STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014237	A. BUILDING: _____ B. WING _____	10/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER CROSSING OF ELGIN	2355 ROYAL BOULEVARD ELGIN, IL 60123

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Annual Licensure and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 300.1210d)6) 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 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 well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014237	A. BUILDING: _____ B. WING _____	10/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER CROSSING OF ELGIN	2355 ROYAL BOULEVARD ELGIN, IL 60123

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 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. The plan shall be reviewed at least every three months. These requirements were not met as evidenced by:	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014237	A. BUILDING: _____ B. WING _____	10/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER CROSSING OF ELGIN	2355 ROYAL BOULEVARD ELGIN, IL 60123

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2 Based on interview and record review, the facility failed to ensure 2 staff were present during resident care to prevent resident injury for 2 residents (R9 and R77), and failed to ensure 2 staff were present for a resident transfer for 1 resident (R46). This failure resulted in R77 rolling out of bed, sustaining subdural hematomas requiring emergency care and hospitalization. This applies to 3 of 25 residents (R9, R77, R46) reviewed for safety/supervision in the sample of 25. The findings include: R77's Facility Assessment dated 2/23/22, 5/23/22, and 8/22/22 showed R77 being 91 years old, being cognitively intact, and needing two-person assistance with bed mobility, transfers, dressing, toileting, and bathing. The facility's Final Incident Report dated 5/10/22 showed "On 5/3/22...resident was turned on her side by CNA staff during incontinence care, Resident rolled over and fell on the floor...paramedics arrived and transported resident to ER for evaluation." On 10/18/22 at 8:35 AM, R77 was noted to have multiple contractures of both arms and hands. R77 was unable to self-turn in bed. R77 stated, "A few months ago I had to go to the hospital. One of the CNAs was cleaning me up by herself. She turned me on my side to clean my backside, and I rolled off the bed away from her. I hit my wheelchair on the way down, and basically landed on my face."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014237	A. BUILDING: _____ B. WING _____	10/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER CROSSING OF ELGIN	2355 ROYAL BOULEVARD ELGIN, IL 60123

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3 On 10/18/22 at 2:35 PM, V21 (R77 Daughter) stated the facility contacted me when mom fell. "They told me [R77] was receiving peri-care by one staff member, and she rolled off the bed. At the hospital they said [R77] had some blood between her skull and brain from the fall." R77's Hospital Records dated 5/3/22 showed R77 admitted to the hospital. R77's head CT scan results showed two acute subdural hematomas. On 10/18/22 at 2:00 PM, V18 (Therapy Director) stated, she has assisted with turning R77 in the past. Due to her contractures, and inability to move herself, she needs to have two people turn her with care. On 10/18/22 at 11:35 AM, V2 (Director of Nursing/DON) stated if a resident is designated as a two-person assist, there should be two staff members providing the care. R77 should not be turned with only one person for care. The facility's Activities of Daily Living (ADL) Policy revised 3/27/21 showed "...Each ADL should be provided at the level of assistance that promotes the highest practicable level of function for the resident, while ensuring the needs and desired goals of the resident are met safely." R9's face sheet shows she has diagnoses including hemiplegia and hemiparesis following a cerebral infarction. R9's 7/22/22 facility assessment shows her cognition is mildly impaired, and she requires extensive 2-person staff assistance with bed mobility and turning from side to side. R9's Activity of Daily Living (ADL) care plan, revised on 8/11/21, shows R9 has limited mobility due to left sided hemiparesis and hemiplegia, and requires extensive 2 staff	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014237	A. BUILDING: _____ B. WING _____	10/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER CROSSING OF ELGIN	2355 ROYAL BOULEVARD ELGIN, IL 60123

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4 assist with her bed mobility. R9's fall risk care plan revised on 10/18/22 shows she is at risk for falls and has a history of falls. On 10/17/22 at 9:56 AM, R9 said she was rolled out of bed by a Certified Nursing Assistant (CNA) who had come in the room alone to turn and change her. R9 said the CNA was turning her alone and she rolled right out of bed hit her face on the floor and had to go to the emergency room. On 10/17/22 at 9:59 AM, V9 (Certified Nursing Assistant/CNA) said R9 does require 2 CNAs to turn and re-position her. A fall incident report dated 9/4/22 at 5:20 AM, shows that a CNA identified as (V13) was turning R9 and she suddenly moved and fell out of bed landing on the floor on her right side. The fall incident report shows that R9 was taken to the hospital and had no apparent injury A nursing progress note dated 9/4/22 at 11:39 AM, shows R9 returned from the hospital with no apparent injury and states, "educated CNAs to have 2 persons assist when providing care." On 10/18/22 at 1:36 PM, V8 (Unit Manager) said there is (Trade name) storage/file system in the computer that staff can look at to see how resident transfers or how many staff are needed to turn or lift a resident. On 10/18/22 at 2:09 PM, V13 said he was the CNA in the room changing R9 alone when she suddenly rolled out of bed. V13 said he had not worked with R9 that much and he did not realize she needed 2 staff to turn and re-position her. V13 said he was not familiar with a (Trade name)	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014237	A. BUILDING: _____ B. WING _____	10/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER CROSSING OF ELGIN	2355 ROYAL BOULEVARD ELGIN, IL 60123

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5	S9999		

storage/file system in the computer to look for how many staff are needed to turn or transfer a resident.

3.) R46's face sheet shows he has diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting his left side. R46's 8/10/22 facility assessment shows his cognition is intact and he requires extensive 2-person staff assistance for transfers and toileting.

R46's active fall prevention care plan, revised on 2/17/21, shows R46 is a fall risk. R46's active ADL care plan, revised on 5/14/21, shows he requires extensive 2 person staff assistance with transfers and toileting.

On 10/17/22 at 9:16 AM, V7 (Certified Nursing Assistant/CNA) took R46 into the bathroom to toilet him. She was the only CNA present, and she had R46 grab the bar and stand up and transferred R46 onto the toilet alone. V7 said that R46 is a 1-person transfer and she gets the information communicated to her from the nurse how each resident transfers.

On 10/18/22 at 1:36 PM, V8 (Unit Manager) initially said that R46 was a 1 person staff transfer and went to check the (Trade name) storage/file system in the computer. V8 returned and said it was her mistake but R46 does require 2 staff to transfer him. V8 showed this surveyor R46's (Trade name) storage/file system that indicates he requires 2 staff for transfers and toileting.

(A)