

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1615 SUNSET AVENUE WAUKEGAN, IL 60087
---	---

(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 Investigation of Facility Reported Incident of 12-28-2022/IL155130	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1030a)3) 300.1210a) 300.1210b) 300.1210c) 300.1210d)2)3)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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health	TITLE	(X6) DATE
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		
Electronically Signed		02/03/23

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2023
NAME OF PROVIDER OR SUPPLIER THE TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1615 SUNSET AVENUE WAUKEGAN, IL 60087		
(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 of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1030 Medical Emergencies a) The advisory physician or medical advisory committee shall develop policies and procedures to be followed during the various medical emergencies that may occur from time to time in long-term care facilities. These medical emergencies include, but are not limited to, such things as: 3) Traumatic injuries (for example, fractures, burns, and lacerations). 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 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)	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/13/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER THE TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1615 SUNSET AVENUE WAUKEGAN, IL 60087
--	---

(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>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.</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>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record</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 are not met as evidenced by: Based on observation, interview, and record</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1615 SUNSET AVENUE WAUKEGAN, IL 60087
---	---

(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>review the facility failed to utilize safety devices during a mechanical lift transfer, failed to safely transfer a resident for 2 of 3 residents (R1 and R2) reviewed for transfers in the sample of 4. This failure resulted in R1 receiving a fracture to her left femur (thigh) bone. The facility also deprived a resident of a STAT X-Ray for 40 hours, failed to notify the physician of the delay, and the facility deprived the resident of assessments after a transfer incident. The neglect began on 12/28/22 at 8:00 PM, when the facility was aware of a delay in imaging and ended on 12/30/22 at 4:30 AM (approximately 32 hours later) when the resident was transported to a local area hospital. This applies to 1 of 3 residents (R1) reviewed for nursing care in the sample of 4. This failure resulted in R1 being in bed without a leg splint and experiencing pain.</p> <p>The findings include:</p> <p>R1's Face Sheet (dated 1/12/23) showed an Initial Admission date of 6/3/19 with diagnoses to include left sided hemiplegia (paralysis or weakness to the left side;) muscle weakness; lack of coordination; repeated falls; severe obesity; gait and mobility abnormalities; need for assistance with personal care.</p> <p>R1's 10/28/22 Minimum Data Set showed she required extensive assistance of two staff for transfers and extensive assistance of one for toilet use.</p> <p>During interviews on 1/11/23 at 1:35 PM and 1/12/23 at 10:00 AM, R1 was alert and oriented to person, place, time, and her current condition. R1 responded to questions appropriately and in detail. On 1/12/23, R1 was able to recall details from her interview on 1/11/23.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1615 SUNSET AVENUE WAUKEGAN, IL 60087
---	---

(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 4</p> <p>R1's 12/30/22 Inpatient Hospital Note showed, V3 R1's Inpatient and Long-Term Care physician, assessed her as being "Alert & Oriented x (times) 4."</p> <p>R1's Hospital physician note by V3 from 12/30/22 showed, "fall and left femur fracture."</p> <p>R1's Hospital Occupation Therapy Evaluation note from 1/2/23 showed, "...presents with left femur fracture. Patient states she was being helped into clothes when she felt her left leg twist and heard a snap..."</p> <p>R1's Inpatient Occupation Therapy assessment from 1/2/23 assessed her as being alert and oriented times 4 and she was aware of her deficits and limitations.</p> <p>The facilities Initial and Final Incident Report (The initial and final were sent as a singular document by V1 Administrator) emailed 12/30/22 at 12:48 PM showed on 12/28/22, "During [R1's] transfer from bed to w/c (wheelchair) on 12/28/22, resident heard a pop to her left knee during the process and was lowered to the floor. Physician called and orders received for a STAT X-Ray. Upon X-Ray results it was found that an oblique fx (fracture is not at a right angle to the bone) was found at the distal femoral diaphysis (shaft of the thigh bone closer to the knee than the hip.) Resident was hospitalized for further evaluation."</p> <p>On 1/11/23 at 1:35 PM and 1/12/23 at 10:00 AM, R1 was laying on her back, wearing a hospital gown, and the lower half of her body was covered with a bed sheet. A splint/boot was visible through the sheet to her left leg. R1's left hand; at the area between the base of her thumb and the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1615 SUNSET AVENUE WAUKEGAN, IL 60087
---	---

