PRINTED: 12/19/2022 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ С B. WING IL6014328 10/06/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 EAST EUCLID AVENUE **DIMENSIONS LIVING PROSPECT HTS** PROSPECT HEIGHTS, IL 60070 (X4) ID PREFIX **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation 2297706/IL00151601 S9999 Final Observations S9999 Statement of Licensure Violations: 330.710a) 330.1110f) 330.4240a) 330.4240d) Section 330.710 Resident Care Policies The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part. Section 330.1110 Medical Care Policies The facility shall notify the physician of any accident, injury, or unusual change in a resident's condition. Section 330,4240 Abuse and Neglect An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter of the Attachment A department. (Section 3-610 of the Act) Statement of Licensure Violations These requirements were NOT MET as evidence

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 12/19/2022 **FORM APPROVED** Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ C B. WING IL6014328 10/06/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **700 EAST EUCLID AVENUE** DIMENSIONS LIVING PROSPECT HTS PROSPECT HEIGHTS, IL 60070 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) Continued From page 1 S9999 S9999 by: Based on interview and record review, the facility failed to notify the physician of a change in resident's condition and failed to prevent or determine how a resident sustained an injury of unknow origin. This affected 1 of 3 residents (R1) reviewed for medical care policies; neglect and injury of unknown origin. This failure resulted in the resident not being sent to the hospital for over 24 hours for a left proximal humerus fracture.

Findings include:

R1 admitted to the facility on 7/22/22 with a diagnosis of dementia, anxiety, muscle weakness and unsteadiness on feet.

R1's eMAR notes dated 9/23/22 at 15:27 documents: Tylenol given for left shoulder pain. At 1600 documents Tylenol was effective. There was no documentation of the MD being notified of pain.

On 9/30/22 at 2:03Pm, V5 (nurse) who was identified as the nurse working on 9/23/22 pm shift said, R1 complained of pain and administrated as needed Tylenol. V5 said he did not notify the doctor.

R1 weekly skin assessment dated 9/23/22 signed 10/2/22 documents: Left shoulder; blue purplish discoloration. Bruising to left upper arm mild/moderate swelling.

R1's progress notes dated 9/24/22 at 9:30 documents: when staff arrived on the unit resident complaining of left arm pain, asked resident where his pain is he points to left

Illinois Department of Public Health

STATE FORM

PRINTED: 12/19/2022 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ **B. WING** IL6014328 10/06/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 EAST EUCLID AVENUE **DIMENSIONS LIVING PROSPECT HTS** PROSPECT HEIGHTS, IL 60070 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 shoulder down to the mid arm, asked if the pain is down to his hand resident states no, he was medicated with Tylenol crushed with all morning medication, resident rates pain as 3 on pain scale. R1's progress notes dated 9/24/22 at 11:40 documents: resident continues to propel himself on the unit, asked how his pain was, he states his arm still hurts, assessed the arm resident noted with bluish bruise to his left arm bicep area. resident able to wiggle fingers but not able to lift arm without actually lift the arm with his right hand, MD paged to make aware. On10/04/22 at 10:24am, local Xray service said that they received a stat Xray order for R1 at 12:34PM on 9/24/22. R1's reportable dated 9/24/22 documents: private companion reported R1 complaints of pain to left arm. Nurse observed bruising to left upper arm. R1 was medicated for discomfort and stat Xray of left extremity was ordered. During assessment, bruising increasing in size and range of motion decreased. R1 sent to hospital. Final: Staff reports no falls within 48 hours prior. No evidence of abuse from investigation with all parties caring for R1 as well as family involvement in investigation. Fracture is deemed to be of unknown origin. On 10/5/22 at 1:24pm, V3 (DON) said, if there is a new onset of pain or swelling, bruising, the doctor should be notified." V3 also stated that R1's fracture is of unknown origin, but we should know because he is supposed to have a private companion at all times. R1 needs redirection and will propel himself into others' rooms. The facility

has not been able to determine the cause of the

PRINTED: 12/19/2022 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: С B. WING IL6014328 10/06/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 EAST EUCLID AVENUE **DIMENSIONS LIVING PROSPECT HTS** PROSPECT HEIGHTS, IL 60070 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY)** S9999 Continued From page 3 S9999 fracture. R1's hospital record dated 9/24/22, documents under Xray left shoulder finding: There is a fracture through the surgical neck of the left humerus with additional avulsion through the greater tuberosity region without significant displacement fracture fragments. Mild impaction of the fracture is noted. There is no dislocation humeral head. Impression: Left proximal humerus fracture. Under case tracking documents time arrived at emergency room at 4:37PM. According to John Hopkins medicine under Humerus fracture: A broken arm is a common injury and is usually a consequence of a fall with an outstretched hand, a car crash or some other type of accident. https://www.hopkinsmedicine.org/health/condition s-and-diseases/humerus-fracture-upper-arm-fract ure Facility policy titled: Notification to physician/family/resident representative of change in condition revised 3/2022 documents: the community will consult the resident's physician, nurse practitioner or physician assistant and notify the resident representative or an interested family member when there is: an accident (including falls) which results in injury and has the potential for requiring physician intervention. Acute illness or a significant change in the resident's physical, mental or psychosocial wellbeing. A need to alter treatment significantly. Facility policy titles Freedom from abuse, neglect and Exploitation revised May 2020 documents: Injury of unknown source:

Illinois Department of Public Health

Mistreatment is inappropriate treatment or

PRINTED: 12/19/2022

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ **B. WING** IL6014328 10/06/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 EAST EUCLID AVENUE **DIMENSIONS LIVING PROSPECT HTS** PROSPECT HEIGHTS, IL 60070 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 exploitation of a resident. Any injury should be classified as an injury of unknown source when both of the following conditions are met: the source of the injury was not observed by any person or the source of the injury could not be explained by the resident. The injury is suspicious because of the extent of the injury or location of the injury. (B)

Illinois Department of Public Health