

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000186	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/11/2020
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NAME OF PROVIDER OR SUPPLIER AMBASSADOR NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4900 NORTH BERNARD CHICAGO, IL 60625
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violation: 1 of 1 Violation:</p> <p>2084816/IL124055</p> <p>300.610a) 300.1210b)2) 300.1210d)3) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) 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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	
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Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

10/05/20

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AMBASSADOR NURSING & REHAB CENTER	4900 NORTH BERNARD CHICAGO, IL 60625

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S9999	<p>Continued From page 1</p> <p>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:</p> <p>2) All nursing personnel shall assist and encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>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:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to provide Restorative Nursing Care for three residents (R1, R10 and R6) of 3 reviewed for Restorative Services. This failure resulted in the decline of function for R1, R10 and R6.</p> <p>Findings Include:</p> <p>R1 was 44 years old readmitted to facility on 10/1/2018. His mental status was intact and he had multiple diagnoses to include difficulty walking. He was ambulatory with standby assistance with a rolling walker for up to 100 feet, but otherwise he used an electric wheelchair for mobility.</p> <p>R1 was screened and evaluated for Physical therapy on 8/10/2020 for evaluation of weakness. He was discharged on 8/20/20 from Physical Therapy. When R1 was discharged from physical therapy on 8/20/20, R1 was able to ambulate up to 100 feet with a rolling walker and Stand By Assist(SBA) according to Physical Therapist notes.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Referral from Physical Therapy to Restorative Nursing was done on 8/21/2020. The recommendations for R1 documented Range of Motion to extremities and restorative ambulation for 100 feet or as tolerated with SBA using a rolling walker.</p> <p>The activity was not transferred on the restorative program and according to V15(Restorative Nurse) she may have overlooked it. She had no assessment for R1 in terms of Restorative services</p> <p>On 9/8/2020 at 10:00AM, R1 was in electric wheelchair in the hallway. He was alert and oriented x3. He said he had a stroke and only received physical therapy three times since January 2020. He said he did not receive any restorative therapy either. According to him he cannot stand up now as his legs were weak. He attempted to stand but could not.</p> <p>On 9/8/2020 at 11:56AM, V1(Director of Nursing/DON) said R1 was on restorative nursing.</p> <p>On 9/8/2020 at 1:10PM, V10(Restorative Aide) said R1 was not on Restorative Nursing for Ambulation. She said they performed Range of Motion for R1. She said the last time she performed exercises for R1 was a week ago when she weighed him. At that time, she noted his legs were very weak. She said she forgot to report to the therapy director.</p> <p>On 9/8/2020 at 12:15PM, V15 (Restorative Nurse) said she may have overlooked the ambulation order and if a resident did not get the treatment as prescribed, chances are that they will decline in their functional status.</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>On 9/9/2020 at 10:10AM, V21(Nurse Practitioner) said it was the expectation that a restorative program was to avoid decline in residents' function.</p> <p>Facility's undated policy on Restorative note, "Once the residents had been assessed and has been determined to require at least 2 restorative programs, the licensed nurse must complete the HFS functional Endurance.</p> <p>2. During an interview on 9/9/20 at 10:20AM V10, Restorative CNA, said I do restoratives for the first floor. V10 said R10's restorative programs include transfers and active range of motion (AROM). V10 said R10 can transfer with a gait belt and assist but she has been refusing to let anyone get her up.</p> <p>During an interview on 9/9/20 at 10:45AM V16, Restorative Nurse, said the goal of restorative programs is to prevent contractures, deconditioning, and to keep residents at the level they are at rather than have a decline in function. V16 said R10 requires extensive assistance with transfers and she does not require a machine or lift. V16 said R10 does not get out of bed often, but she used to get up before COVID. V16 reviewed R10's restorative documentation related to R10's restorative transfer program and said the aids are probably not doing the restorative programs correctly.</p> <p>During an interview on 9/11/20 at 10:10AM V26, Nurse Practitioner, said the purpose of a restorative program is to restore functional status. The expectation from a restorative program is for a resident not to decline.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>During an interview on 9/11/20 at 10:24AM V16 said R10 is a mechanical lift. V16 said if a resident requires a mechanical lift for transfers then they should not be on a transfer program, because they would be at risk for a fall. V16 said R10 could fall if she is transferred without a mechanical lift because she has general weakness.