STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010912	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA PALOS HEIGHTS	7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463

(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 (1 of 2): 300.610a) 300.1210b)5) 300.1210c) 300.1210d)5) 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. 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.	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
	IL6010912	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA PALOS HEIGHTS	7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463

(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 Restorative measures shall include, at a minimum, the following procedures: 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. 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: 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. These requirements were not met as evidenced by: Based on observation, interviews, and record reviews, the facility failed to conduct a thorough wound assessment, obtain wound treatment orders from physician, implement interventions and ensure proper functioning of low air loss mattress in preventing the development and deterioration of pressure ulcer for two (R13 and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010912	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA PALOS HEIGHTS	7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463

(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 R273) of eight residents reviewed for pressure ulcers. This failure resulted in R13's intact skin to develop a facility acquired stage 2 pressure ulcer on the sacral area which deteriorated to unstageable pressure ulcer; and R273's intact skin to develop a facility acquired stage 3 pressure ulcer on the sacrum. Findings include: R13 is a 99-year-old female, initially admitted in the facility on 09/04/21 with diagnoses of Unspecified Dementia, Unspecified Severity, without Behavioral Disturbance, Psychotic Disturbance, Mood disturbance, and Anxiety; Alzheimer's Disease, Unspecified; and Pressure Ulcer of Sacral Region, Stage 2 (on 09/04/21, history). According to progress notes dated 02/22/23, R13 has an Unstageable pressure ulcer on the sacrum, treated with med honey, alginate and dry dressing daily and as needed. On 02/27/23 at 10:30 AM, R13 was observed sitting in a reclining chair in the dining room, eating breakfast without assistance. She was observed eating 90-95% of foods served. At 11:15 AM, she was still in the dining room for activities. At 1:20 PM, she was still observed in the dining room eating lunch, sitting in her reclining chair. She was not observed repositioned while in the chair. Checking and or changing of her incontinence brief was also not observed. On 02/28/23 at 9:57 AM, R13 was observed eating breakfast in the dining room, sitting in her reclining chair. At 1:30 PM, she was again observed in the dining room eating lunch. At 4:07	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010912	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA PALOS HEIGHTS	7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463

(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 PM, she was still in the dining room, sitting in her reclining chair. V11 (Certified Nurse Assistant, CNA) was asked regarding R13. V11 stated that she is going to put her (R13) to bed and change her brief. There was no cushion or any pressure redistributing device observed on her (R13) wheelchair. At 4:15 PM, incontinence care was observed on R13. It was noted that she (R13) was using a regular mattress, cased with a fitted sheet and a white blanket folded into four layers placed under her lower back. An intact wound dressing on her sacral area was also observed. R13 was asked what time she is put into bed every day. R13 tried to recall the time but did not respond to the question. V11 responded, "She usually sits in this reclining chair in the morning. She should be put into bed after lunch. The night shift got her up like around 6 to 6:30 AM and should be in bed after lunch. I check her brief when I bring her to bed like 3 PM and check her every two hours." R13's POS (Physician Order Sheet) dated 01/25/23 recorded: Sacrum: Clean with normal saline solution, apply med honey with calcium alginate, and cover with dry dressing daily and as needed, as needed and every day shift. On 03/01/23 at 10:00 AM, wound care was observed on R13, provided by V3 (Wound Care Nurse) assisted by V13 (Wound Care Tech). R13 was observed on a low air loss mattress (LAL) with pump on. A flat sheet was seen directly over the mattress. A white blanket folded into four layers was placed on R13's lower back. V3 was asked on why R13 was using a regular mattress the previous day. V3 replied, "They might have switched it out last night or this morning. She has to be given a low air loss mattress for the pressure ulcer. There should be a flat sheet, draw	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010912	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA PALOS HEIGHTS	7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463

