Illinois Department of Public Health

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
IL6005904		B. WING		C 11/15/2023			
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY.	STATE, ZIP CODE			
ELEVATE CARE COUNTRY CLUB HILL 18200 SOUTH CICERO AVENUE COUNTRY CLUB HILLS, IL 60478							
(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 CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETE		
S 000	Initial Comments		S 000				
	Complaint Investiga	ition 2399362/IL166511					
S9999	Final Observations		S9999				
	300.610a) 300.690b)c) 300.1010h) 300.1210b) 300.1210d)3)5) Section 300.610 Real The facility is procedures governing facility. The written be formulated by a life Committee consisting administrator, the amedical advisory coof nursing and other policies shall comply the written policies the facility and shall	dvisory physician or the immittee, and representatives reservices in the facility. The y with the Act and this Part. shall be followed in operating be reviewed at least annually locumented by written, signed					
	Section 300.690 Inc	cidents and Accidents					
	any serious incident this Section, "seriou	shall notify the Department of or accident. For purposes of s" means any incident or s physical harm or injury to a					
	the Regional Office	shall, by fax or phone, notify within 24 hours after each or accident. If a reportable		Attachment A Statement of Licensure Violations			
	tment of Public Health	ER/SUPPLIER REPRESENTATIVE'S SIGN	JATUDE	TITLE	(Y6) DATE		

PRINTED: 01/18/2024 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING IL6005904 B. WING 11/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **18200 SOUTH CICERO AVENUE ELEVATE CARE COUNTRY CLUB HILL COUNTRY CLUB HILLS, IL 60478** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695. notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. Section 300.1010 Medical Care Policies 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 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 300.1210 General Requirements for **Nursing and Personal Care**

Illinois Department of Public Health

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

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6005904 B. WING 11/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **18200 SOUTH CICERO AVENUE ELEVATE CARE COUNTRY CLUB HILL COUNTRY CLUB HILLS, IL 60478** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**\ S9999 Continued From page 2 59999 resident to meet the total nursing and personal care needs of the resident. 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: 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. 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 Regulations are not met as evidenced by: Based on interview and record review, the facility failed to prevent or determine how an injury of unknown origin to the left femur for one resident. This affected one of three residents (R1) reviewed for injury of unknown origin. This failure resulted in R1 sustaining an injury to the left femur with the bone exposed through the left thigh wound causing the resident to be sent to the local hospital for treatment.

PRINTED: 01/18/2024 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C IL6005904 B. WING 11/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 18200 SOUTH CICERO AVENUE **ELEVATE CARE COUNTRY CLUB HILL** COUNTRY CLUB HILLS, IL 60478 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) S9999 Continued From page 3 S9999 Findings Include: R1 is a 66-year-old with the following diagnoses: functional quadriplegia and osteomyelitis of the sacral region. R1 was admitted to the facility on 3/12/23. A Nursing note dated 11/7/23 documents the floor nurse (V8) was informed by the wound care nurse (V4) that R1's left thigh wound was bleeding. Upon observation, R1 was awake and in no distress. Bleeding was observed to the left thigh wound. The wound care nurse applied pressure to the site. While the nurse was reviewing R1's chart at the nurse's station, the DON informed the nurse that R1 needed to go out to the hospital via 911 due the wound bleeding and bone protrusion. The paramedics arrived in the facility and transferred R1 to the hospital. A Wound Care note dated 11/7/23 documents while doing R1's daily treatments to the left ischium and sacral wounds, R1 was repositioned on R1's back. At this time, the wound tech (V9) and the wound care nurse (V4) noticed blood along with a blood clot on R1's pad. Blood was coming from the left thigh wound. Another wound care nurse (V10) was called from another room to help assess R1. The floor nurse (V8) was notified, and pressure was applied to the wound with gauze and an ABD pad. The DON was notified. When the wound care nurse removed

Illinois Department of Public Health

over.

the gauze, bone was protruding from R1's thigh. 911 was called. The wound was covered with a dressing until the paramedics arrived and took

The Fire Department Record dated 11/7/23 documents the crew was dispatched to the facility

