

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008270	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/21/2021
--	--	--	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS AT ELMWOOD PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707
--	---

(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 Complaint Investigation 2193361/IL133928	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1210b) 300.1210c) 300.1210d)6) 300.1220b)3) 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. 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	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008270	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/21/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS AT ELMWOOD PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707
--	---

(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
S9999	<p>Continued From page 1</p> <p>nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to follow the Restorative Assessment and the Minimum Data Set (MDS) by not providing an extensive, two person assist during bed mobility for one resident (R1) out of three residents reviewed for improper nursing care in a total sample of five residents. This failure resulted in R1 sustaining an impacted fracture to the left distal femur.</p> <p>Findings include:</p> <p>R1 is an 87 year old with the following diagnoses:</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008270	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/21/2021
--	--	--	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS AT ELMWOOD PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>osteoarthritis, fracture of the lower end of the femur, other specified disorders of bone density and structure, left sided hemiplegia, vitamin D deficiency, and deafness. R1 admitted to the facility on 9/8/07.</p> <p>A Restorative Nursing note dated 3/23/21 documents both of R1's legs are in an extended position and range of motion is severely limited. R1 receives physical assist with bed mobility and is able to use side rails for support. R1 is to continue receiving extensive to total assist with bed mobility.</p> <p>A Nurse Practitioner note dated 5/12/21 documents new recent pain with palpation to bilateral lower extremities. Venous Doppler scans were ordered as well as x-rays.</p> <p>A Nursing note dated 5/13/21 documents R1 complained of pain in the lower extremities and was rated 6 out of 10. Tylenol was given and reassessment the pain was 2 out of 10.</p> <p>The X-ray of the left leg dated 5/13/21 documents mild arthritic changes to the knee with possible distal femur fracture.</p> <p>A Nursing note dated 5/14/21 at 1:30AM documents the x-ray results came back around midnight and showed a possible distal femur fracture. The doctor was paged and the nurse is awaiting a call back.</p> <p>A Nursing note dated 5/14/21 at 6:45AM documents the doctor was paged again at 4:00AM after missing a return call around 3:30AM.</p> <p>A Nursing note dated 5/14/21 at 8:17AM</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008270	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/21/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS AT ELMWOOD PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707
--	---

(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
S9999	<p>Continued From page 3</p> <p>documents the doctor ordered R1 be sent out to the hospital to rule out possible fracture. An ambulance company was called and the estimated time of arrival is 30 to 45 minutes.</p> <p>A Nursing note dated 5/14/21 at 3:04PM documents R1 was admitted to the hospital with a distal, impacted femur fracture.</p> <p>The Hospital Records dated 5/14/21 document R1 presented from the nursing home with a possible left distal femur fracture. Repeat x-rays of the left knee confirmed a nondisplaced, impacted fracture of the distal femur. Osteopenia (low bone mass - a person's bones are not as strong as they should be) and severe osteoarthritis are also noted in the x-ray. A knee immobilizer was placed and R1 is to stay non-weight bearing until further instruction. No surgery is recommended as R1 is non-ambulatory.</p> <p>On 5/18/21 at 12:30PM, V3 (Certified Nursing Assistant/CNA) stated, "The first night I went in with another CNA to change R1 and R1 was grunting and pointing at R1's leg. The other CNA (V4) and I go into everyone's room and change them together because it's easier and more comfortable for the resident. R1 can't really help you do anything. R1 can't move R1's legs and R1 only moves R1's arms a little bit so that's why it's safer to always use two people when caring for R1."</p> <p>On 5/18/21 at 12:47PM, V4 (CNA) stated, "R1 needs a two person assist to change. R1 can't help you do anything. You use two people for safety and it is what I was taught in school. I usually go in with the other CNA working on that unit and we go in together and change everyone.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008270	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/21/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS AT ELMWOOD PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707
---	---

