AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
11		IL6005193	B. WING		C 10/13/2023	
LDENL	ROVIDER OR SUPPLIER	HCC 820 WES	DORESS, CITY, S ST LAWRENCE O, IL 60640			2
(X4) ID ' PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORPRETIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY)		SHOULD BE CO	
S 000	Initial Comments Complaints Investigation		S 000			
	2388095/IL164949					
S9999	Final Observations	5	\$9999			
Addition of the state of the st	Statement of Licens	ure Violations:				
	300.1210b) 300.1210d)6)					
A EMPLOYEE AND A MARKATANA AND	Section 300.1210 G Nursing and Person	General Requirements for all Care				
	care and services to practicable physical, well-being of the res each resident's com plan. Adequate and care and personal care.	hall provide the necessary attain or maintain the highest mental, and psychological ident, in accordance with prehensive resident care properly supervised nursing are shall be provided to each total nursing and personal sident.				
	nursing care shall in	subsection (a), general clude, at a minimum, the e practiced on a 24-hour, asis:		18. 1.		
t r t	to assure that the re- as free of accident hat nursing personnel sh	precautions shall be taken sidents' environment remains azards as possible. All hall evaluate residents to see ceives adequate supervision event accidents.		Attachment A		
T	These requirements	are not met as evidenced by:		Statement of Licensure Violat	nons	

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER (X3) DATE SURVEY A. BUILDING: _ COMPLETED IL6005193 С B. WING 10/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADORESS, CITY, STATE, ZIP CODE **820 WEST LAWRENCE** ALDEN LAKELAND REHAB & HCC CHICAGO, IL 60640 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE (X5)PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 \$9999 Based on interviews and records review, the facility failed to provide and monitor for safe and quality care to one (R6) resident reviewed in a sample of three. The deficiency resulted in R6 sustaining a fracture of the left femur. Findings include: R6 is a 46-year-old individual with medical diagnosis that include but not limited to: hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, other sequelae of other cerebrovascular disease, Acute displaced proximal left femoral shaft fracture. R6's MDS (Minimum Data Set) dated 9/20/2023 document R6's Cognitive Skills for Daily Decision Making is severely impaired, and R6's Functional Abilities document R6 is dependent on staff for all ADL (Activities of Daily Living) care. On 10/10/2023 at 2:06pm, V9(R6's daughter) said her mother R6 has a femoral fracture. V9 said the last time she visited R6 was on 8/13/2023 and she was with a friend, and she did not try to move or exercise R6. V9 said she was not notified R6 has any leg/hip issues until September 1st or 2nd, 2023, when a nurse called and left a voice mail message that R6 was experiencing pain. V9 said she returned the facility's message and was told that R6 was sent out to the hospital and at the hospital, R6 was found to have a femoral fracture. V9 said the facility tried to blame her for R6's fracture, saying that V9 has tried to perform range of motion exercises on R6. V9 stated she had not been to the facility to visit R6 since 8/13/2023. V9 added that R6 can make her needs understood if someone takes the time to listen and understand her.

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED IL6005193 B. WING 10/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **820 WEST LAWRENCE ALDEN LAKELAND REHAB & HCC** CHICAGO, IL 80840 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) S9999 Continued From page 2 S9999 On 10/11/2023 at 9:58am, V2(Director of Nursing/DON) said R6 is dependent on staff for all Activities of Daily living (ADLs) and R6 is severely contracted. V2 further said that the fracture could have happened during R6'S ADL (Activities of Daily Living) care, repositioning, from falls, or from R6's daughter performing Range of Motion (ROM) exercises to R6, or the fracture can be pathological. V2 said he does not know what happened to R6, but residents should be kept safe at the facility. On 10/11/2023 at 11:31am, V13(Nurse consultant) said on 08/31/2023, she interviewed staff as she was conducting investigations after R6 was found to have a fracture of the femur. V13 said staff stated R6 was observed to be grimacing during perineal care and R6 said she was experiencing pain on her left lower/upper leg. V13 said there was no definitive answer as to what caused the fracture and R6 did not have any bruising during body assessment. V13 said when R6 was admitted to the facility she was contracted, and this could have caused the fracture. On 10/11/2023 at 12:28pm, V14 (Physician) sald R6 is not able to move by herself, she depends on staff for all ADL care. V14 said she received a call from the facility stating R6 had pain to the left hip/lower extremity. V14 stated she gave orders for R6 to be sent to the hospital for further evaluation. V14 said R6 was found to have a femoral fracture of the left leg. V14 said the fracture could be insidious or traumatic and it could have happened during ADL care or during lifting and repositioning because R6 is severely contracted and cannot move herself. On 10/12/2023 at 11:52am, V21(Registered

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COMPLETED C IL6005193 B. WING 10/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 820 WEST LAWRENCE ALDEN LAKELAND REHAB & HCC **CHICAGO, IL 60840** 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) \$9999 Continued From page 3 S9999 Nurse-RN) said she worked on the day shift on 8/31/2023, and while in R6's room attending to another resident, V21 saw CNA (No name provided) struggling to clean R6 up because R6 was resisting care and did not want to be cleaned up. V21 told the CNA (unknown) to wait for V21 to finish attending to the other resident, then she would help her perform ADL (Activity of daily Living) Care to R6. V21 said while helping the CNA (no name provided) with cleaning R6, she noticed R6 was having facial grimacing and some discomfort whenever V21 and the CNA moved R6's left leg. V21 said she asked R6 if she was having any pain, and R6 nodded "yes". V21 said she assessed R6's left leg, and she noticed it was cool to touch, and there was some bruising on the leg and on the abdomen. V21 said R6 is on anticoagulant medication, therefore she did not know if that is what was causing the bruising and skin discoloration. V21 said she repositioned R6 for comfort and called V14(Physician) to report what she had observed. V21 said that at approximately 7:30pm, V14 ordered an x-ray of the affected extremity of R6 as she(V21) was leaving at the end of the shift. V21 stated she saw the X-ray technician go into R6's room. V21 said when she came to work the following day, she looked for the x-ray results and there was none. V21 said she called V14 to notify her that there were no X-ray results for R6's leg. V14 gave orders for R6 to be sent to the hospital for X-ray and further evaluation. V21 said the night nurse (No name provided) confirmed from the hospital that R6 has a femoral fracture on the left leg. V6 said R6 can mouth words, nod, or shake her head to communicate and R6 is able to communicate when in pain by nodding or mouthing words. V21 said R6 is a total care resident and cannot take care of herself independently. V21 further said R6 cannot

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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 IL6005193 B WING 10/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 820 WEST LAWRENCE ALDEN LAKELAND REHAB & HCC CHICAGO, IL 60640 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 10 (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 4 S9999 physically move her lower extremities because she is contracted. Nursing progress notes dated 8/31/2023 2:06pm, Documents: -V14(Physician) was notified that R6 was having pain on the left hip/left lower extremity V14 ordered an Xray for R6's Left hip and lower extremity. Hospital records dated 09/02/2023 document R6 was admitted to the hospital for left leg pain. CAT Scan was performed and R6 was found to have: -Acute Displaced Proximal Left Femoral Shaft Fracture. This would be very difficult fracture to fix due to patient's contracture. Likely this is a nonoperative fracture, for this reason if pain can be controlled. R6 is not ambulatory. Difficult to assess R6's pain level due to R6's no responsiveness. (B) Illinois Department of Public Health

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