(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 sheet. This white blanket is the draw sheet." R13's progress notes documented in part but not limited to the following: 12/22/22: R13 has new wound on the sacral, Stage 2, has slough, 1 cm (centimeter) x 1.5 cm. Adhesive foam dressing applied. 12/27/22: Wound care nurse was notified that R13 has open area to sacrum. Wound care nurse to assess. 12/29/22 Wound note: R13 seen for new skin alteration to sacrum. During assessment, new wound noted. Wound is Unstageable with slough. Site cleaned, picture taken, and treatment implemented. New treatment of med honey with dry dressing daily and as needed. R13's POS dated 12/27/22 recorded: Wound care to eval/treat. R13 was seen by V3 on 12/29/22. V3 was asked on when R13's sacral wound was first identified. V3 stated, "When staff first alerted me with her wound on the sacrum, it was already Unstageable. They are supposed to tell me if they identify any skin breakdown on residents. I don't recall staff informing me on 12/27/22 but on the 29th when I received it, I assessed it and provided treatment." Skin and wound evaluation dated 12/29/22 documented that R13 has Unstageable pressure ulcer on the Sacrum, in-house acquired, with measurements 3.0 cm x 1.4 cm. V12 (Wound Nurse Practitioner) was also interviewed on 03/01/23 at 10:00 AM regarding R13's pressure ulcer on the sacrum. V12 verbalized, "The wound is Unstageable. She is 99 years old, has advanced age, has Dementia and Alzheimer's, pretty frail. Pressure ulcer prevention	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010912	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA PALOS HEIGHTS	7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463

(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 is to do peri care every two hours; turning and repositioning while in bed and in chair every two hours; she is okay to get up; she gets nutritional treat twice a day, supplement, and multivitamin with minerals. Her sacral wound was identified on 12/29/22 as Unstageable. I saw her since she was admitted for skin issues. She had history of MASD (moisture associated skin damage) prior to her pressure ulcer. Her history of MASD puts her at risk to develop pressure ulcer. Peri care every two hours and repositioning should be implemented." R13's progress notes also recorded the following: 05/11/22: Wound Progress Notes - MASD to sacrum, wound bed is 100% epithelial tissue, current treatment is a (skin barrier ointment); measurement: 3.9 cm x 3.6 cm x 0.1 cm. 06/15/22: Wound Progress Notes - MASD to sacrum is closed. Progress notes dated 03/01/23 documented that R13 has Unstageable pressure wound to sacrum measuring length 0.5 cm x width 0.5 cm. Moist exudate, 80% slough 20% epithelization tissue. On 03/01/23 at 11:01 AM, V2 (Director of Nursing) was asked regarding expectations on staff in prevention of pressure ulcers. V2 stated, "I give them in-services regarding skin care and peri-care. Peri care is done as needed when patient is soiled. Upon arising, every two hours that they have to check them and change when needed or if they need to go to the bathroom; showers - two times a week if soiled and when requested; moisture barrier cream application for prevention. For excoriations, zinc is available and nurses has to apply it; turning and repositioning every two hours and as needed while in bed or even sitting in a chair; hydration is also important	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010912	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA PALOS HEIGHTS	7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463

(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 6 for skin care; nutrition; we need to put cushions on wheelchair for high-risk residents; the use of low air loss mattress. The high risk and those residents with pressure ulcers need to have the low air loss mattress. We have two types, the regular air mattress for high risk; which has also a pump. The low air loss mattress is for residents with pressure ulcers. For LAL mattress, fitted sheet is to be used or just one flat sheet." R13's care plans regarding pressure ulcer to sacrum related to impaired mobility and generalized weakness dated 12/29/22 documented: Interventions: incontinence management; repositioning during ADLs (activities of daily living). R13's care plan regarding risk for alteration in skin integrity related to lack of mobility, incontinence, indwelling catheter, respiratory issues, impaired cognition, and possible untoward effects related to medications, revised date 01/22/22 also documented: Encourage to reposition as needed; use assistive devices as needed; pressure redistributing device on bed and chair; provide preventative skin care routinely and prn (when needed); use pillows/repositioning devices as needed. On 03/02/23 at 10:02 AM, V3 was asked why R13 had no cushion or any pressure redistributing device on chair. V3 stated, "I just put the chair cushion this morning. She should have one before." Facility's policy titled "Skin Care Treatment Regimen" revised date 7/28/22 stated in part but not limited to the following: Policy Statement:	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010912	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA PALOS HEIGHTS	7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463