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6005904 11/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **18200 SOUTH CICERO AVENUE ELEVATE CARE COUNTRY CLUB HILL COUNTRY CLUB HILLS, IL 60478** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 4 S9999 for a medical emergency. According to the wound care nurses on scene, R1's left femur is broken. and the bone is protruding out of the leg. The wound care nurse also mentioned R1's wound is an old wound, but the break in the femur is new. R1's leg was already wrapped up and cleansed prior to arrival. The wound care nurse also stated the old bandages were filled with blood. R1 was found alert and oriented times one in bed. A deformity was noted to the left upper leg. R1 was given 50 micrograms of fentanyl pain medication through an IV while in route. R1's level of distress is documented as moderate. R1 was transferred to the hospital without incident. The Hospital Records dated 11/7/23 documents orthopedic surgery was consulted for a broken femur on R1. The orthopedic surgery note documents staff at the nursing home was treating R1 for chronic appearing wounds on the left side. While the dressing change was performed today, they noted that bone was protruding from the wound on the left thigh. There was no known history of trauma. There is an obvious type three open left femur fracture with a chronic appearing wound. The left lower extremity has an obvious deformity. There is a large, open, chronic appearing wound measuring approximately 10 cm across its greatest diameter to the anterior medial, mid-thigh with protruding proximal femoral bone. There was slow losing blood from the wound. Given the history of the appearance of the wound, it is likely that the femur fracture is chronic, and the flexion deformity of the proximal fragment has been gradually degrading the skin

Illinois Department of Public Health

with full thickness perforation through the skin earlier today at the nursing home. Reduction attempts were unsuccessful in the emergency department for realigning the femur. This is likely contributed due to the chronicity of the injury.

PRINTED: 01/18/2024 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ IL6005904 B. WING 11/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **18200 SOUTH CICERO AVENUE ELEVATE CARE COUNTRY CLUB HILL** COUNTRY CLUB HILLS, IL 60478 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 5 59999 X-ray of the femur was completed on this day and shows there is an oblique fracture through the junction of the middle third of the femur. Bone fragments are completely displaced an overriding. There is no identifiable destructive bone lesion to indicate pathological fracture. The Facility Serious Injury Incident and Communicable Disease Report dated 11/8/23 documents R1 is alert and oriented times zero and nonverbal with a history of multiple wounds. During wound care, R1 was noted with bleeding to the left leg wound site. Upon further assessment, nurses noted visible bone at the wound site. The wound was wrapped to control bleeding. R1 had no visual cues of pain or distress, 911 was called. On 11/9/23 at 10:19AM, V2 (Paramedic) stated the paramedics were called to the facility due to R1 having a bone sticking out of a wound on the left leg and the wound was bleeding. V2 endorsed facility staff was not able to say how the fracture occurred and R1 was not able to say what happened either since R1 was nonverbal, V2 reported a wound care nurse told V2 they were doing the dressing changes and when R1 was turned back on the bed the bone came out of R1's leg. V2 stated the femur is the strongest bone in the body and open fractures like the one R1 had happen from high impact.

stated V4 was changing the wound dressings on Illinois Department of Public Health

independently.

On 11/9/23 at 12:06PM, V3 (CNA) stated V3 changed R1 around 11AM and there was no bleeding noted at that time. V3 endorsed R1 is nonverbal, has contracted legs, and can't move

On 11/9/23 at 12:17PM, V4 (Wound Care Nurse)

PRINTED: 01/18/2024 FORM APPROVED 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 B. WING IL6005904 11/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 18200 SOUTH CICERO AVENUE **ELEVATE CARE COUNTRY CLUB HILL COUNTRY CLUB HILLS, IL 60478 SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 6 S9999 R1's back side and had R1 rolled on R1's right side. When the wound tech rolled R1 on to R1's back to be turned to the other side, blood was noticed on the pad underneath R1 with a blood clot. V4 endorsed getting V10 (Wound Care Nurse) to help with the situation. V4 and V10 notified appropriate staff and applied pressure to the wound. V4 endorsed since R1 was actively bleeding then 911 was called for R1 to be evaluated at the hospital. V4 stated before the paramedics arrived V4 was cleaning the wound and noticed bone was sticking out of the wound once all the gauze was removed. V4 stated it was about an inch of bone sticking out of the leg. V4 denied noticing a deformity to R1's left leg. V4 reported R1 is nonverbal, and no one knows how the fracture occurred. On 11/9/23 at 12:42PM, V9 (Wound Care Tech) stated V9 was assisting V4 change R1's dressing and rolled R1 to the side while V4 changed the wounds on the back. V9 endorsed when R1 was rolled onto the back to go to the other side, they noticed blood was on the pad underneath R1 and blood was found coming from the left thigh wound. V9 stated bone was found sticking out of the left thigh wound about one or two inches while V4 was cleaning the wound. V9 denied being aware how R1 fractured the left leg. V9 stated R1 is nonverbal at baseline and not able to say how the fracture occurred. V9 denied knowing what an injury of unknown origin is. On 11/9/23 at 12:55PM, V10 (Wound Care

