

Illinois Department of Public Health

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 09/14/2022
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NAME OF PROVIDER OR SUPPLIER ELEVATE CARE COUNTRY CLUB HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 18200 SOUTH CICERO AVENUE COUNTRY CLUB HILLS, IL 60478
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S 000	Initial Comments Complaint Investigations: 2296931/IL150697	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b) 300.1220b)3) 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. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental	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
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S9999	<p>Continued From page 1</p> <p>and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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>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.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interviews and record reviews the facility failed to include and initiate enteral feeding upon admission to the facility; failed to accurately assess a resident's impaired nutritional status, implement, monitor, and evaluate the effectiveness of interventions; and failed to follow its policy and procedures for weekly weight monitoring for newly admitted residents. This affected 1 of 1 resident reviewed for neglect. This failure resulted in R6 being admitted to the nursing home and not fed until over 24 hours later. These failures also resulted in R6 having a 10.3% weight loss in 25 days without any nutritional interventions.</p> <p>Findings include:</p> <p>Review of R6's medical record notes R6 was admitted to this facility on 8/5/2022 with diagnoses including: anoxic brain damage, acute and chronic respiratory failure, tracheostomy, ventilator dependent, and gastrostomy. Review of R6's admission weight, dated 8/9/22, was 117 pounds.</p> <p>Review of R6's medical record, dated 8/5/22 at 2:46pm, the admission nurse noted R6 with G-tube. Physician paged, awaiting call back. There is no documentation found in R6's medical record noting R6's physician was contacted for enteral feedings via G-tube.</p> <p>Review of R6's POS (physician order sheet), dated 8/5/22, notes an order to weigh R6 upon</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>admission and weekly x 4 every day shift every 7 days.</p> <p>Review of R6's POS (physician order sheet), dated 8/6/22 at 3:23pm, R6's POS notes an order for G-tube water flush 320ml (milliliters) every shift and for enteral feeding at 50ml/hour.</p> <p>Review of R6's MAR (medication administration record), dated August 2022, notes enteral feeding via G-tube initiated on 8/6 by the night shift nurse (11:00pm-7:00am).</p> <p>Review of R6's admission dietary profile, dated 8/5/22, notes R6 is receiving nutrition via G-tube (gastrostomy). R6 is nothing by mouth. R6's nutritional needs will be met and will be free from dehydration. Continue current diet management and see V12 RD (registered dietitian) as needed for follow-up.</p> <p>Review of R6's pre-admission form, dated 8/1/22, notes R6 is receiving enteral nutrition via G-tube.</p> <p>Review of R6's hospital discharge notes, dated 8/4/22, notes R6 is nothing by mouth. R6 is receiving enteral nutrition at 50ml/hr with water flush at 40ml/hr via G-tube.</p> <p>Review of V12's RD (registered dietitian) note, dated 8/9/22, notes: diet: nothing by mouth; enteral feeding 50ml/hour x 24 hours; water flush via G-tube 320ml every shift. Estimated needs: 1595-1861 kilocalories, 80-106 grams protein. Skin: deep tissue injury to right ear. R6 dependent on enteral nutrition for total nutrition support related to dysphagia. Tolerating feeding well. Reviewed hospital records, receiving enteral feeding 50 ml/hr x 24 hrs, water flush 40 ml x 24 hours (960 ml). R6 at nutrition risk</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>related to comorbidities. Plan: continue with current feeding order. Enteral feeding appropriate. Monitor feeding tolerance, skin, labs, weight. V12 to follow up as needed.</p> <p>On 9/11/22 at 12:00pm, V12 RD (registered dietitian) stated that all residents should have an initial weight done upon admission and then weekly x 4 weeks. V12 stated that it is important to obtain weekly weights to monitor resident's adjustment to this facility, meal consumption, and progress.</p> <p>Review of R6's MDS (minimum data set), dated 8/12/22, notes R6 is totally dependent on staff for bed nutrition.</p> <p>On 9/11/22 at 12:30pm, V13 (complainant) stated R6 was admitted on 8/5/22 with no orders for G-tube (gastrostomy tube) feedings until 8/6 at 4pm. V13 stated R6 appeared like R6 was losing weight. When V13 asked staff to weigh R6, V13 was informed R6 is weighed monthly. V13 stated that V13 spoke with V9 NP (nurse practitioner) regarding concern of weight loss. V13 stated that R6 weighed 105 pounds.</p> <p>On 9/12/22 at 12:10pm, V9 NP (nurse practitioner) stated V9 would expect the nurse to contact V12 RD (registered dietitian) for G-tube feeding orders. V9 stated in the hospital, the R6 may have been receiving a different formula than what is available at this facility and the Nurse should contact V12 to see if the formula should be changed. V9 stated V9 would expect the nurse to call the physician for G-tube feeding orders if V12 was not called. V9 stated nutrition is important for all residents that receive G-tube feedings. V9 stated that on 8/30 V9 spoke with R6's family. At that time, the family expressed</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>concern for weight loss. V9 stated that V9 notified restorative staff to weigh R6. V9 stated that R6's weight was 105 pounds. V9 stated that on 8/30 V9 notified V12 RD to re-assess R6's nutritional needs.</p> <p>On 9/12/22 at 12:50pm, V10 (restorative nurse) stated that V10 started at this facility one week ago. V10 stated that this facility had one restorative aide for a while to weigh all of the residents. V10 stated that the aide had difficulty obtaining weights on residents as ordered. V10 stated the protocol is to obtain a resident's weight upon admission/re-admission and then weekly x 4, then monthly. V10 stated that some residents have physician orders to weigh daily. V10 stated that all residents are weighed monthly per protocol.</p> <p>Review of this facility's weights policy, revised 10/17/2019, notes each resident shall be weighed on admission and at least monthly thereafter. Residents identified at nutritional risk may be weighed weekly or bi-weekly per physician order. (B)</p>	S9999		