(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 7 It is the policy of this facility to ensure prompt identification, documentation and to obtain appropriate topical tx for residents with skin breakdown. Procedures: 1. Charge nurses must document in the nurse's notes and /or the Wound Report form any skin breakdown upon assessment and identification. Furthermore, topical skin treatment must be obtained from the patient's physician. 5. Refer any skin breakdown to the skin care coordinator for further review and management as indicated. 6. Residents who are not able to turn and reposition themselves will be turned and repositioned every two hours unless specified in the POS. 10. Topical treatment protocol: Unless otherwise indicated by the attending physician. Topical agents based on cost effectiveness, immediate availability, and insurance preferred topical formularies. Examples of these treatment medications are: b. Pressure ulcers ii. Stage 2: Xenaderm ointment, Aloe Vesta Cream, A and D Cream or Ointment, Xeroform Dressing daily, Foam dressings (Hydrocolloid and Alginate dressings to fill the wound base daily and PRN), Hydrogel Gauze or gel. iii. Stage 3 and 4: 1. Clean wound base: Ca Alginate, Hydrocolloid Gauze/gel daily, Xeroform Gauze 2. Necrotic areas: Santyl ointment daily 3. Radiation Sites: Wet to Dry Dressings 4. Use of Low Air Loss Mattress/Alternate Pressure Mattress LAL mattress manufacturer's guidelines documented in part but not limited to the following:	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010912	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA PALOS HEIGHTS	7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463

(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 8 Nursing procedures: To ensure the system is operating correctly, the mattress and control unit should be checked during patient repositioning, scheduled per facility protocol. Recommended Linen: Based upon the patient's specific needs, the following may be utilized: Draw or slide sheet to aid in positioning and to further minimize friction and shearing Incontinence barrier pad for urine and/or stool and patients with heavily draining wounds Top sheet, blanket, and/or bedspread as needed for patient comfort Minimal padding between the patient and the surface to provide optimum performance. \\\\\\\\\\\\\\\\\\\\\\\\\\\\ R273 is a 79-year-old female who was admitted to the facility on 2/15/2023 with past medical history including, but not limited to fracture to unspecified part, type 2 diabetes, hyperlipidemia, anemia, cognitive communication deficit, depression, etc. On 02/27/23 10:48AM, R273 was observed in her room, awake and alert and was saying that she is in pain, she just came back from therapy and her neck just started hurting when she came back to the room. R273 added that she has sore on her bottom, and it is painful. She rated the pain on her neck as a 10 on a scale of 1 to 10, and an 8 for the pain to her sacrum. R273 said that she did not come in with the sore, it started here, she went to the hospital for a hip surgery and came here after that. She has been complaining of this and all the facility is doing is putting a cream on her and it doesn't help. Resident was noted to have a regular mattrass on her bed. 02/27/23 11:10AM, observed wound care for R273 with V3 (wound care nurse). Noted some	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010912	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA PALOS HEIGHTS	7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463

(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 9 redness to resident's bottom and an area about a quarter size that looked open. V3 stated that the area is not open so there is no treatment for it right now, they are just using a barrier cream but if the treatment she is currently getting is not working, he will let the nurse practitioner (NP) know and see if she can order something different. At 12:30PM, V3 approached the surveyor and said that he reached out to the NP and NP will assess the resident tomorrow. For right now NP said to use skin prep and a foam dressing three times a day. Review of resident's progress note dated 3/1/3023 showed the following documentation: Patient seen for wound rounds. Right buttock stage 3 pressure ulcer. Measurements 1.0cm x 2.0cm, with a depth of 0.1cm. Small serous sanguineous drainage noted with 100% granulation tissue. Viable wound edges with intact peri wound and no odor. Treatment order given for calcium alginate and foam dressing 3x a week and as needed. Left heel DTI, deep tissue injury. Measurements 2.0cm x 2.0cm. No drainage. 100% epithelization tissue/purple color. Attached wound edges with intact peri wound and no odor. Will continue with current treatment of skin prep daily. No further issues noted. Will continue to monitor. Braden score assessment for predicting pressure ulcer dated 2/15/2023 coded R273 with a score of 18, indicating at risk for pressure ulcer. Care plan dated 2/16/2023 stated that resident is at risk for alteration in skin integrity related to impaired mobility, incontinence, recen t surgery and diabetes, Interventions include to observe skin conditions with ADL care daily,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010912	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA PALOS HEIGHTS	7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463