Illinois Department of Public Health

Nurse) stated V10 was called to R1's room by V4. V10 endorsed R1 was bleeding from the left thigh wound and when staff was cleaning the wound, a piece of bone was sticking out of the wound about one inch long. V10 reported this would be considered an injury of unknown origin because

PRINTED: 01/18/2024 **FORM APPROVED** Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6005904 11/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **18200 SOUTH CICERO AVENUE** ELEVATE CARE COUNTRY CLUB HILL COUNTRY CLUB HILLS, IL 60478 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) S9999 Continued From page 7 59999 R1 is not able to say what happened and neither can staff. On 11/9/23 at 1:31PM, V8 (Nurse) stated R1 was getting wound treatment completed by V4 when V8 was notified that R1 was bleeding from the left thigh wound. V8 reported V4 or V10 saw bone coming out of R1's leg so 911 was called to take R1 to the hospital. V8 defined an injury of unknown origin as when people can't talk to tell you what happened and no one else knows what happened. Based on this definition from V8, V8 was not able to say if R1's injury would be considered an injury of unknown origin. On 11/9/23 at 3:27PM, V1 (DON) stated V1 was notified R1 was bleeding from the left leg wound and told V4 to send R1 to the hospital for active bleeding. V1 endorsed when staff was cleaning the wound before the paramedics arrived, they noticed a "white piece" sticking out of the wound. V1 reported V4 and V10 thought it was a piece of gauze but realized it was bone when they tried to take it out. V1 stated this is an injury of unknown origin because R1 was not able to say how the fracture occurred and staff is not sure how the fracture occurred. On 11/14/23 at 10:39AM, V12 (Hospital Orthopedic Surgeon) stated R1 had an open fracture to the middle of the left femur. V12 endorsed this fracture is chronic meaning it is between three to six weeks old. V12 reported the

Illinois Department of Public Health

wound to the left thigh is due to the bone causing pressure to the skin breaking it open. V12 stated this fracture is a type III fracture which means the wound caused by the exposed bone is larger than 10 centimeters. V12 stated there is an obvious deformity to the left thigh meaning the thigh looked like it was on an angle. V12 endorsed

PRINTED: 01/18/2024 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: _ IL6005904 B. WING 11/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 18200 SOUTH CICERO AVENUE **ELEVATE CARE COUNTRY CLUB HILL** COUNTRY CLUB HILLS, IL 60478 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 8 S9999 nursing staff should have noticed the deformity to the left before the bone came through the skin. V12 denied this being a pathological fracture. from osteomyelitis, or being caused by R1's leg contractures. V12 stated this kind of fracture is due to some kind of impact to the bone. The last hospitalization for R1 was on 8/4/23. The Hospital Records dated 8/4/23 document R1 was admitted to the hospital for a sacral ulcer infection. There is no deformity of the left leg documented on this hospitalization. The Restorative Contracture Observation date of 10/5/23 documents R1 has limitation and range of motion. R1 has moderate contractures of the left hip and knee. R1 is bedbound, paralyzed, and unable to initiate movement independently. The Minimum Data Set (MDS) dated 10/5/23 documents R1 does not have a score for the Brief Interview for Mental Status due to R1 rarely/never being understood. Section GG of the MDS documents R1 is dependent in all care areas. R1 is not able to attempt any bed mobility or transfers. Section I of the MDS documents R1 does not have any fractures and does not have any bone diseases other than osteomyelitis of the sacral region. The care plan was reviewed and there is no documentation regarding R1 having weak bones

Illinois Department of Public Health

fracture.

or any bone diseases that would easily cause a

Reporting-Illinois," dated 10/24/22 documents. " ...Injuries of Unknown Source: ... and injury should be classified as an injury of unknown source, when both of the following conditions are

