STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014500	A. BUILDING: _____ B. WING _____	C 08/20/2021

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ALDEN ESTATES OF NORTHMOOR	5831 NORTH NORTHWEST HIGHWAY CHICAGO, IL 60631

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S 000	Initial Comments Facility Reported (FRI) Incident of July 15, 2021/IL136735	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210)b)c) 300.1210d)6) 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	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 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. c)Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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. This requirement was not met evidenced by: Based on interview, and record review, the facility failed to use the mechanical lift for 1 of 3, R4 upon transfer in accordance with the residents' individualized care plan. This failure resulted in R4 suffering a traumatic nondisplaced tibia and fibula fracture to the left lower leg. Findings Include: R4 was admitted to the facility on 11/05/11 with diagnosis not limited to: Chronic Embolism and Thrombosis, Essential (Primary) Hypertension, Multiple Sclerosis, Neuromuscular Dysfunction of Bladder, Major Depressive Disorder, Dementia with Behavioral Disturbance, Insomnia and Urinary Tract Infection. R4's MDS (Minimum Data	S9999		

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S9999	Continued From page 2 Set) BIMS (Brief Interview for Mental Status) score is 15 indicating intact cognitive response. On 08/17/21 at 01:00 PM, R4 stated "I broke my left leg when I fell out of bed. They usually have to use the mechanical lift with one to two people." R4 was observed in bed on a low air loss mattress with a splint to R4's left lower extremity. On 08/17/21 at 01:06 PM, V4 (Licensed Practical Nurse)LPN stated "R4 is alert/oriented times two to three, is forgetful at times". V4 said, R4 has a broken left lower leg. 08/17/21 V5 (Certified Nurse Assistant) CNA was transferring R4 from the bed for a shower. V5 was doing a manual one-person transfer and did not use a mechanical lift. R4 is supposed to be transferred using the mechanical lift with 2-person assist. V5 came and got me and told me what happened, and I went to assess R4, R4 was in a sitting position with her legs extended. Four of us transferred R4 by lifting her from the floor to the bed. V4 stated "I was going to flush R4's suprapubic catheter and give her medication. When I pulled the cover back, I saw R4's left leg swollen and starting to bruise. When turning R4, she had discomfort. The x-ray was done that day, I was told R4 had a fracture of the left tibia and fibula. Staff is aware R4 is a two person assist with mechanical lift for transfers." On 08/17/21 at 01:23 PM, V5 (Certified Nurse Assistant) stated "I went to give R4 a shower. I got the shower chair, turned her to the edge of the bed and picked her up to transfer R4 to the shower chair. She was too heavy to transfer so I lowered her to the ground. She was on her knees, she was put into a lying position. I needed help getting her up, I went to get help to get her up into the shower chair. We lifted her and put	S9999		

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S9999	Continued From page 3	S9999		

her in the bed. R4 is a mechanical lift with two persons assist for transfers. At the time I did not know she was a mechanical lift for transfers. I asked her how she transfers, and she stated, " I could just transfer her to the shower chair" V5 stated "I can look in the computer to see how the residents are transferred". R4 is alert and oriented times two, with confusion, and forgetful. I received the mechanical lift in service after the incident."

On 08/17/21 at 05:05 PM, V8 (Nurse Practitioner) stated "I got a call that R4 fell. After the incident she developed pain and discoloration. I ordered an X-ray and it showed a fracture to the left tibia and fibula. She does not walk and is essentially on bed rest. I asked her what happened, she said she forgot, she could not walk. I thought that it was odd, and I had them check for a urinary tract infection because she was not totally herself. The CNA was helping her and she fell. R4 was not in her right mind but under normal circumstance she could tell staff how she transferred. R4 has Multiple Sclerosis, is basically dead weight and cannot assist staff because she is severely limited with Multiple Sclerosis. If staff are not using the mechanical lift she can fall. When it comes to safety her words should not be taken that she is totally with it, and should be taken that she is confused."