(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 10 report abnormalities, provide preventive skin care routinely and as needed, barrier cream to buttocks as needed. (B) Statement of Licensure Findings (2 of 2): 300.610a) 300.1210a) 300.1210b) 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. 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010912	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA PALOS HEIGHTS	7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463

(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 11 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. 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. These requirements were not met as evidenced by: Based on interview and record review, the facility failed to have effective interventions in place to adequately supervise a resident with a diagnosis of dementia and a history of wandering and falls. This failure resulted in one resident (R98) having a fall that resulted in (R98) sustaining a subdural hemorrhage. The facility also failed to transfer a	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010912	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA PALOS HEIGHTS	7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463

(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 12 resident in a safe manner, consistent with the assessed needs of the resident. This failure applied to one (R59) of one resident and resulted in (R59) sustaining a fracture to the left clavicle after being transferred to bed. Findings include: R98 is a 65-year-old female who was originally admitted to the facility on 11/28/22 with multiple diagnoses including but not limited to the following: COVID-19, depression, anxiety disorder, traumatic subarachnoid hemorrhage, laceration of scalp, scoliosis, dementia, and history of falling. It is to be noted that R98 sustained multiple falls since admitting to the facility including on 12/3/22, 12/12/22, 1/10/23, 2/3/23, and 2/23/23. Facility general progress note written on 12/12/22 states in part but not limited to the following: Heard a boom sound and ran to the area where the noise came from. R98 was lying on the floor face down bleeding heavily on the right side of the forehead above the eye. R98 admitted to the hospital for fall and laceration to the forehead and loss of consciousness. Facility incident report dated 12/12/22 states in part but not limited to the following: Description of incident: R98 was going to the bathroom when she fell face down and hit her forehead, bleeding. Hospital discharge paperwork from 12/14/22 states in part but not limited to the following: Chief complaint: laceration, closed head injury, and fall. Clinical impression: Subarachnoid hemorrhage, laceration of scalp, and history of dementia. History of present illness: R98 fell out of bed and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010912	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA PALOS HEIGHTS	7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463

(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 13 hit the right side of her head. She has a laceration with staples. Summary of Admission: R98 presents with dementia, frequent falls, presenting from SNF after unwitnessed fall. Possibly multifactorial due to poor safety awareness, dementia, and chronic imbalance. History obtained by V19 (family member) who states that R98 has had multiples falls, as she loses her balance when ambulating without assistance. V19 says it is always a mechanical fall and tripping. On 2/28/23 at 11:00 AM, R98 and V19 (family member) were interviewed regarding care within the facility. V19 says R98 has had multiple falls since admitting to the facility and she feels as if they do not provide her with adequate supervision. R98 is ambulatory and has wandered off the unit and gotten on the elevator without anyone seeing her on multiple occasions. Due to the fall on 12/12/23, she now must wear a helmet. She has fallen and hit her head on multiple different occasions. On 3/1/23 at 9:45 AM, V15 (Nurse Supervisor) was interviewed regarding R98. V15 says R98 tends to go to the washroom on her own, not use her call light, and leave her walker behind when ambulating. We have attempted to educate her on using her call light and ask for assistance on multiple occasions. However, she does not follow assistance and is impulsive. There have been multiple times where she has left the unit and went to the second floor. She will get on the elevator and has made it to activities on a different floor without anyone seeing her get on the elevator. Attempted to interview V19 x 4, however was unable to get a hold of during the survey.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010912	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA PALOS HEIGHTS	7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463

(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 14 Facility care plan with creation date of 12/14/22 states in part but not limited to the following: Focus: Resident is noncompliant with use of walker when ambulating. Goal: Resident will use walker for ambulating with assistance through next review. Interventions: Monitor resident every hour for safety and toilet as needed; Provide resident with walker and assist resident as needed for safety. Facility care plan with creation date of 1/20/23 states in part but not limited to the following: Focus: Exit seeking / elopement i.e., risk going on elevator related to cognitive impairment. Goal: Will not leave center unattended. Interventions: Accompany to meals and scheduled activities; calmly redirect to an appropriate area. Facility care plan with creation date of 11/28/22 states in part but not limited to the following: Focus: At risk for falls due to muscle weakness and potential medication side effects. Goal: Minimize risk for falls. Interventions: Call light within each reach and close patient monitoring; provide assistance to transfer and ambulate as needed. Facility policy titled Fall Occurrence with last revision date of 5/17/22 states in part but not limited to the following: Policy statement: It is the policy of the facility to ensure that residents are assessed for risk for falls, interventions are put in place, and interventions are reevaluated and revised as necessary. R59 is a 71-year-old female who originally admitted to the facility on 2/9/2023 with multiple diagnoses including but not limited to the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010912	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA PALOS HEIGHTS	7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463