(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
S9999	<p>Continued From page 4</p> <p>I never try and do it alone."</p> <p>On 5/18/21 at 2:22PM, V2 (Director of Nursing/DON) stated, "We just had R1's sister here to help kind of translate for R1 and get an idea of what happened. R1 kept motioning like over, over as if it happened when R1 was being turned. So it's likely R1 got this fracture while being turned in bed and R1 having osteopenia causes everything to be weaker."</p> <p>On 5/19/21 at 10:47AM, V8 (Nurse) stated, "R1 is a two person assist due to being heavier and stiffer. R1 can't move R1's legs at all."</p> <p>On 5/19/21 at 11:00AM, V9 (Restorative Nurse/Fall Coordinator) stated, "R1 is bedbound. R1 is also dependent on all ADL (Activities of Daily Living) care except eating. R1 can't move R1's legs. R1 does have some limitations on R1's upper extremities as well. R1 can't sit up by herself. One to two people can change her. R1 can hold the side rail. Staff does the weight bearing work. Two people help out just to lighten the load. I know staff sometimes do a buddy system where they go in together but not all staff do it. R1 does have some bone disorders but I'm not sure what they are. I know it says that in the MDS and in the restorative assessment but if R1's able to help out two staff aren't needed."</p> <p>On 5/19/21 at 11:47AM, V10 (Nurse) stated, "I don't really change R1 but I believe R1 is changed with two people because R1 can't really help out and R1 isn't very strong."</p> <p>On 5/19/21 at 12:02PM, V11 (CNA) stated, "R1 is a complete total assist with changing; R1 can hold the rail but that's about it. When I saw R1 in the morning R1 was fine. I went to change R1</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008270	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/21/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS AT ELMWOOD PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707
---	---

(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
S9999	<p>Continued From page 5</p> <p>right after lunchtime and after I changed R1, R1 seemed uncomfortable and kept pointing to the lower half of R1's body. I did change R1 by myself because R1 is able to help hold the rail so I can hold her bottom with one hand while I do the rest of the work. If I can find someone to help I will call them to help me change her but I usually do it alone."</p> <p>On 5/19/21 at 1:13PM, V13 (Orthopedic Surgeon) stated, "It can happen for a lot of different reasons. Based on the x-ray, R1's bones have severe osteopenia if not osteoporosis which make fractures a lot more likely as well. If R1 wasn't being turned properly in bed this could have happened. If R1's body was going one way and R1's leg was going a different way this is what could've caused this. With someone with R1's age and condition of R1's bones, they would definitely need to always follow their protocols on properly turning residents and taking extra care and precaution with them because they can fracture so easily. R1's bones were extremely fragile and taking extra precautions while turning or providing care could have prevented this from happening. She would have been in pain immediately after this occurred and then probably anytime she moved R1's leg after that."</p> <p>On 5/19/21 at 2:39PM, R1 was observed lying in bed. There was a black brace on R1's left leg starting at the mid-thigh and extending down to the ankle. R1 was unable to speak but kept pointing to leg and shaking head "no" to signal R1 did not want R1's leg touched at this time. R1 was unable to answer any further questions from the surveyor about what happened to R1's left leg.</p> <p>On 5/19/21 at 2:41PM, V15 (Rehab Aide) stated, "R1 needs 2 people always when you are moving</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008270	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/21/2021
--	--	--	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS AT ELMWOOD PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707
--	---

(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
S9999	<p>Continued From page 6</p> <p>or turning R1 in bed. R1 is pretty weak and can't really help with moving at all. I mean R1 can grab the rail but R1 can't really hold R1's weight up. R1 is a bigger lady to be having one person try to do everything too. She can't really move her legs at all and her left side is her bad side. You always want 2 people moving her to make sure nothing happens to her when R1 is being repositioned. You just want to make sure R1 is staying safe."</p> <p>The Care Plan dated 12/29/20 documents R1 requires supervision and set up for ADLs related to left sided hemiplegia with an intervention of providing maximum assistance during (eg. range of motion, bed mobility, transfers, wheelchair, mobility).</p> <p>The Minimum Data Set (MDS) dated 3/10/21 documents R1 requires an extensive, 2 person physical assist with bed mobility. R1 is totally dependent on staff for transfers and requires a two person physical assist.</p> <p>The Restorative Assessment dated 3/23/21 documents R1 is an extensive assist when rolling from the left and right side and back to supine. R1 is a total assist for supine to sit position, sitting position to supine, moving up in bed, and moving down in bed.</p> <p>(B)</p>	S9999		