(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 5</p> <p>base or index finger; she had several small scabs and discolored skin indicating remnants of a fading bruise.</p> <p>R1's 12/28/22 Incident Note from 11:56 AM showed, "...resident was being transfer from bed to wheelchair, the resident heard a pop to her left knee in the process and was lowered to the floor, used the [mechanical lift, crane type] lift to bring her back to bed, resident complained of pain to her left knee, she was assessed and she stated that she cannot move her left knee, called the physician got an order for STAT left knee X-Ray..."</p> <p>On 1/11/23 at 1:00 PM, V12 stated R1 was already in bed when she arrived at R1's room. V12 stated R1 was having pain and she couldn't move her leg. V12 stated R1 told her she was in the sit-to-stand and she needed to move her leg, it twisted and "she heard a pop." V12 stated, "In the back of my mind I thought she broke something..."</p> <p>On 1/11/23 at 1:15 PM, V11 Registered Nurse (RN) stated she was walking by R1's room on the first floor when V13 asked her for help. V11 stated, "It happened so fast." V11 stated, for certain, R1 went to the floor as she entered the room. V11 stated, R1 was laying in front of her wheelchair and V11 believed R1 slid out of the wheelchair. V11 stated, she could not recall if the sit-to-stand machine was in the room. V11 stated she could not understand V13 well; however, she believed he stated R1 slid out of the wheelchair. V11 was not aware of any statements from R1 regarding what happened. V11 stated R1 was not having pain and R1 could move her left leg. V11 said herself and V13 used a crane type mechanical lift and transferred R1 off of the floor</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/13/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER THE TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1615 SUNSET AVENUE WAUKEGAN, IL 60087
--	---

(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 6</p> <p>and to the bed. V11 said she then notified V12 Licensed Practical Nurse (LPN, R1's Nurse on 12/28/22.)</p> <p>On 1/11/23 at 1:35 PM, R1 stated "It was two weeks ago. I was getting dressed and I normally need help. I need the sit-to-stand (a mechanical lift that takes a resident from the seated to standing position and then back to seated.) and I wasn't on it quite right. The left foot was slipping to the left side. It was never on the machine quite right from the start [of the transfer.]" R1 stated the Certified Nursing Assistant was getting her dressed while she was up in the sit to stand, and it was during that time that her left leg slid out of the machine. R1 stated after her left leg slid out of the machine, she collapsed under her own weight, and she was hanging by her arms and shoulders. R1 stated when she collapsed, she heard "two pops" in her left leg. R1 stated after she heard her leg "pop" during the transfer, "I was afraid it broke. That's what I thought happened and that's what I told the nurses. It was painful; it hurt." R1 stated, "My legs were not strapped in [to the sit-to-stand], if they were [strapped in] it wouldn't have happened. They never strap in my legs." R1 stated she had pain when her leg was moved, and her leg was not immobilized until she went to the hospital. R1 stated she did not have surgery at the hospital, instead a boot/splint was applied to her left leg. R1 stated from the time of the incident and until she was sent to the hospital, "I couldn't get out of bed...The [acetaminophen] worked as good as it could but I would have wanted something stronger. R1 stated, since the fracture she has not gotten out of bed, and she still has pain with movement.</p> <p>I had to stay on my back for those two days...I normally get up into the wheelchair for meals but during that time, I couldn't."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/13/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER THE TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1615 SUNSET AVENUE WAUKEGAN, IL 60087
---	---

(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 7</p> <p>The facility's schedule showed V12 Licensed Practical Nurse (LPN) worked a double 8-hour shift (AM and PM shift), approximately 6:00 AM to 10:00 PM.</p> <p>On 1/11/22 at 1:00 PM, V12 stated R1 "...was having pain. I don't know how bad, but maybe 5 out of 10. She (R1) could move it a little, but she was scared to move it...I thought in the back of my mind she broke something that's why we called for the X-Ray. I called for stat X-Ray, but I was not sure when they would come...STAT X-Ray means it should be done within 4 hours and when I called back to follow up, they said they were backed up. I didn't call [V3 R1's Inpatient and Long-term care physician] to let him know..."</p> <p>On 1/11/23 at 2:25 PM, the first-floor sit-to-stand was in a storage room on the first floor. The sit to stand had a padded leg brace for the resident to place their shins against. There's a strap that wraps behind their calves and secures the resident's legs tight to the shin pad.</p> <p>On 1/11/23 at 2:25 PM, V15 stated "The leg strap does not work anymore. We use the leg strap if we need to. We don't use the leg strap on everyone. [R1], we don't have to use the leg strap on her. She can hold herself up. As long as they can hold themselves up, we don't have to use the strap..."</p> <p>On 1/12/23 at 10:00 AM, R1 stated "I am 100 percent certain my leg popped while I was standing in the sit to stand. I never told anyone it popped while I was still sitting in bed. My foot slipped off of the sit to stand...they definitely did not have my legs strapped in."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/13/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER THE TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1615 SUNSET AVENUE WAUKEGAN, IL 60087
---	---