(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 15 following: Cardiomyopathy, tachycardia, syncope, left clavicle fracture, type II DM, history of falling, pain in right knee, repeated falls, CHF, muscle weakness, anxiety, and osteoarthritis. Facility progress note dated 2/11/23 states in part but not limited to the following: R59 complained of pain to left shoulder after being transferred via sit to stand from wheelchair to bed. Range of motion to extremity not tolerated well. Orders received for x-ray of left shoulder. Facility progress note dated 2/12/23 states in part but not limited to the following: Acute fracture involving left distal clavicle with modest displacement on X-Ray. On 02/27/23 at 12:30 PM, R59 was interviewed regarding incident on 2/11/23. R59 said she was being transferred back to bed using the sit-to-stand machine and on the way down, she felt something crack in her shoulder. R59 said she does not feel comfortable in the sit-to-stand machine. She feels smooshed while using the machine and cannot put pressure on her leg because she has is in pain and has a blood clot. On 3/1/23 at 9:45AM, V15 (Nurse Supervisor) was interviewed regarding incident with R59 on 12/11/23. V15 says he was notified of the incident afterwards. Says the family requested to get her out of bed. The patient requested to go back to bed during shift change. V24 (Certified Nursing Assistant) went in to assist her. It is to be noted that V15 said V24 was the only employee present at time of transfer. R59 expressed to V24 after the transfer that her neck/shoulder area was in pain. R59 has only been out of bed one time since the incident and that was to go to an appointment. She is now fearful of the sit-to-stand	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010912	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA PALOS HEIGHTS	7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463

(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 16 machine. On 2/28/23 at 12:00 PM, V17 (Certified Nursing Assistant) and V18 (Certified Nursing Assistant) were observed doing a sit-to-stand transfer. V17 said there should always be two CNA's present during a mechanical transfer. At 11:15 AM, V21 (Director of Rehab) was interviewed regarding R59 and transfers. V21 said R59 was admitted as private pay and was not screened by therapy upon admission. The nursing staff did a functional assessment to determine her status. V21 said if a resident has a recommendation for stand and pivot: total assistance, this typically means two person transfer if they can bear weight on their legs. If they cannot bear weight, typically a device would be recommended for that transfer. A sit-to-stand would be recommended if they can hold on with both of their hands and bear weight on their legs. If a resident is fearful of the device, we will not recommend it. If a resident cannot bear weight on both legs and hold on to the device, a mechanical lift would be recommended. Facility Care Plan with creation date of 2/23/23 states in part but not limited to the following: Focus: Requires assistance/potential to restore function for transferring from one position to another; Goal: Will be able to transfer with assistance of device; Interventions: Therapy evaluation and treatment as ordered; Use gait belt to facilitate safe transfer. Minimum Data Set dated 2/15/23, Functional Status and Functional Abilities and Goals state in part but not limited to the following: Transfer- How	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010912	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA PALOS HEIGHTS	7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463

(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 17 resident moves between surfaces including to or from: bed, chair, wheelchair, standing position: Self Performance: Extensive assistance; Support: Two+ persons physical assist; Functional Limitation in Range of Motion: Upper extremity: Impairment on one side; Lower extremity: Impairment on both sides; Mobility: Sit to stand: the ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed: Not attempted due to medical condition or safety concerns. Facility Patient Transfer Worksheet dated 2/9/23 states in part but not limited to the following: Patient is able to tolerate bearing weight on legs: No Skilled Nursing Facility discharge paperwork dated 2/8/23 states in part but not limited to the following: Physical Medicine Rehabilitation Evaluation dated 2/1/23: Patient states that she still has the lower left extremity pain below her knee. States when she gets out of bed her left leg buckles. Currently in therapy the patient is stand and pivot total assistance. (A)	S9999		