Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED C IL6010912 02/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7850 WEST COLLEGE DRIVE PROMEDICA SKILLED NURSING PHE PALOS HEIGHTS, IL 60463 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Facility Reported Incident of January 20, 2022/IL143248 **Final Observations** S9999 S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 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. 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

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

resident to meet the total nursing and personal

care needs of the resident.

TITLE

Attachment A Statement of Licensure Violations

(X6) DATE

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6010912 B. WING 02/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7850 WEST COLLEGE DRIVE PROMEDICA SKILLED NURSING PHE PALOS HEIGHTS, IL 60463 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 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 nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These requirements were not met as evidenced Based on observation, interviews, and record review, the facility failed to assure that agency staff received training on the safe utilization of mechanical lifts prior to be use with any resident resulting in physical injury to one resident (R2) who required emergency transfer to a local hospital and was diagnosed with laceration to the right lower extremity. This failure affected one resident (R2) out of 4 residents (R4, R5, and R6) reviewed for improper mechanical transfer. Findings include: R2 is a 99-year-old woman admitted to facility on 8/30/19 with diagnoses that includes: Atrial fibrillation, Hypertension and Hyperlipidemia. BIMS score is 09 per MDS dated 1/25/2022. Patient Transfer Screening Worksheet dated 1/21/2022 indicated R1 requires assistance for transferring using a mechanical lift and sling with a 2 person assist. On 1/20/2022 at 8:12 pm, V12 Registered Nurse was called into R2's room by V13 Certified

Nursing Assistant (CNA). R2 was lying in bed with

PRINTED: 04/18/2022 FORM APPROVED

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| | a bleeding laceration cleansed and dress who gave orders to V12 checked on R2 dressing was satura MD who ordered R2 evaluation and treats. On 1/21/2022 at 3:23 hospital with laceratic extremity. Orders recremove sutures in 14 dressing changes with non-adherent dressing changes with non-adherent dressing changer a R2's right lower leg with clean and intact. Sur be reddened, edema On 2/18/2022 at 2:42 Nurse said, R2 had to because the wound with removed the sutures and we added some the with the closure. The has delayed the healing there is minimal to smapplying a debridement on 2/18/2022 at 2:45 evening shift, two CN/2 the bed from the wheeling their statements. The totheir statements. The statements is the content of their statements. | ed wound then notified MD monitor for bleeding. At 9:10 and noted the wound ted with blood. V12 notified be sent to local hospital forment. 3 am, R2 returned from on repair to right lower ceived and carried out to days, and to perform daily th triple antibiotic cream and ng. 9 PM, R2 was observed with nd V11 Wound Care Nurse. As dressed with roll gauze trounding skin was noted to tous and scaly. PM, V11 Wound Care to be sent out for sutures and scaly. PM, V11 Wound Care because they were falling off treatment orders to assist wound became infected and ng process a bit. Right now, wall drainage and we are not treatment daily. PM, V6 said on the 3-11 As were transferring R2 to elchair. I am not sure how do neither do they according the CNA quiding the | S9999 | | | | |
| 11/2 | machine should have in parts of the body can machine. | been the one to ensure that ame in contact with the | | | | | |

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED C IL6010912 B. WING 02/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7850 WEST COLLEGE DRIVE PROMEDICA SKILLED NURSING PHE PALOS HEIGHTS, IL 60463 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 At 4:14PM V13 CNA said, I had never used this type of lift prior to working at this facility. It is similar to the others that I have worked with, but this one is different because of the way that it positions the resident while up in the air. The facility never provided any instruction on how to use the machine and we didn't get any in-service or safety briefing after the incident happened. At 5:06 PM V2 DON (Director of Nursing) said. the facility doesn't provide teaching or orientation about the use of the mechanical devices to agency staff because it is an expectation that they know how to use the equipment as a condition of their employment. We only provide an orientation to the unit when they arrive. There were no in services completed on the safe use of the mechanical lift after the incident occurred. On 2/19/2022 at 11:13 am, V2 DON said, we don't have a separate policy for using the mechanical lifts for agency staff, our expectations are the same as staff certified nursing assistants. Facility provided mechanical lift policy and procedure reviewed. Nurse Aide Essential Job Functions reads: Safety and Sanitation: ...uses safety equipment and supplies when indicated and properly trained to use.

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