The policy titled, "Abuse Prevention and

PRINTED: 01/18/2024 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING: IL6005904 11/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **18200 SOUTH CICERO AVENUE ELEVATE CARE COUNTRY CLUB HILL** COUNTRY CLUB HILLS, IL 60478 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 9 S9999 met: the source of the injury was not observed by any person, or the source of the injury, could not be explained by the resident; and the injury is suspicious, because of the extent of the injury or the location of the injury (e.g., the injury is located in an area, not generally vulnerable to trauma) or the number of injuries, observed at one particular point in time or the incidence of injuries overtime." (A) Statement of Licensure Violations 2 of 2: 300.610a) 300.1010h) 300.1210b) 300.1210d)2)3)5) Section 300.610 Resident Care Policies 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

Illinois Department of Public Health

and dated minutes of the meeting.

Section 300.1010 Medical Care Policies

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

Illinois Department of Public Health

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
IL6005904		B. WING		C 11/15/2023				
NAME OF PROVIDER OR SUPPLIER STREET ADDR				STATE, ZIP CODE				
ELEVATE CARE COUNTRY CLUB HILL 18200 SOUTH CICERO AVENUE								
COUNTRY CLUB HILLS, IL 60478								
(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		S9999					
59999	manifest decubitus of five percent or m. The facility shall obtiplan of care for the accident, injury or c of notification. Section 300.1210 (Nursing and Person b) The facility s care and services to practicable physical well-being of the reseach resident's complan. Adequate and care and personal of	ulcers or a weight loss or gain ore within a period of 30 days. tain and record the physician's care or treatment of such hange in condition at the time. General Requirements for hal Care shall provide the necessary of attain or maintain the highest properly and psychological sident, in accordance with aprehensive resident care properly supervised nursing hare shall be provided to each etotal nursing and personal	S9999					
	nursing care shall in following and shall be seven-day-a-week be 2) All treatment administered as ord 3) Objective obtresident's condition, emotional changes, determining care refurther medical evaluation.	ts and procedures shall be ered by the physician. servations of changes in a including mental and as a means for analyzing and quired and the need for uation and treatment shall be aff and recorded in the						
	5) A regular propressure sores, hea breakdown shall be	ogram to prevent and treat t rashes or other skin practiced on a 24-hour, asis so that a resident who	1					

Illinois Department of Public Health STATE FORM

FORM APPROVED 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 B. WING IL6005904 11/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **18200 SOUTH CICERO AVENUE ELEVATE CARE COUNTRY CLUB HILL COUNTRY CLUB HILLS, IL 60478** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) \$9999 Continued From page 11 S9999 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 Regulations are not met as evidenced by: Based on interview and record review, the facility failed to order and provide wound care treatments for a left thigh wound for nine days after the wound was discovered for one (R1) out the three residents reviewed for wound care treatments in a total sample of three. This failure resulted in the left thigh wound increasing in size from 6.5cm x 5.5cm x 4cm to 9cm x 4cm x 4cm within seven days. Findings Include: R1 is a 66-year-old with the following diagnoses: functional quadriplegia and osteomyelitis of the sacral region. R1 was admitted to the facility on 3/12/23. The Wound Assessment Details Report dated 10/16/23 documents the left front thigh wound was identified on this day. It is documented as unstageable. The wound measures 6.5 cm x 5.5 cm by unknown. There is no documentation of what kind of dressing was applied to the wound. The Wound Assessment Details report dated 10/24/23 documents the left front thigh wound is still unstageable and measures 6 cm x 5 cm x 4 cm. There is no documentation of what kind of

Illinois Department of Public Health

dressing was applied to the wound.

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ IL6005904 B. WING 11/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **18200 SOUTH CICERO AVENUE ELEVATE CARE COUNTRY CLUB HILL COUNTRY CLUB HILLS, IL 60478** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 12 59999 The Wound Assessment Details Report dated 10/31/23 documents the left front thigh wound is still unstageable and has declined. The wound is now 9 cm x 4 cm x 4 cm. The Wound Nurse Practitioner note dated 10/19/23 documents R1 developed a new pressure injury to the left thigh region. It is unstageable and measure 7cm x 5cm x 0.4cm with a moderate amount of serosanguineous drainage. This wound is documented as needing to be cleansed with normal saline with silver alginate applied and a border gauze to cover the wound. No order was put in the TAR for this wound on this date. The Wound Nurse Practitioner note dated 11/2/23 documents the left thigh wound is an unstageable pressure injury that measures 9 cm x 4 cm x 4 cm. The wound has declined by getting larger in size. The wound has a moderate amount of serosanguinous drainage with a mild odor. The wound bed has 90% bright red granulation tissue with 10% slough. On 11/9/23 at 12:17PM, V4 (Wound Care Nurse) stated the wound to the left thigh is a stage four pressure ulcer because it is down to the bone. V4 was unsure of the exact date but reported the wound developed about one month ago, V4 stated the left thigh wound has deteriorated by getting larger in size and having more slough tissue. On 11/9/23 at 2:51PM, V11 (Wound Nurse Practitioner) stated the first order placed for the

