

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005904	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/19/2021
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NAME OF PROVIDER OR SUPPLIER ELEVATE CARE COUNTRY CLUB HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 18300 SOUTH LAVERGNE COUNTRY CLUB HILLS, IL 60478
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S 000	Initial Comments Complaint Investigation 2198184/IL139930	S 000		
S9999	Final Observations Statement of Licensure Violation 300.610a) 300.1010h) 300.1210b) 300.1210d)3) 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a 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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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S9999	<p>Continued From page 1</p> <p>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.</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> <p>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:</p> <p>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.</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</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>by:</p> <p>Based on interview and record review, the facility failed to provide safe bed mobility while providing direct resident care for one (R1) of three residents reviewed for bed mobility. This failure resulted in R1 sustaining a fall from the bed while receiving care by facility staff and R1 sustaining a left femoral neck fracture. The facility also failed to immediately notify the physician of R1 sustaining a fall.</p> <p>Findings include:</p> <p>R1 was admitted to the facility on 9/23/20 with diagnoses including bacteremia, reduced mobility, calorie malnutrition, anemia, peripheral vascular disease, dysphagia and chronic pain syndrome.</p> <p>R1's Minimum Data Set dated 6/23/21 documents a Brief Interview for Mental Status score 12/15. A score of 12 indicates cognitively intact. Under functional status for bed mobility - how resident moves to and from lying position, turns side to side and positions body while in bed or alternate sleep furniture documents a score of 3 under self-performance. A score of 3 indicates extensive assistance - resident involved in activity, staff provide weight bearing support. Under support - a score of 2 which indicates one-person physical assist.</p> <p>R1's risk management incident witness dated 10/28/21 documents: V4 (Certified Nursing Assistant/CNA) stated that during resident's bed bath, resident had a big bowel movement. Next V4 went to wet a towel and noticed resident had rolled out of bed where she landed in an almost sitting position. V4 stated the resident's leg went</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>first, adding, resident heel protectors were on at that time, resident then fell sideways with her back against the bed. At that point CNA stated that she had to lower her to the floor were the side rail caught resident's right shoulder. Resident was on the floor in between both beds, on her right side. CNA said the bed was fairly high but not in the highest position. In addition, CNA stated she did not see the resident hit her head.</p> <p>R1's progress note dated 10/28/21 at 16:00 documents: V14 (R1's family) made aware of fall.</p> <p>R1's progress note dated 10/28/21 at 16:15 documents page out for V13 (Medical Doctor/MD) related to fall.</p> <p>On 11/5/21 at 1:45 PM, V14 (R1's family) said she spoke to R1 following the fall on 10/28/21 around 4:00 PM. V14 said R1 said V4 (CNA) rolled R1 on her right side and left her on her side for a long time because V4 went into the bathroom to talk to her boyfriend on the phone. R1 rolled out of bed.</p> <p>On 11/5/21 302PM, V3 (Nurse) said that V4 (CNA) reported that she was giving a bed bath to R1. When V4 rolled R1 to her back side, R1 began to have a large bowel movement and V4 went to the bathroom to wet a towel and when she turned back to the resident, R1 was on the floor. V3 said she did not recall bowel movement on the resident or odor of bowel movement in the room.</p> <p>On 11/5/21 at 3:56 PM, V5 (Unit Manager) said she asked V4 (CNA) what happened with R1 on day of the fall. V4 said she was providing ADL (Activities of Daily Living) care to R1 when R1 started to have a bowel movement. V5 said V4</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>(CNA) reported that she went to wet a towel in the bathroom to clean the bowel movement and when she returned to R1, R1 was on the floor in sitting position. V4 reported she lowered R1 to the floor and got the nurse.</p> <p>On 11/16/21 at 4:07 PM, V12 (CNA), who was assigned to R1 on 10/28/21 evening shift (3-11pm), said R1 was shaking and did not appear to be herself. V12 (CNA) said that R1 reported that V4 (CNA) was on the phone arguing with her boyfriend and "dropped her."</p> <p>On 11/17/21 at 2:25 PM, V16 (Restorative Nurse) said R1 required one person for bed mobility for safety. R1 would be able to stay on her side when turned and not roll. R1 was not considered a fall risk and did not have any previous falls.</p> <p>On 11/10/21 at 2:24 PM, V4 (CNA) said she was providing R1 with a bed bath. R1 was on her right side when R1 began to have a large bowel movement. V4 said she assisted R1 to her back to assist with cleaning her and when she turned her back to her right side, R1's right foot began to slide out of bed and R1 slid to the floor. V4 said she was unable to stop the resident from slipping out of the bed. V4 said R1 had bowel movement on her and during the transfer. V4 denied ever leaving the resident unattended or being on the phone during care.</p> <p>On 11/5/21 at 3:02PM, V3 (Nurse) said she did not call the family or doctor right away because the resident appeared to be ok and V3 was completing paperwork related to fall.</p> <p>On 11/17/21 at 1:24 pm, V13 (MD) said he would expect to be notified immediately after a fall even if no complaints of pain or injury.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Facility Fall Prevention Program revised 11-21-17 documents: To assure the safety of all residents in the facility, when possible. The program will include measures which determine the individual needs of each resident by assessing their risk for falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary. Residents who require staff assistance will not be left alone after being assisted to bathe, shower or toilet.</p> <p>Facility Physician-Family Notification-Change in Condition policy, revised 11-13-18, documents under purpose: To ensure that medical care problems are communicated to the attending physician or authorized designee and family/responsible party in a timely, efficient and effective manner. The facility will inform the resident; consult with the resident physician or authorized designee such as Nurse practitioner; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has potential for requiring physician intervention. A significant change in the resident's physical, mental or psychosocial status.</p> <p>(B)</p>	S9999		