STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004519	A. BUILDING _____ B. WING _____	C 12/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE SENIOR LIVING	16300 SOUTH LOUIS AVENUE SOUTH HOLLAND, IL 60473

(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 Complaints: 1997805/IL116868 - 330.1750 1993263/IL111928 - 330.1750 1991805/IL110323 1996847/IL115812 1995014/IL113815 1993158/IL111813 - 330.1145 & 330.4240 1991915/IL110450 1991918/IL110452 1994741/IL113518 1996794/IL115754 1996099/IL114997	S 000		
S9999	Final Observations Statement of Licensure Violations: 1) 330.1145a) 330.1145d) 330.4240a) Section 330.1145 Restraints a) The facility shall have written policies controlling the use of physical restraints including, but not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, wheelchair safety bars and lap trays, and all facility practices that meet the definition of a restraint, such as tucking in a sheet so tightly that a bed-bound resident cannot move; bed rails used to keep a resident from getting out of bed; chairs that prevent rising; or placing a resident who uses a wheelchair so close to a wall that the wall prevents the resident from rising. Adaptive equipment is not considered a physical restraint. Wrist bands or devices on	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1	S9999		

clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as physical restraints. The policies shall be followed in the operation of the facility and shall comply with the Act and this Part.

d) Physical restraints shall not be used on a resident for the purposes of discipline or conveniece.

Section 330.4240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

This requirement is not met by as evidenced by:

Based on interviews and record review the facility failed to follow its restraint protocols for 1 resident (R5) of 4 residents review for restraints.

Findings Include:

On 12/11/19 at 2:30 PM V1 (Administrator) was interviewed and stated "Certified Nursing Assistant (CNA) (V9) from our contracted staffing registry tied R5 (resident) to a chair using a bed sheet. V9 was up on the 5th floor working with another CNA (V12). V9 told V13 (CNA) he has her (R5) and we thought he had put R5 to bed. The next morning staff (V11 Nurse and V15 CNA) came into room and noted resident tried to get up and that's when they noticed that she was tied to the chair. We (V11 and V15) assessed her.

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S9999	Continued From page 2	S9999		

On 4/29/19 at 10:05 AM An email from the CNA contracting agency interviewed their employee V9 and emailed their statement. According To V18 (Registry Agency Director) "V9 stated Saturday night I was told it was okay to restrain one of the residents. Night shift does it all the time and she is R5. R5 goes into other peoples apartments and falls on the floor all the time hurting herself. ...,

On 12/12/19 at 10 AM V1 acknowledged V9 had violated the facility policy of no restraints.

(B)

2)

330.1750i)

Section 330.1750 Other Resident Record Requirements

This Section contains references to rules located in other Subparts that pertain to the content and maintenance of medical records.

i) The facility shall permit each resident, resident's parents, guardian or representative to inspect and copy the resident's medical records as provided by Section 330.4220(g) of this Part.

This requirement is not met by as evidenced by:

Based on interview and record review the facility failed to follow its Release of Information policy by not providing a medical records to a representative to inspect for 1 of 3 residents(R1) reviewed for a request for medical records.

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S9999	Continued From page 3	S9999		

Findings include:

On 12/13/2019 at 10:45am V1 (administrator) said I did receive request for medical records from R1's attorney and when I received the medical request from an attorney I forward them to our corporate attorney which I did twice, I don't know what happened as of October 11, 2019.

On 12/13/2019 at 11:01 pm V9 (attorney representative) said that the facility did not respond to any request for medical records despite them calling and sending certified mail with a compliance form for 3/14/2019 by 9:00am and as of today we still do not have any medical records, I have not ever received an release of information forms to complete to obtain any records.

On 12/13/2019 at 1:00pm a record review was conducted. A compliance form from U.S. Legal Support for the facility to respond by 3/14/2019 at 9:00am was mailed to the facility. An email on 3/6/2019 from V1 asking about the lawsuit and not hearing anything. On 3/7/2019 an email from corporate asking for the forms to be resent from V1. On 3/8/2019 an email from V1 for the lawsuit paper work to be sent to the Regional director of Operations. On 10/10/2019 a please be advised sent from V1 to the corporate office. On 10/11/2019 an email from V1 asking for more detail about information of R1 file to be sent out.

Release of information, policy statement number 5. Closed or thinned medical records are maintained in the health information Management Department and are available to authorized personnel. Authorized personnel include, but are not necessarily limited to: Letter G. Resident/Legal Representative. Authorization to

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S9999	Continued From page 4 disclose health information form two pages from facility. (AW)	S9999		