

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/26/2020</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THRIVE LAKE COUNTY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>850 E US HIGHWAY 45 MUNDELEIN, IL 60060</b>
---	---

(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
--------------------	--	---------------	---	--------------------

S 000	Initial Comments  Complaint Investigation  2013948/IL123132	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.1210b) 300.1210d)6) 300.3240a)  Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest 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.  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:  6) 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.  Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/26/2020</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THRIVE LAKE COUNTY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>850 E US HIGHWAY 45 MUNDELEIN, IL 60060</b>
---	---

(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	<p>Continued From page 1</p> <p>agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure a resident at risk for falls, with recent falls, was adequately supervised and failed to ensure additional fall risk interventions were implemented to prevent further falls. This failure resulted in a resident (R2) continuing to have falls and receiving lacerations to the head requiring emergency room treatment and staples. This applies to 1 of 3 residents reviewed for safety supervision in the sample of 6.</p> <p>Findings include:</p> <p>R2's face sheet shows the admission date to the facility was 3/13/2016. R2's diagnoses include: unspecified dementia, cerebral infarction, hemiplegia and hemiparesis on the right side, unsteadiness on feet, muscle weakness and a history of falling.</p> <p>R2's 8/17/2020 facility assessment shows that she has a severe cognitive impairment, requires the use of a wheelchair, is not able to walk, and needs extensive assistance from staff for transfers, bed mobility, and toileting.</p> <p>On 8/24/2020 at 9:30 AM, V6 (Certified Nursing Assistant/CNA) said that R2 has had several recent falls. V6 said, "We try to get residents who are fall risks up and not have them in their room."</p> <p>On 8/24/at 10:00 AM, V5 (Memory Care Director) said that R2 has had several recent falls and one resulted in staples to her head. When asked why</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/26/2020</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THRIVE LAKE COUNTY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>850 E US HIGHWAY 45 MUNDELEIN, IL 60060</b>
---	---

(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	<p>Continued From page 2</p> <p>R2 has not been moved closer to the nursing station, V5 replied that those rooms have males in them closer to the nursing station.</p> <p>On 8/24/2020 at 10:05 AM, R2 was observed in the hallway of the memory care unit outside of her room. R2's room is approximately 3/4 of the way down the hallway. It is not closest to the nursing station or day room area. There are 5 rooms in between. She is also the second bed in the room and is by the window, not the doorway. The hallway R2's room is on is not the main entrance to the unit and there would be less staff coming and going from the hallway where R2's room is located.</p> <p>R2's incident report investigation dated 5/22/2020 and completed by V1 (Administrator) shows that on 5/18/2020, R2 was found on the floor of her room. Upon nursing assessment, a laceration was noted to the top of her head. An order was received from her physician to send her to the emergency room. She returned to the facility with sutures in her head.</p> <p>R2's incident report dated 7/24/2020 at 4:40 PM, states that R2 was "observed on the floor in her bathroom, noted head laceration and moderate bleeding from head wound, cleansed, wrapped around and ambulance called." The same report shows that she also sustained a skin tear to her right elbow. R2's nursing progress fall incident progress note dated 7/25/2020 at 12:16 AM, states only "Head laceration, 7 staples on head." R2's final incident report investigation dated 7/31/2020 completed by V1 shows that R2 was observed on 7/24/2020 seated on the floor in the bathroom. She had a laceration to her head and was sent to a local ER for treatment. She returned with 7 staples to her head.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/26/2020</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THRIVE LAKE COUNTY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>850 E US HIGHWAY 45 MUNDELEIN, IL 60060</b>
---	---

(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	<p>Continued From page 3</p> <p>R2's incident report completed by V3 (Registered Nurse/RN) and dated 7/27/2020 at 11:20 PM, shows that R2 had a laceration to her forehead that is about an inch long. R2's incident progress notes completed by V3 at 11:31 PM, states, "According to CNA resident bumped head on the cart from the kitchen causing a laceration."</p> <p>On 8/24/2020 at 1:14 PM, V3 when asked by this surveyor about the incident on 7/27/2020 indicating that R2 ran into a kitchen cart, when asked how that would happen, V3 said, "That's just what the CNA told me happened." V3 additionally said she is not sure what has been done for R2 to prevent falls.</p> <p>R2's incident report completed by V8 (RN) dated 8/11/2020 at 9:55 PM, states, "Heard resident {R2} yelling for help found sitting on floor holding head bleeding right upper forehead once cleaned bleeding stopped and md called await response cleaned with sterile technique and steri strips applied." The same document shows that R2's physician (V9) gave an order to send her to the (ER). R2's fall incident progress note timed for 10:15 AM (an error in the entry) shows that she was sent to the ER at 11:00 PM. R2's nurses note dated 8/12/2020 4:10 AM, shows that she returned from the emergency room with an open area on her forehead.</p> <p>R2's incident report completed by V8 (RN) dated 8/13/2020 at 4:29 PM, states, "Someone from the kitchen saw resident sitting on the floor in room alerted director who brought her to me. no bumps lumps or bruises or bleeding noted to head but small abrasion to right elbow was noted." R2's "Orders-General Note from eRecord" progress note completed by V8 and timed for 5:24 PM,</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/26/2020</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THRIVE LAKE COUNTY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>850 E US HIGHWAY 45 MUNDELEIN, IL 60060</b>
---	---

