

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014138	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/22/2019
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NAME OF PROVIDER OR SUPPLIER LEXINGTON OF LAKE ZURICH	STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH RAND ROAD LAKE ZURICH, IL 60047
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(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
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S 000	Initial Comments Statement of Licensure Violations Facility reported Incident of 4/12/19-IL111319	S 000		
S9999	Final Observations Statement of Licensure Violations Facility reported Incident of 4/12/19-IL111319 300.1210b) 300.1210d)6) 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. Section 300.1210 General Requirements for Nursing and Personal Care 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	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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

TITLE

(X6) DATE

05/03/19

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S9999	<p>Continued From page 1</p> <p>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.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to safely transfer a resident by allowing a resident's leg to hit the exposed edge of a bed rail during a transfer. This failure resulted in R1 receiving a nine inch laceration to her right leg that required sutures to close.</p> <p>This applies to 1 of 3 residents (R1) reviewed for safety in the sample of 3.</p> <p>The findings include:</p> <p>On 4/22/19 at 10:30 AM, R1 had a gauze roll dressing to her right leg. The dressing covered the majority of R1's lower right leg.</p> <p>On 4/22/19 at 3:22 PM, V3 (Certified Nursing Assistant- CNA) said she and V5 (CNA) transferred R1 from a wheelchair to bed. V3 said when R1 was sitting at the edge of the bed they noticed blood on the floor and on R1's right pant leg. V3 said R1's leg was bleeding and it bleed, "A lot." V3 said R1's leg must have hit something during the transfer that caused R1's leg to bleed.</p> <p>R1's Clinical Note entered on 4/13/19 shows on 4/12/19 R1 received a laceration to her right leg during a transfer. The laceration was nine inches long and the bleeding subsided within 5-6</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>minutes.</p> <p>On 4/22/19 V2 (Director of Nursing) and V9 (Clinical Manager) said R1's laceration was caused by R1 hitting her leg on the bed rail during the transfer. V2, V3, and V9 said the bed rail was missing a plastic cap that went on the end of the metal bed rail.</p> <p>On 4/22/19 at 11:05 AM, V2 said with the plastic cap missing the exposed end of the bed rail was sharp. V2 said R1 hit her leg on the exposed end of the bed rail. V2 said R1 was sent to the emergency room and received sutures to close the laceration.</p> <p>R1's Emergency Room note date on 4/12/19 shows R1 sustained a 9 inch long laceration and received a running suture to close the laceration.</p> <p>(B)</p>	S9999		
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