Illinois Department of Public Health

left thigh wound was silver alginate and to be covered by a dressing after cleansing. V11 endorsed silver alginate is used as an

antimicrobial agent and helps with absorption of

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6005904 11/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **18200 SOUTH CICERO AVENUE** ELEVATE CARE COUNTRY CLUB HILL **COUNTRY CLUB HILLS, IL 60478** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 13 59999 drainage. V11 reported seeing R1 on 10/26/23 and changing the treatment order to Dakin's solution which is a stronger antimicrobial treatment. V1 endorsed changing the wound treatment to this because the wound was larger in size, had a mild odor, and had more slough tissue. V11 endorsed while completing rounds a wound care nurse from the facility rounds with V11 and enters the orders into the computer system after V11 verbally tells the nurse the order. V11 stated if a dressing is not completed on an open wound, then the wound can have a decline, or an infection can develop. On 11/9/23 at 3:05PM, V10 (Wound Care Nurse) stated V11 comes around weekly to round on the residents and put in any new orders as they are rounding together. V10 reported all orders made by V11 should be put in the computer otherwise staff will not know what treatments to complete. V10 endorsed if no treatments are completed on a wound then the wound can become worse or infected. V10 stated R1's left thigh wound did get worse by getting larger in size. V10 endorsed if an order is not in the computer system, then the physician should be contacted as soon as possible for an order. On 11/9/23 at 3:27PM, V1 (DON) stated a wound nurse rounds with V11 while V11 is in the building and enters in the new wound treatment orders. V1 endorsed the new orders should be put in the system immediately. V1 stated wound care dressings are not done as ordered then a wound could deteriorate. V1 endorsed if V11 verbalized the order then it should be put into the computer system where it is generated in the Treatment Administration Record/TAR so staff know how to

if there is no documentation for wound care

treat the wound. When asked what does it mean

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			71, doi:Dino:			
	IL6005904		B. WING		C 11/15/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ELEVATI	E CARE COUNTRY CL	.UB MILL	UTH CICER(CLUB HILL	O AVENUE LS, IL 60478		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTE	201	(ME)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE	
S9999	S9999 Continued From page 14		S9999	1		
	charted, then it is co our policy. That's a					
	care treatment orde were placed on 10/2	for wound care treatments for				
	10/2023 documents thigh wound was co day the treatment w	ninistration Record dated the first treatment for the left impleted on 10/25/23 on the ras ordered. There are no atments documented on this 0/25/23.				
	active skin issues a further skin breakdo incontinence, total a osteomyelitis. One o	d 10/26/23 documents R1 has nd remains at high risk for own related to immobility, assist in care status, and of the interventions for this ented to apply treatments as				
	Condition Assessme documents, "18. Ph be initialed by the st administration recor Other nursing meas	ysician order treatments shall aff on the electronic treatment d after each administration. ures not involving medication d in the weekly wound				
linois Depar	Processing," dated To provide general gentering, and confirm orders5. Following	nysician Orders- Entering and 1/31/18 documents, "Purpose: guidelines when receiving, ming physician or prescriber's g a physician visit, a licensed any orders that require				

PRINTED: 01/18/2024 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING: _ IL6005904 B. WING 11/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **18200 SOUTH CICERO AVENUE ELEVATE CARE COUNTRY CLUB HILL COUNTRY CLUB HILLS, IL 60478** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY)** S9999 Continued From page 15 S9999 confirmation on your clinical> orders> pending orders. The orders will be confirmed by the nurse and the instructions for the order will be completed. 6. Verbal and telephone orders will be documented as such in the electronic medical record." (B)

STATE FORM

Illinois Department of Public Health