On 08/18/21 at 12:54 PM, V3 (Director of Nursing) stated "staff should know how a resident transfer's, use a gait belt, use two people if required. We did an in service for transfer's, the intervention has been put in the Kardex. There is a list who uses the mechanical lift for transfers. If resident's uses a mechanical lift, or sit to stand, it is always a 2-person assist. V5, CNA was trying to transfer R4 to the shower chair. R4 told her

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S9999	Continued From page 4 she was able to transfer, V3, CNA, took her for her word, attempted to transfer R4 by herself. The shower chair slid a little and she lowered R4 to the floor. Two days later R4's leg started swelling, X-ray was done and there was a fracture. R4 is not able to stand at all, she has Multiple Sclerosis. R4 should not be transferred by one person. She has a potential to fall and get a serious injury. We did competencies with V5 (Certified Nurse Assistant) on what to look for before a transfer. R4 was care planned for a mechanical lift with,, 2-person assist." On 08/12/21 at 02:17 PM, V16 (Licensed Practical Nurse) stated " care plan has type of transfer rather mechanical lift, or maximum assist in R4's Care Plan. Anyone that uses a mechanical lift is at least a 2-person assist. There is a risk for fall or injury if residents are not properly transferred." On 08/18/21 at 03:49 PM, V20 (Certified Nurse Assistant) stated" there is a folder for transferring to know which device to use. Mechanical lift transfers have a 2-person assist. There is a potential for a fall and the resident can get hurt." On 08/18/21 at 03:53 PM, V22 (Registered Nurse) stated "the day nurse endorsed that an X-ray was ordered for R4 left foot discoloration and swelling. Report came back with R4 having a nondisplaced fracture of the left tibia, and fibula. R4 is supposed to transfer using a mechanical lift with a 2-person assist. R4 cannot stand, she is paralyzed from the waist down. If the mechanical lift is not used for R4 there is a potential for a fall, she is dead weight and it's dangerous. R4 does have periods of confusion." On 08/18/21, The facility administrator provided a	S9999		

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S9999	Continued From page 5 Competency document for V5 (Certified Nurse Assistant) dated 07/16/21 and 07/29/21 titled Total Mechanical Lift, and In -Service/Meeting, Attendance Record dated 07/20/21 Topic: "Use of Hoyer lift." Progress note dated 07/15/21, reads in part around 14:15 during transfer to shower chair R4 was lowered down to the floor in sitting position by assigned V3, CNA (Certified Nurse Assistant). Progress note dated 07/17/21, reads in part X-ray stat done around 3:30pm due to R4's left leg swollen and noted with reddish discoloration per day shift nurse. Upon assessment, resident complains of pain only upon movement of the leg. Radiology Results Report dated 07/17/21, document X-ray exam of lower leg. Significant Findings Left Tibia/Fibula - 2 view: The tibia and Fibula on the left demonstrates nondisplaced fractures of the proximal tibia and fibula. The findings are likely acute. Initial Report dated 07/18/2, document R4 requires total assist with bed mobility, and transfers. On 07/15/21 R4 was being transferred to shower chair from bed, when shower chair moved and V3, CNA (Certified Nurse Assistant) lowered resident to floor. On 07/17/21, R4 complained of pain to left lower leg. Swelling, and discoloration noted. MD (Medical Doctor) notified and X-ray ordered. X-ray results returned showing nondisplaced fracture of proximal tibia and fibula. Care Plan documents: R4 requires extensive assistance with bed mobility due to weakness related to MS (Multiple Sclerosis). R4 has an ADL (Activities of Daily	S9999		

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S9999	Continued From page 6 Living) Self Care Performance Deficit due to impaired mobility, non-ambulatory related to Multiple Sclerosis. Date Initiated: 12/17/2020. R4 requires the use of a mechanical lift with 2 staff assist for transfers due to weakness; impaired mobility; non ambulatory related to Multiple Sclerosis. Date Initiated: 06/11/2021. Provide 2 staff assistance for transferring. Date Initiated: 06/11/2021. R4 demonstrates impaired cognitive functioning related to/cognitive deficit related to dx (Diagnosis) of Dementia. Date Initiated: 08/10/2015. R4 is with impaired decision-making abilities secondary to Advancing Dementia. Date Initiated: 10/16/2015. R4 is noted with no voluntary movement of the legs related to Multiple Sclerosis. R4 is at risk for fall due to weakness related to Multiple Sclerosis. Facility provided document dated 07/20/21 titled In-service/Meeting Attendance Record Use of Hoyer Lift and Competency for V5 (Certified Nurse Assistant) dated 07/16/21 and 07/29/21 titled "Total Mechanical Lifts." Policy: Titled "Incident/Accident Reports" dated 09/20 document an accident refers to any unexpected or unintentional incident, which may result in injury or illness to a resident. 4. All situations requiring the emergency services of a hospital. 15. The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistive devices to prevent accidents.	S9999		

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S9999	Continued From page 7 Titled "Total Mechanical Lift" dated 01/14/21 document Purpose: 1. To lift, transfer and move a resident from one surface to another " B"	S9999		