

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001465	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/08/2021
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NAME OF PROVIDER OR SUPPLIER
CARLTON AT THE LAKE, THE

STREET ADDRESS, CITY, STATE, ZIP CODE
**725 WEST MONTROSE AVENUE
CHICAGO, IL 60613**

(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	S 000		
	Facility Reported Incident of June 11, 2021/IL135544			
S9999	Final Observations	S9999		
	<p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b)6)</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 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.</p>			
			Attachment A Statement of Licensure Violations	

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

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>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.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interviews, and record reviews, the facility failed to ensure safety for one resident(R1) while she was operating a motorized wheelchair (WC) inside an elevator. Three residents were reviewed for wheelchair safety. This failure resulted in R1 sustaining a right fibula fracture.</p> <p>Findings include:</p> <p>R1 was determined not to be safe operating a motorized wheelchair by Director of Rehab (V8) yet she was provided a motorized wheelchair and allowed to operate it.</p> <p>Facility Reported Incident dated 6/18/21, documents on 6/11/2021, R1 reported to have bumped her legs on the elevator door while operating her motorized wheelchair. Resident was transferred to bed by Hoyer lift with 2 staff while affected ankle was immobilized.</p> <p>Current Face Sheet documents, R1 is a 74-year-old female admitted to the facility on 10/17/2017. Diagnoses include: Vascular Parkinsonism Disease, Heart Disease, Chronic Kidney Disease, Stage 3, Degenerative Disease of Nervous System, COPD, Depressive Episodes. Minimum Data Sheet (MDS) dated</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>3/28/2021 section C documents R1's mental status was intact as noted in the Brief Interview for Mental Status (BIMS) score of 12 out of 15. Section G of MDS documents R1 requiring moderate to maximum assist for all functional activities screened.</p> <p>Hospital X-ray results dated 6/12/21 of R1's right ankle documents the following: IMPRESSION: Findings consistent with a nondisplaced fracture of the distal right fibula and additional possible fracture of the right medial malleolus.</p> <p>On 7/6/2021 at 12:05pm during an interview, R1 states "I steered the motorized wheelchair myself it's hard to steer. Only 2nd day using it. My leg was caught between the walls and broke my ankle. V6 (Activity Aid) was supposed to help me." Observed R1 in bed with right side cast toes out to mid leg.</p> <p>On 7/8/2021 at 10:58 AM, V6 (Activity Aide) states he went downstairs to escort R1 back to her room after a visit with her family. V6 states he held the door for R1 and she came into the elevator. V6 states R1 entered the elevator while facing the back of the elevator. He let go of the door once R1 was inside. V6 states R1 turned to face the door and she hit her leg on the inside of the frame of the elevator (a non-moving part). Not the door. I saw it a little. V6 states that R1 said "ouch" when she hit her leg. V6 states R1 said she was okay. V6 states he was not aware that R1 required supervision while operating the motorized wheelchair. V6 states he came to assist R1 that day because it is the facility's policy to escort residents to and from visits.</p> <p>On 7/6/2021 at 12:15PM V7 (CNA Assigned to R1 today) stated, "She (R1) has not been getting up</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>lately. They (Physical Therapy) has been trying to teach her how to use the powered wheelchair. I have seen her bump the wall before, we verbally guide her."</p> <p>On 7/6/2021 at 12:38 V9 (Occupational Therapist) states, R1 has cognitive delayed response and is impulsive. We discussed various levels of speed for her while in the powered wheelchair. I was told she raises up the speed in the halls, she is speeding in the halls. Not always aware of her environment. She has had instances when she was told to go left or right or not respond to cues, her alertness is delayed.</p> <p>On 7/6/2021 at 12:28 PM, V8 (Director of Rehab) states, "we started working with her in the power chair and she has been unsafe the entire time. She is not safe to use power chair as of discharge on 6/18/21". V8 reading from 6/11/21 Therapy notes states: "motorized wheelchair requires moderate verbal cues to avoid obstacles". Surveyor asked what that means. V8 responded, "it means resident is not safe to use if needs mod-max cues to avoid obstacles. Assistance should be provided by CNA, restorative, nurses. Clinically trained staff."</p> <p>On 7/8/2011 at 10:30 AM V8 states, "resident (R1) was never safe to operate motorized wheelchair alone without supervision. It is communicated to all staff (nurses, CNA's, Restorative and it is in the computer) therapy's recommendations that R1 needed supervision to operate the motorized wheelchair safely." (B)</p>	S9999		