Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006191	A. BUILDING: ______ B. WING ______	01/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE NILES	8333 WEST GOLF ROAD NILES, IL 60714

(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	Final Observations	S9999		

Statement of Licensure Violation:
1 of 1 Violation

300.610a)
300.1210b)
300.1210d)6)
300.3240a)

Section 300.610 Resident Care Policies

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.

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

Attachment A
Statement of Licensure Violations

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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 agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)

These Requirements are not met as evidenced by:

Based on interview and record review, the facility failed to implement interventions to ensure the safety of a wheelchair bound resident, who was identified at high risk for falls and totally dependent on facility staff for transfers. (R436) is one of one residents in the sample of 62 who

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sustained a fracture of the left trochanter and a head injury, as a result of a fall related incident. This facility failure resulted in the residents transfer to the hospital for emergency medical treatment.

Findings include:

R436's Admission Record documented that R436 was admitted to the facility on 12/28/2019, with diagnoses that include End Stage Renal Failure, Dependence on Renal Dialysis, Abnormal Posture, History of Falling, Anxiety Disorder, Unsteadiness on Feet, Cognitive Communication Deficit, other abnormalities of gait and mobility and Unspecified Dementia without behavioral disturbance.

R436's MDS (Minimum Data Set) dated 1/2/2020, documents that R436 has a BIMS (Brief Interview for Mental Status) score of three, which indicates severe impaired cognition. R436's bed mobility and transfer status was listed as 3/3, which indicates extensive assistance of two person physical assist.

Fall Risk Assessment dated 12/29/19, documents a total score of eight, which means Moderate Risk for falls. Clinical Admission Evaluation dated 12/28/19 indicate that R436 is confused, disoriented and had short-term memory loss. Under Safety, "Call light within reach" was the only intervention to be implemented for R436. On 1/29/2020 at 3:55 pm, V3 (Director of Nursing, DON) stated that the Clinical Admission Evaluation was the baseline care plan for R436 and includes the interventions.

R436's progress note dated 12/29/19 at 7:47 pm, documented that V14 (Certified Nursing

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Assistant, CNA) assisted R436 to the bathroom. V14 lowered R436 to the floor, because R436 lost balance and was about to fall. This was R436's first recorded fall in the facility.

The Progress note dated 1/2/2020 at 12:15 am, documented that R436 was noted by staff on the floor next to bedside. A head to toe assessment was done. Vitals were taken and on assessment, R436 felt pain in left hip. 911 was called and R436 was transferred to the hospital as ordered. This was R436's second recorded fall in the facility.

Hospital records dated 1/2/2020, indicated that R436 had an X-ray of the hip for possible fracture. CT (Computerized Tomography) of the head notable for small 6 mm (millimeters) possible intraparenchymal posttraumatic bleed. Hospital record - Diagnostic Imaging dated 1/2/2020 indicated that R436 had a fracture of the left greater trochanter.

A Progress note dated 1/3/2020, documented that R436 was admitted to the community hospital with a diagnosis of fracture of the left great trochanter and with minimal bleeding of frontal and parietal area of the head after the fall.

On 1/29/2020 at 3:24 pm, V12 (Registered Nurse, RN) stated that R436 is a fall risk and confused based on the information that she received from another long term care facility. V12 said she was the admitting nurse and she did the Fall Assessment on 12/28/19. V12 stated that R436 is wheelchair-bound.

On 1/29/2020 at 3:55 pm, V3 (DON) stated that when a resident comes with a diagnosis of fall then the resident is considered a high fall risk. For

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residents who are admitted to the facility without fall diagnosis, then the falling leaf is placed on resident for 72 hours. If residents are high fall risk then the bed is placed to the lowest position, no floor mat if resident is ambulatory because it will be a fall hazard; if patient is not ambulatory then floor mat should be placed. There were no floor mats in place for R436 per V3.

Facility's policy "Fall Prevention Program" revised 11/21/17 states "Purpose: To assure the safety all residents in the facility, when possible. The Fall Prevention Program includes the following components: Methods to identify risk factors, Methods to identify residents at risk. Care plan incorporates: Identification of all risk/issue. Addresses each fall. Intervention are changed with each fall, as appropriate. Preventative measures."
"A Fall Risk Assessment will be performed by a licensed nurse at the time of admission. The assessment tool will incorporate current clinical practice guidelines. Safety interventions will be implemented for each resident identified at risk. Each resident will be screened by a specialist therapist at the time of admission, after each fall, as appropriate, and with significant change in the resident's mental and functional abilities."
Facility's policy "Baseline Care Plan" revised 11/17/17 states "Upon admission, the admitting nurse will initiate the development of the baseline care plan as part of the admission assessment."

(B)