

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006506	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/03/2022
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NAME OF PROVIDER OR SUPPLIER ASCENSION NAZARETHVILLE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 300 NORTH RIVER ROAD DES PLAINES, IL 60016
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S 000	Initial Comments FRI of 3/17/22/IL145105	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b)5) 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 which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a 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 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	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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>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 Regulations were not met as evidenced by:</p> <p>Based on interviews and records reviewed the facility failed to ensure that staff utilized the mechanical lift for a resident assessed to require mechanical lift for transfers. This failure affected 1 (R1) resident reviewed for safe transfers. This failure resulted in R1 suffering an acute left medial malleolus fracture (closed fracture of the left ankle).</p> <p>Finding include:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R1 is 94 years old with diagnosis including but not limited to Alzheimer's Disease, Hypothyroidism, Major Depressive Disorder, Epilepsy, Essential Hypertension, Age Related Osteoporosis, Anxiety, and Insomnia. Cognitive pattern assessment dated 2/1/22 notes R1 has long and short-term memory impairments and is severely cognitively impaired.</p> <p>On 4/2/22 at 10:28AM surveyor observed R1 sitting in a wheelchair in a small group. A mechanical lift sling is visible under her. R1 has cast on her left foot from foot to mid lower leg. R1 has a wedge in between her legs while sitting and her left leg is elevated and extended out in front her with the wheelchair pedal. R1 did not verbally respond to the surveyor.</p> <p>On 4/2/22 at 10:48AM V2, Director of Nursing, said CNA reported to nurse that R1 complained of pain. The nurse went to assess R1. V2 said R1 does have chronic generalized pain. V2 said I assessed R1 myself and noted her ankle was swollen. V2 said I was preparing to assist in transferring R1 back to bed when I saw she did not have a lift sheet under her. I asked the CNA why she did not use a lift when it is clearly written in the room on the care card. V2 said R1 has been a mechanical lift for transfers since at least 2 years. We have ordered increased acetaminophen for pain. V2 said R1 is non-weight bearing at this time. V2 said V6 had been coming to the facility since November 2021 as agency staff.</p> <p>On 4/2/22 at 1:02PM via phone interview V6, CNA, said I transferred R1 out of her bed into a wheelchair by standing her. V6 said she supported R1's legs with her leg in between R1's</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>legs. V6 said she has taken care of R1 often and has always transferred her the same way. V6 said she has been working in the facility since February 2022. V6 said before 3/17/22 she did not know about the care cards or that R1 required a mechanical lift for transfers. V6 said after she assisted R1 into her wheelchair she notified the nurse and V2 that R1 was complaining of leg pain.</p> <p>Staff Orientation Packet for V6 dated 11/2/21 notes V6's signature and care cards are located in the closet of each resident's room. It will give you the information about how to meet the care needs of the resident.</p> <p>R1's care plan dated 1/5/21 notes requires mechanical aid for transfers with 2 staff personal.</p> <p>R1's Functional Status assessment dated 2/1/22 notes she totally dependent on 2 persons for transfers.</p> <p>R1's Safe Patient Mobility and Movement Risk Assessment dated 2/15/22 notes lift as ordered full body mechanical lift.</p> <p>R1's left ankle x-ray dated 3/17/22 notes acute medial malleolus fracture.</p> <p>A final report dated 3/23/22 conclusion notes R1 has a closed fracture of the left ankle. Report notes that the resident might have sustained injury due to improper transfer technique. Investigation notes V6 admits she failed to use lift for transfer.</p> <p>The facility Safe Lifting and Moving of Patients policy revised on 12/2019 notes Nursing associates, in conjunction with the rehabilitation</p>	S9999		

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S9999	Continued From page 4 associated, shall assess individual resident's needs for transfer assistance on an ongoing basis. Associates will document resident transfer and lifting needs in the care plan. (B)	S9999		