

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL8007322	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/28/2023
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NAME OF PROVIDER OR SUPPLIER AVANTARA EVERGREEN PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 10124 SOUTH KEDZIE EVERGREEN PARK, IL 60805
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(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 Complaint Investigation 2397791/IL164545	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210a) 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)

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.

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

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S9999	<p>Continued From page 2</p> <p>and assistance to prevent accidents.</p> <p>These Requirements were not met evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure that a resident was transferred into bed with the use of a mechanical assistance machine as required. This failure affected one resident (R1) reviewed for accidents and resulted in R1 obtaining a closed fracture of right tibial plateau and experiencing severe pain.</p> <p>Findings include:</p> <p>R1 is an 83-year-old female who has resided at the facility since 2020, with past medical history including, but not limited to Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side, other fracture of shaft of right tibia initial encounter for closed fracture, polyosteoarthritis, hypertensive heart and chronic kidney disease with heart failure, essential primary hypertension, venous insufficiency, etc.</p> <p>9/26/2023 at 12:55 PM, R1 was observed in bed, awake, alert and oriented. R1 was asked about her injury, and she stated that she did not fall, two women who she didn't recall ever seeing before were putting her in bed and she told them that she cannot stand or walk and needed to be transferred with a mechanical lift. They told her that they were going to put her in bed anyway. R1 said that both women lifted her, one towards her head and the other one on her feet and tried to transfer her to bed, they stuck her right knee under her bed, she told them that her knee was under her bed, but they would not listen to her. R1 stated that she was in so much pain and was</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>screaming. The nurse gave her pain medicine and someone came and took an x-ray of her right leg. R1 said, I used to get in my wheelchair and go out to the lobby. I also enjoy playing bingo but now I am stuck in this bed, the doctor said I cannot get up until my leg heals.</p> <p>Facility reportable dated 9/14/2023 documented in part, follow up call made to local hospital, facility was notified that resident's X-ray result revealed a closed fracture...On 9/14/2023 at 22:49 PM, R1 complained of pain to her right knee after being transferred to bed, body assessment completed, resident's left and right knee noted edematous, MD notified, order received to send resident to emergency room for further evaluation.</p> <p>Care plan initiated 5/19/2020 stated that R1 has an Activities of Daily Living (ADL) self-care performance deficit and impaired mobility, intervention for transfer stated that R1 requires total assistance x 2 staff participation for transfers via a mechanical lift.</p> <p>Restorative ADLs care plan initiated 01/18/2022 states that R1 should be provided assist with all ADLs as needed including transfer, use gait belt.</p> <p>A written statement by V11 (C.N.A) provided by V4 reads in part. I was told by the off going CNA that the patient was a two person transfer assist, when I got to the room, the resident said you need to get the machine, I went and got someone to assist me with putting resident in bed.</p> <p>V11 no longer works at the facility and surveyor was unable to reach her via phone for interview.</p> <p>9/27/2023 at 4:11 PM, V9 (RN) said that the day</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>R1 injured herself, she was put in bed by the CNAs, her call light went off and when V9 answered the call light, resident complained of pain to her leg; resident did not want pain medicine and stated that she thinks her leg is broken. R1 said that two CNAs put her in bed and her leg hit the bed, V9 called the supervisor who told her to get an order for an x-ray. V9 added that the incident happened at the end of her shift, she did not get a chance to speak to the CNAs; she gave report to the on-coming nurse and went home.</p> <p>9/26/2023 at 3:36 PM, V4 (LPN) said that R1 required the use of a machine (sit to stand) with two staff assistance for transfer at the time of the incident, resident said that she told the staff member that she requires a machine for transfer, but she ignored her. V4 conducted the investigation, and stated that the conclusion from her investigation is that an improper transfer was done by the two CNAs and resident sustained a fracture as a result.</p> <p>9/27/2023 at 2:42 PM, V6 (Restorative Nurse) said that R1 requires extensive assistance with two people using a sit to stand machine for transfer, she was able to bear weight and get in the wheelchair prior to her injury, but her transfer mode is being changed to mechanical lift after the injury. V6 said that she follows therapy recommendation, R1 was evaluated as requiring sit to stand machine for transfer and that's what they have been following.</p> <p>Restorative Nursing program policy revised 7/28/2023, provided by V2 (DON) states in its policy statement, it is the policy of this facility to assess for comprehensive nursing and restorative needs upon admission. Under</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>procedure, the policy states in part, item 2, appropriate nursing, and restorative services consistent to the resident's functional needs must be provided. If the assessment shows that the resident needs therapy, then therapy should be provided. 4. Nursing and restorative services shall be reflected in the resident's individualized care plan consistent to the completion of resident's comprehensive assessment. 9. Resident assistance with ADLs will be based on the above functional assessment, for example, a resident assessed as in need of manual transfer assistance will be provided with that specific assistance using a gait belt.</p> <p>Mechanical lift transfer policy revised 7/28/2023 also provided by V2 (DON) states in part: 1. Follow manufacturer's guideline on how to operate the machine. 2. Explain the task and purpose to resident. 4. Use sling compatible with mechanical lift and appropriate size. 5. there will be 2 staff to assist resident. 1 staff will control the lift ad the other will guide resident and support back and neck to transfer surface.</p> <p>(B)</p>	S9999		