Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C B. WING IL6005904 08/18/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 18300 SOUTH LAVERGNE ELEVATE CARE COUNTRY CLUB HILL COUNTRY CLUB HILLS, IL 60478 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S 000 **Initial Comments** S 000 Complaint Investigation 2195033/IL136087 2195429/IL136548 S'9999 **Final Observations** S9999 Statement of Licensure Violations (Violation 1 of 2) 300.610a) 300.1010h) 300.1210b) 300, 1210d)2) 300, 1210d)3) 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 300,1010 Medical Care Policies Attachment A Statement of Licensure Violations h) The facility shall notify the resident's physician of any accident, injury, or significant change in a

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C IL6005904 B. WING 08/18/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 18300 SOUTH LAVERGNE ELEVATE CARE COUNTRY CLUB HILL COUNTRY CLUB HILLS, IL 60478 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 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: 2) All treatments and procedures shall be administered as ordered by the physician. 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. Section 300.3240 Abuse and Neglect

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C IL6005904 **B. WING** 08/18/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 18300 SOUTH LAVERGNE **ELEVATE CARE COUNTRY CLUB HILL** COUNTRY CLUB HILLS, IL 60478 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met as evidenced by: Based on interview and record review, the facility failed to consistently and accurately assess, monitor, and implement interventions such as: laboratory/diagnostic testing, weight monitoring. cardiology consultations, and medications for one resident (R4) out of three reviewed for receiving the needed care and services related to the management of a diagnosis of congestive heart failure (CHF) in a sample of 12. This failure resulted in R4 not receiving medications to treat CHF. no laboratory/diagnostic testing to the monitor disease process, and an unmonitored weight gain of 41.4 pounds between 2/5/21 and 6/14/21. R4 suffered a respiratory/cardiac arrest on 6/23/2021 and expiring at the hospital. Findings include: Review of the medical record documents R4 with diagnoses including CHF (Congestive Heart Failure) with an ejection fraction 25% (the percentage of blood the heart pumps out of the left ventricle with each contraction, normal range is 50-70%), metabolic encephalopathy, COPD (Chronic Obstructive Pulmonary Disease), acute and chronic respiratory failure with hypoxia. stroke affecting left nondominant side, dysphagia, ataxic gait, high blood pressure, hypothyroidism, chronic kidney disease, diabetes, and coronary artery disease. On 8/10/2021 at 1:30pm, V6 (Respiratory

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PRINTED: 10/27/2021 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C IL6005904 B. WING 08/18/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 18300 SOUTH LAVERGNE **ELEVATE CARE COUNTRY CLUB HILL** COUNTRY CLUB HILLS, IL 60478 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 4 S9999 stated V8 started working at this facility in July 2021. V8 stated that the restorative aides weigh newly admitted residents weekly and all residents monthly unless there is a physician order to check weights more often. V8 stated that the aides do the weights and give to V8 to document in the resident's electronic medical record. V8 stated that if a resident has a 10 pound weight loss or gain, V8 will have staff re-weigh the resident to confirm the weight, and will discuss with the resident's nurse and dietitian. V8 stated that V8 is part of the interdisciplinary team that meets to discuss residents and their diagnoses. V8 stated that the aides will use the same measurement device (standing scale or mechanical lift device) for a resident to keep weights as accurate as possible. On 8/12/2021 at 9:55am, V22 (Licensed Practical Nurse/LPN) stated that V22 was familiar with R4. V22 stated that R4 got up at 5:30am and was already dressed prior to the start of V22's day shift. V22 stated that V22 was not able to assess R4 for any edema (swelling) in legs/feet because R4 had socks and shoes on. On 8/12/2021 at 12:25pm, V19 (Consultant Pharmacist) stated that V19 reviews each resident's medications and physician progress notes monthly. V19 stated that after V19 completes V19's consultation, V19 will send a monthly report to V1 (Administrator), V2 (DON), and ADON (Assistant Director of Nursing) with recommendations as needed. V19 stated that if a resident has a diagnosis of CHF and diabetes. V19 would check to see if the resident is prescribed an ACE (angiotensin-converting

enzyme) inhibitor and an ARB (angiotensin II receptor blocker) medication as part of his/her treatment plan. V19 stated that V19 did not note

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vessels which causes the heart to work harder).

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1/12/2021. V24 noted R4 with 3+ pitting edema

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On 6/14/21, R4's weight was 248.2 pounds; an

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well a person is doing on heart failure treatment. ois Department of Public Health

Review of R4's death certificate, dated 6/23/2021, notes primary cause of death respiratory arrest.

Review of WebMD.com notes testing BNP levels is one of the most sensitive ways to show how

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diagnoses including Covid-19 infection, reduced mobility, difficulty in walking, asthma, guadriplegia

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6005904 08/18/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 18300 SOUTH LAVERGNE ELEVATE CARE COUNTRY CLUB HILL **COUNTRY CLUB HILLS, IL 60478** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 13 S9999 due to spinal cord injury, hyperlipidemia, neuromuscular dysfunction of bladder, and anemia. On 8/12/21 at 2:00pm, V12 (Wound Care Nurse) stated that V12 started working at this facility a few months ago and is not familiar with R6. V12 stated that wound treatments are changed immediately if a resident's wound is deteriorating. because the current treatment is not working. V12 stated that if the air mattress is not plugged in/turned on, there will be no air flow. V12 stated that if air is not flowing through the low air loss mattress, the mattress will deflate and the resident will be lying on the metal frame and this would cause wound deterioration. V12 stated that residents should not be on a deflated mattress for any period of time. V12 stated that staff would be able to notice if an air mattress was deflated and should take action immediately to remove resident from the bed. V12 stated that if pressure wound was deteriorating, V12 would recommend sending resident to hospital for further evaluation and treatment. V12 stated that the treatment order is up to the physician, but V12 does have a voice and would have recommended a different enzymatic medication instead of wet to dry dressings. V12 stated that R1, R7, R8, and R9's pressure ulcers are healing with the current treatment plan in place. Review of R6's MDS (Minimum Data Set), dated 1/13/2021, notes R6 requires extensive assistance from two staff members for bed mobility, transfers, and hygiene. R6 is totally dependent on one staff member for toileting.

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Review of R6's admission note, dated 1/6/2021, notes R6 is alert and oriented to self, time, place and circumstances. R6's skin is clear and without

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drainage. Extended periwound deep tissue injury

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