R1, V14 stated, I saw and the same of R1, V14 stated, I saw and the same of R1, V14 stated, I saw and the same of R1, V14 stated, I saw and the same of R1, V14 stated, I saw and the same of R1, V14 stated, I saw and the same of R1, V14 stated, I saw and the same of R1, V14 stated, I saw and the same of R1, V14 stated, I saw and the same of R1, V14 stated, I saw and same of R1, V14 stated, I saw	3999			

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with facility policy; Obtain a copy of the state license of any individual being hired for a position requiring a professional license: Check the Illinois Health Care Worker Registry on any individual being hired for prior reports of abuse, neglect, or misappropriation of resident property, previous fingerprint check results, and the sex offender Website links on the Registry, and Initiate an

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_\_ C B. WING\_ IL6003586 02/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **270 SKOKIE HIGHWAY ELEVATE CARE NORTHBROOK** NORTHBROOK, IL 60062 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 9 S9999 Illinois State Police live scan fingerprint check for any unlicensed individual being hired without a previous fingerprint check. (B)

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