(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

Continued From page 4

states, "This writer spoke with md informed we are getting ua cs but he wants further ways of maintaining safety he wants DON to call him. Information relayed to DON to call MD on 8-13." The same note shows that the resident was currently at the nursing station for 1:1.

On 8/24/2020 at 12:57 PM, V8 said that when she spoke with V9 about R2's falls V9 told her something has to be done about R2 falling. V8 said that he indicated to her as stated above that he wants a call from the DON about all these falls and how to keep R2 safe. V8 said she relayed that message to V2. V8 said that all the staff have discussed their concerns about R2 falling and have given other suggestions such as a helmet and keeping her out of her room more.

On 8/25/2020 at 10:20 AM, V9 stated, "I am gravely concerned about all the falls R2 is having; these falls need to stop. Any one of these could be life threatening situations." V9 also said he has called and expressed his concerns with V2 and spoken with V5 about it as well. V9 said he gave an order for a position changing alarming device and the facility told him they can't do it because it is a restraint. V9 also said he has mentioned that she needs a body positioning device which also has not been done. V9 said that he has indicated that more supervision is needed, maybe even a 1:1 staff, as well as some sort of protective device "helmet." V9 also said to this surveyor "Are you aware she had yet another fall last night and is in the emergency room again? Every time she falls and hits her head, she has to be sent out to rule out a brain bleed. R2 is a very fragile resident and I think she also needs some sort of helmet."

R2's incident report dated 8/25/2020 at 12:27 AM, states, "found resident in the hallway outside her

S9999

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/26/2020</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THRIVE LAKE COUNTY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>850 E US HIGHWAY 45</b> <b>MUNDELEIN, IL 60060</b>
---	---

(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	<p>Continued From page 5</p> <p>room w blood on her forehead. Found 2 cuts measuring 1x1 and the other is 1x2." R2's nurses note dated 8/25/2020 at 9:39 AM, shows that R2 was transferred to a local ER by ambulance at 8:30 AM. The next nursing note on 8/25/2020 at 2:44 PM, shows that R2 returned from the ER at 12:30 PM with steri strips to her forehead laceration.</p> <p>On 8/25/2020 at 2:10 PM, V10 (R2's Power of Attorney) said that she is very concerned with all the recent falls R2 is having. V10 also said the behavior with R2 scooting on the floor is not new; it has been happening for a long time. V10 said that the falls are getting worse, not better and the only additional thing they tell her they are doing is physical therapy and she does not know how that will help with the falls. V10 said, "I got very little explanation on how R2 would have hit her head on a food cart in the dining area. In my head I am thinking if she has fallen this much there should be more interventions in place." V10 said when these falls happen, R2 is hitting her head each time. V10 said she had spoken with V9 earlier in the day and he told her he was concerned about the falls also. V10 stated, "I keep waiting for the call that she has hit her head again and this is it."</p> <p>On 8/25/2020 at 11:00 AM, V1 confirmed that R2 fell again during the night and was currently in the ER. V1 said that R2 has the history of scooting herself on the floor. When asked why she had not been moved closer to the nursing station V1 said, "As we discussed yesterday, due to the bed availability and isolation we could not move her sooner." When asked if they had increased staffing to help monitor R2, V1 stated, "We feel the unit is appropriately staffed."</p> <p>On 8/25/2020 at 11:05 AM, V2 said that she had</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/26/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>THRIVE LAKE COUNTY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>850 E US HIGHWAY 45 MUNDELEIN, IL 60060</b>		
(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	<p>Continued From page 6</p> <p>spoken with V9 about his concerns with R2 falling. V2 said, "We cannot do 1:1's, or alarms because it is a restraint. We are encouraging 15-minute checks for R2 if doable. These checks are not documented anywhere in the medical record." V2 additionally said that R2 had fallen again last night. She was found on her floor scooting out of her room into the hallway.</p> <p>R2's care plan shows that she is at risk for falls. The care plan provided by the facility shows that the only recent intervention added was on 8/12/2020 and that intervention is to assist back to bed after meals. A care plan with a detailed intervention list showing dates all interventions were added was requested on 8/25/2020 via phone conference with V1 and V2 and not received during this investigation.</p> <p>R2's current physician's order sheet shows an order for physical therapy on (8/14/2020). There are no additional orders noted for increased supervision or position changing alarming devices that V9 had given.</p> <p>(B)</p>	S9999		