</p> <p>Record Review on 9/10/20 of R10's Task for Nursing Rehab date initiated 1/24/19 states Transfers Resident will participate safely in transferring from bed to chair / wheelchair with EXTENSIVE x 1 assist as tolerated to improve level of function.</p> <p>Record review on 9/10/20 of R10's Restorative Programs indicates on 9/9/20 at 9:03 she received Transfer program for 15 minutes. The Restorative Programs Log is dated 8/10/20 thru 9/9/20. Every day has a least 15 minutes documented of Transfer program.</p> <p>Record review done on 9/10/20 of R10's Comprehensive Restorative Nursing Review effective date 8/11/20 Bed Mobility Program and Transfer Program are checked.</p> <p>Record review done on 9/10/20 of R10's Comprehensive Restorative Nursing Review effective date 8/11/20. Section G. Quarterly Nursing Program Evaluation AROM and AAROM have no note written. Transfer Restorative Nursing Program describe the resident's progress: address progress, maintenance or regression. List the goal and describe how the resident is meeting the goal. This section has the same verbiage from the task: Resident will participate safely in transferring from bed to chair / wheelchair with EXTENSIVE x 1 assist as</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>tolerated to improve level of function. No description of R10's progress towards the programs goal. The assessment does not address any refusals to participate in the restorative programs.</p> <p>Record review on 9/10/20 of R10's care plan for Restorative Programs dated 8/11/20 includes a Restorative Program for Transfers. Problem states resident is unable to transfer independently and requires assist of TOTAL X2 ASSIST. R10's Comprehensive Restorative Nursing Review effective date 8/11/20 states the resident will transfer per the program with EXTENSIVE x 1 assist.</p> <p>Record review on 9/10/20 of R10's care plan for Transfer Needs dated 8/11/20 states the resident has been assessed for their transfer needs and continues to require the following support: Mechanical lift.</p> <p>Observations on 9/8/20 of R6 at 11:21AM; 11:49AM; and 12:15AM in bed without hand rolls or devices in her hands.</p> <p>Observations on 9/9/20 of R6 at 9:48AM in bed without hand rolls or devices in her hands.</p> <p>Observation on 9/9/20 at 10:00AM of R6 receiving morning cares by V23, Certified Nursing Assistant. R6 bilateral hands were closed in fists and kept near her body along her hip region. R6 kept her arms straight not bent. V23 was able to open R6's hands slightly to wash them. No hand roll or device was in R6's hand at the start of care. V23 said she completed care on R6, just finishing her hair. No device or hand roll was placed in R6's hands.</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>Observations on 9/9/20 of R6 at 11:59AM R6 in bed without hand rolls or devices in her hands.</p> <p>During an interview on 9/9/20 at 10:20AM V10, Restorative Aide, said R6 is on active assisted range of motion (AAROM), but she is more of a passive assisted range of motion (PROM) because she can't move her extremities without help. V10 said R6 can't participate in the dressing and grooming restorative program. V10 said R6 can't participate in the Bed Mobility program. V10 said R6 used to have hand rolls in her hands, but she does not anymore. V10 said she is the restorative for R6's floor.</p> <p>During an interview on 9/9/20 at 10:45AM V16, Restorative Nurse, said R6 was using hand rolls in the past. V16 said the purpose of the hand rolls is to prevent her from digging her fingers into her palm. V16 said R6 should have hand rolls in her hand and they are to only be removed when doing hand hygiene. V16 said R6 had carrots device in her hands, before. V16 said in the 8/7/20 assessment R6 had no contractures and full range of motion to all extremities with assistance.</p> <p>During an interview on 9/9/20 at 12:40PM V16 said after assessing R6 today she has severe loss in function to her extremities. R6 has a fixed contracture on her shoulder. The restorative programs for ROM were not successful and R6 has declined in range of motion.</p> <p>Record review on 9/10/20 of R6's Restorative Nursing Review dated 8/7/20 completed by V16 states on page 3: does the resident currently use Splint/Brace? Answer is Yes. The type and location states: palm protectors on both hands at all times. Page 8 states resident has no</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>contractures on all her joints. No further limitation on Range of Motion. Splint or Brace assistance Restorative Nursing Program has no note.</p> <p>Record review on 9/10/20 of R6's Restorative Nursing Review dated 8/7/20 completed by V16 states R6 has mild loss / 75% of Norm. to left and right wrist and fingers (flexion and extension) and left and right shoulders.</p> <p>Record review on 9/10/20 of R6's Restorative Nursing Review dated 9/9/20 completed by V16 states moderate loss /50% of norm to left and right wrist and fingers. Left and right shoulders state fixed/ no joint mobility.</p> <p>The facility's undated Procedure for facility Restorative Nursing Programming goals to assist a resident in reaching or maintaining his/her highest level of functioning are resident specific, realistic, measurable, and correspond to identified resident rights.</p> <p style="text-align: right;">(B)</p>	S9999		
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