

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011332	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/15/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VILLAGE AT VICTORY LAKES, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1055 EAST GRAND AVENUE LINDENHURST, IL 60046
---	--

(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 Facility Reported Incident to Incident of November 21, 2022/IL154158	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210d)6) 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 resident to meet the total nursing and personal care needs of the resident. Section 300.1210 General Requirements for Nursing and Personal Care 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.	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011332	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/15/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VILLAGE AT VICTORY LAKES, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1055 EAST GRAND AVENUE LINDENHURST, IL 60046
---	--

(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	<p>Continued From page 1</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure the safety of a resident who was dependent on staff to provide their care for 1 of 3 residents (R1) reviewed for safety in the sample of 3. This failure resulted in R1 sustaining a humerus fracture.</p> <p>The findings include:</p> <p>R1's face sheet listed the following diagnoses: Alzheimer's, dementia with agitation, coronary artery disease, hyperlipidemia, diabetes, hypothyroidism, hypertension, and transient ischemic attack.</p> <p>R1's Minimum Data Set assessment, completed by facility staff on 10/19/22, showed R1 required extensive assistance with bed mobility, transfers, dressing, eating, and personal hygiene. The same report showed R1 was not ambulatory and that R1's mental status was severely impaired.</p> <p>R1's care plan showed R1 was at high-risk for falls because of R1's dementia and combativeness toward staff. R1's care plan also showed R1 had an ADL self-care deficit because of R1's dementia and that R1 relied on staff to initiate daily care.</p> <p>On 12/14/22 at 10:31 AM, R1 was in her bed with a hard plastic splint to her left upper arm. R1 was not moving around in bed.</p> <p>On 12/14/22 at 8:45 AM, V2 (Director of Nursing) said R1 sustained a fracture to her left arm while at the facility. V2 said they were unsure how R1 fractured her arm. V2 added R1 did not have any incidents/falls that could have resulted in the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011332	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/15/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VILLAGE AT VICTORY LAKES, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1055 EAST GRAND AVENUE LINDENHURST, IL 60046
---	--

(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	<p>Continued From page 2</p> <p>fracture.</p> <p>On 12/14/22 at 9:36 AM, V4 (Nurse Manager) said the facility did an investigation regarding R1's fractured arm. V4 said they were unsure how R1 fractured her arm. V4 said V3 (Hospice Certified Nurse Assistant) was the first to notice R1 had arm discomfort.</p> <p>On 12/14/22 at 10:36 AM, V6 (Registered Nurse-RN) said prior to R1's fracture, R1 was dependent on staff for activities of daily living (ADLs). V6 said R1 would not have been able to pick herself up off the floor if she had fallen.</p> <p>On 12/14/22 at 12:10 PM, V8 (Certified Nursing Assistant - CNA) said on 11/21/22 around 8:00 AM she rounded on R1. V8 said she rounded on R1 before V3 entered R1's room. According to V8, when she rounded R1 was sleeping in bed and in no distress. V8 said R1 was total care for ADLs and staff had to, "Do everything for [R1]." V8 added that R1 can be combative with care such as trying to hit staff.</p> <p>On 12/14/22 at 1:40 PM, V10 (CNA) said R1 was dependent on staff for all care. V10 said R1 would not have been able to pick herself up off the floor if she had fallen.</p> <p>On 12/14/22 at 9:50 AM, V3 said on 11/21/22 around 8:30 AM or 9:00AM, she entered R1's room to give R1 a bed bath. R1 was in bed sleeping in no distress. V3 said she removed the hospital gown that R1 was wearing by undoing the buttons of the gown. V3 said she turned R1 on her right side to wash R1's back. According to V3, when she went to wash R1's left arm pit she noticed R1's arm was, "Wobbly" and R1, "Screamed" to leave her alone. V3 said she</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011332	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/15/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VILLAGE AT VICTORY LAKES, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1055 EAST GRAND AVENUE LINDENHURST, IL 60046
---	--

(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	<p>Continued From page 3</p> <p>covered up R1 and went to inform the nurse.</p> <p>On 12/14/22 at 1:30 PM, V9 (Hospice Nurse) said she assessed R1's left arm on 11/21/22. V9 said she noticed swelling and that something was, "Sticking out" of R1's left arm below the shoulder. V9 said after contacting R1's power of attorney the decision was made to send R1 to the hospital.</p> <p>On 12/14/22 at 5:51 PM, V11 (Orthopedic Doctor) said R1's fracture did not, "Spontaneously" happen. V11 said R1 had some osteoporosis; however, some type of external force, like a fall, was required to cause R1's fracture. V11 added R1's fracture did not occur by normal arm movement such as moving it to brush her hair.</p> <p>R1's emergency room summary documentation, dated 11/21/22, showed R1 was sent to emergency room because the nursing home staff noted a deformity to R1's left arm. The same document showed when R1 was assessed in the emergency room R1 had an, "Obvious deformity to the left arm and tenderness".</p> <p>R1's emergency room x-ray results from 11/21/22 showed, "Acute fracture involving the proximal left humerus Significant outward and posterior angulation deformity at the fracture site." (B)</p>	S9999		