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: __ C B. WING IL6008593 03/22/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2534 ELIM AVENUE **GROVE AT THE LAKE, THE** ZION, IL 60099 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation 2212257/ IL144916 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 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 Attachment A well-being of the resident, in accordance with Statement of Licensure Violations each resident's comprehensive resident care

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

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6008593	B. WING		. 03.	C /22/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, STATE, ZIP CODE				
GROVE A	AT THE LAKE, THE	2534 ELI ZION, IL	M AVENUE 60099				
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	LD BE COMPLETE		
S9999	Continued From page 1		S9999	:			
	care and personal of	properly supervised nursing care shall be provided to each total nursing and personal esident.		· · · · · · · · · · · · · · · · · · ·			
	c) Each direct care- be knowledgeable a respective resident	giving staff shall review and about his or her residents' care plan.					
3	d) Pursuant to subs care shall include, a and shall be practice seven-day-a-week to	ection (a), general nursing at a minimum, the following ed on a 24-hour, pasis:					
	assure that the residual as free of accident hursing personnel s	cautions shall be taken to dents' environment remains nazards as possible. All hall evaluate residents to see eceives adequate supervision revent accidents.					
	These requirements by:	were not met as evidenced					
.5	review the facility fai recliner chair to bed safe manner. This fa of the mechanical lif she sustained a frac her head and elbow,	on, interview, and record led to transfer a resident from using a mechanical lift in a ailure resulted in R1 falling out t sling onto the floor where stured ankle, a laceration to an intracranial hemorrhage, ialysis catheter on 3/14/22.	1				
	This applies to 1 of 3 safety in a sample of	3 residents (R1) reviewed for f 3.					
91	The findings include	:					
	The Facility Incident "On 3/14/22 at arour ment of Public Health	Report dated 3/18/22 states, and 9:00 PM, assigned V4					

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: __ С IL6008593 B. WING 03/22/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2534 ELIM AVENUE **GROVE AT THE LAKE.THE ZION, IL 60099** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 2 S9999 (CNA) was transferring resident to the bed and resident fell onto the floor on her right side. Immediately V4 notified V3 (RN) nurse on duty that resident fell during transfer and was on the floor. V3 nurse on duty immediately went to resident's room and noted resident lying on the floor on her right side and right side of her bed. The floor was dry and clean, no clutter is noted at this time. ' On 3/22/22 at 10:15AM, R1 was lying in bed in her room. R1 had multiple bruises to her face, a goose egg to her right forehead, and bandage on her right temple. R1 also had a large, bruised area to her left lower neck extending onto her left chest. R1 had a splint with an ace wrap to her right ankle extending up to her knee, and a gauze wrapped dressing on her right elbow. R1 stated. "I'm in pain, the whole right side of my body hurts. My hip is badly bruised and my elbow. I think the (mechanical lift sling) strap was not on properly. It couldn't have been. They are not supposed to transfer me with one person but it doesn't do any good to tell them that. They just say, 'Oh no, I am strong enough, I can do it.' But then why am I lying on the floor and you are standing up there! Many times they have transferred me with just one person. They just won't listen to me. I had to have a new dialysis port put in in the hospital (explaining the bruising to her neck). I fell between the bed and the wall (half wall in center of the room). I think I hit the base of the (mechanical lift), I don't really know. I had to have hit something to break my ankle. I have 2 broken bones in my ankle." On 3/22/22 at 9:50AM, V5 (Restorative Nurse) stated, "I wasn't here when it happened but it was an agency CNA- (V4). One of the loops on the

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(Mechanical Lift) sling snapped and R1 fell out.

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