(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 8</p> <p>On 1/12/23 at 10:20 AM, V8 Physical Therapist stated "The leg straps should always be used; it's standard of care. It would keep the legs in place."</p> <p>On 1/12/23 at 10:21 AM, V9 Occupation Therapist stated, in regard to using or not using the leg strap on a sit-to-stand, "I didn't even think it was an option. It is standard of care to use the leg straps to keep the resident secure."</p> <p>On 1/12/23 at 11:04 AM, V2 DON stated the purpose of the leg strap on the sit-to-stand is to "keep the legs stable." V2 stated the leg strap is a safety device and the machine should not be used without it.</p> <p>The sit-to-stand manual showed "2. Position the unit in front of the patient. 3. Have patient place feet on foot plate and position their shins into the shin pad. The shin pad should be positioned below the knees. (See Figure 6) Use of Shin Pad Strap: If a caregiver deems it necessary to keep a patient's shins or feet on the foot plate, secure the shin strap around the patient's legs." Figure 6 shows the person's legs strapped tight to the shin pad with no room to shift laterally or behind the resident.</p> <p>On 1/12/23 at 11:04 AM, V2 Director of Nursing (DON) stated "We were made aware that the sit-to-stand made a funky maneuver, [R1] heard a pop or crack, she wasn't in any pain, and a STAT X-Ray was ordered. We talked with [V13, (CNA doing R1's transfer)] who affirmed that the sit-to-stand malfunctioned; it jerked her. So that was the conclusion of the investigation...the machine stopped and restarted and made an abnormal movement while the patient was in the machine..."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1615 SUNSET AVENUE WAUKEGAN, IL 60087
---	---

(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 9</p> <p>On 1/12/23 at 11:04 AM, V2 Director of Nursing (DON) stated "STAT" means they should come immediately. V2 state she was not aware R1 had pain with leg movement R1 would have been sent to the emergency department immediately. V2 stated it would be her expectation of staff to notify providers if a STAT X-Ray was not able to be done immediately and the notification should be documented.</p> <p>On 1/12/23 at 11:29 AM, V1 stated she does not have a statement from V13 himself or V12 regarding the incident with R1. V1 stated a thorough investigation should have those statements. V1 stated, "The way it was explained to me, was that when she (R1) was repositioning herself at the edge of the bed her knee popped, and she didn't tell [V13] and when [V13] got her up he lowered her to the ground." V1 stated, the Final Incident Report sent to the State Health Department sounds as if the "pop" happened during the transfer, not before the transfer. V1 stated "At the time I wrote that statement, I got the impression that it popped while she was standing up because that came from my own mind. That's how I thought it happened."</p> <p>On 1/13/23 at 12:10 PM, V3 Physician stated he is her doctor at the facility as well as the hospital. V3 stated he is not aware of any "pathological" (pertaining to any diseases R1 has) reason for R1's fracture. V3 stated it is "certainly possible" that R1 fractured her leg at the moment she heard the "pop" and R1's leg slipping and/or twisting off of the sit-to-stand could have caused her fracture.</p> <p>On 1/12/23 at 1:40 PM, V12 reiterated "(R1) told me the pop happened while she was up in the sit-to-stand, not before. She (R1) said it twisted</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/13/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER THE TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1615 SUNSET AVENUE WAUKEGAN, IL 60087
---	---

(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 10</p> <p>and popped while she was up in the stand."</p> <p>On 1/13/23 at 12:10 PM, V3 said, "...A STAT X-Ray; it should happen pretty immediately in an urgent manner. I ordered stat because there was pain and swelling, so I was concerned about the patient; concerned that something needed to be done. I was not notified that the X-Ray could not be done immediately. From noon on 12/28/22 until 12/30/22 at 3:00 to 4:00 AM is too long; that is not STAT. If I order a STAT X-Ray and it cannot be done STAT, I expect to be notified. If I had been told of pain with movement, limited movement with the leg, and the X-Ray could not be done I would have told them to send her to the hospital. I would have told them [to send R1] as soon as they knew it couldn't be done STAT. I would have her sent to the hospital for pain control and to assess the situation. She was experiencing a change in condition, and she needed to be assessed. Her change in condition was a concern. I was concerned that this could be a fairly significant."</p> <p>R1's December 2022 Medication Administration Record (MAR) showed R1 was given acetaminophen for pain on 12/28/22 and twice on 12/29/22. The MAR showed R1 had not taken acetaminophen prior to 12/28/22. The MAR showed R1 was not given any other pain medication, except acetaminophen.</p> <p>R1's 12/28/22 Incident Note from 11:56 AM showed, "...resident was being transfer from bed to wheelchair, the resident heard a pop to her left knee in the process and was lowered to the floor, used the [mechanical lift, crane type] lift to bring her back to bed, resident complained of pain to her left knee, she was assessed and she stated that she cannot move her left knee, called [V3]</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/13/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER THE TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1615 SUNSET AVENUE WAUKEGAN, IL 60087
---	---

(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 11</p> <p>and got an order for stat left knee x-ray..."</p> <p>R1' 12/28/22 Incident Note from 8:54 PM showed, "...around 8:00 PM called [X-Ray contractor] again to f/u (follow up) about the X-Ray, spoke with [X-Ray] and she said that it will be done tomorrow due to their back orders, and they are still trying to catch up, resident was given a [acetaminophen] for pain with relief, will continue to monitor." (Note does not indicate R1's provider was notified of the delay.)</p> <p>R1's Progress Notes showed no nurses notes or assessments on 12/29/22.</p> <p>R1's 12/30/22 Daily Skilled Note from 3:36 AM showed, "X-Ray here. X-Ray of left knee/femur done..."</p> <p>R1's 12/30/22 Daily Skilled Note from 4:53 AM showed, R1 left the building at 4:30 AM and she was transferred to a local area emergency department.</p> <p>On 1/12/23 at 3:30 PM, V1 Administrator/Nurse stated, while reviewing R1's Electronic Health Record, "I don't see any assessment on 12/29/22 or 12/30/22. It should be documented in Forms or in Progress Notes and there are none. I would expect the staff to contact the physician and let him know that a stat X-Ray was not able to be done and that a resident was having pain with movement. I would expect that notification to be documented and any new orders or changes to orders to be documented."</p> <p>The facility's Incident Investigation showed, "Resident Description: Resident stated that during transfer using the sit to stand she heard a pop to</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/13/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER THE TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1615 SUNSET AVENUE WAUKEGAN, IL 60087
---	---

(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 12</p> <p>her left knee, she also complained of pain..." The investigation also showed, "Statement: Resident was being transfer[ed] from bed to wheelchair using sit to stand, resident heard a pop to her left knee and she was lowered to the floor." The investigation showed she was oriented to person, place, time, and situation. The investigation showed R1 "...wasn't able to move her left knee and it was painful..."</p> <p>The facility's Abuse Policy, dated March 2021, defines neglect as "...the failure to provide goods and services to a resident that are necessary to avoid physical harm, pain or mental anguish. Neglect means a facility's failure to provide, or willful withholding of, adequate medical care, mental health treatment, psychiatric rehabilitation, personal care, or assistance with activities of daily living that is necessary to avoid physical harm, mental anguish, or mental illness of a resident." The policy showed, "This facility affirms the right of our residents to be free from verbal, physical, sexual, mental abuse, neglect, exploitation, misappropriation of property, involuntary seclusion, or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents."</p> <p>The facility's policy Safe Patient Handling Protocols (effective 4/2020) showed, "Lift Transfer...Questions regarding the transfer of a resident can be directed to therapy or the nursing supervisor for clarification or assistance."</p> <p>R2's Face Sheet showed an admission date of 11/12/2019 with diagnoses to include stroke, paralysis to his right side, and overweight.</p> <p>On 1/12/23 at 1:15 PM, R2 was transferred from</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1615 SUNSET AVENUE WAUKEGAN, IL 60087
---	---

(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 13</p> <p>his high-back wheelchair to his bed using a sit-to-stand mechanical lift. V15 and V16 Certified Nursing Assistants (CNA's) performed the transfer. During the transfer, the CNA had difficulty moving the sit-to-stand. The wheels of the lift took significant force to begin rolling, such that when the wheels broke free and began to roll it caused the resident to swing side to side.</p> <p>On 1/11/23 at 2:25 PM, V15 stated she had notified maintenance regarding the lift's wheels.</p> <p>On 1/12/23 at 1:20 PM, V15 and V16 stated the sit-to-stand does not roll well. V15 and V16 stated it is unsafe to move residents with the sit-to-stand because it does not roll easily.</p> <p>On 1/12/23 at 1:49 PM, V6 Maintenance Supervisor stated, "I was told about the wheels a couple of months ago." V6 said he told the corporate maintenance supervisor about the wheels and "honestly, after that, we kind of dropped the ball and didn't follow up on the wheels."</p> <p>(A)</p>	S9999		