(X3) DATE SURVEY

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

| AND PLAN (| OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COMPLETED |
|--------------------------|---|---|---|---|------------------------|
| | | IL6000772 | B. WING | | C 12/28/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | 2400 SOL | DDRESS, CITY, STATE JTH FINLEY ROAI D, IL 60148 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY) | |
| S 000 | Initial Comments | | S 000 | | |
| | Facility Reported Incid IL/167349 | dent of 11/22/2023, | | | |
| S9999 | Final Observations | | S9999 | | |
| | Statement of Licensul | re Violations: | | | |
| | 300.610a) 300.1210b) 300.1210c) 300.1210d)6) | | | | |
| | Section 300.610 Resi | dent Care Policies | | | |
| | procedures governing facility. The written pole formulated by a Re Committee consisting administrator, the advimedical advisory comof nursing and other spolicies shall comply to | of at least the | | | |
| | Section 300.1210 Ger Nursing and Personal | neral Requirements for Care | | | |
| | care and services to a practicable physical, r well-being of the residence each resident's compiplan. Adequate and p care and personal care | all provide the necessary attain or maintain the highest mental, and psychological lent, in accordance with rehensive resident care roperly supervised nursing re shall be provided to each otal nursing and personal dent. | | | |
| | nent of Public Health DIRECTOR'S OR PROVIDER/S | SUPPLIER REPRESENTATIVE'S SIGNATUR | _ | TITLE | (X6) DATE |

(X2) MULTIPLE CONSTRUCTION

. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed 01/17/24

STATE FORM 6899 If continuation sheet 1 of 4 DGJB11

Illinois Department of Public Health

| | | | (X3) DATE SU COMPLET | | | |
|--------------------------|--|---|--|--|-------------------|--------------------------|
| | | IL6000772 | B. WING | | C 12/28 | /2023 |
| NAME OF P | ROVIDER OR SUPPLIER | 2400 SO | DDRESS, CITY, STATE UTH FINLEY ROAL RD, IL 60148 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | LD BE | (X5) COMPLETE DATE |
| S9999 | Continued From page | ÷ 1 | S9999 | | | |
| | and be knowledgeable respective resident can be also respective resident can be also respective resident can be also respective resident to surround and shall be seven-day-a-week based of the also respective assure that the result as free of accident has nursing personnel shall respective resident resident resident respective resident | ubsection (a), general lude, at a minimum, the practiced on a 24-hour, sis: precautions shall be taken idents' environment remains zards as possible. All all evaluate residents to see seives adequate supervision | | | | |
| | · | vere not met as evidenced | | | | |
| | failed to follow the rest the assistance of 2 st This failure resulted in fracture of the left low proximal tibia and fibut applies to 1 of 3 resident | nd record review the facility sident's care plan to provide aff during resident transfer. In a resident experiencing a releg (oblique fracture of alla of the left leg). This ents (R1) reviewed for sistance of 2 staff in the | | | | |
| | The findings include: | | | | | |
| | R1 was admitted to the 2023, and discharged had multiple diagnose hemiparesis following the right dominant side. | Medical Record) showed the facility on November 17, and on December 16, 2023. R1 the sincluding hemiplegia and cerebral infarction affecting e, dysphagia following aspecified fracture of the | | | | |

Illinois Department of Public Health

STATE FORM DGJB11 If continuation sheet 2 of 4

Illinois Department of Public Health

| I ` ' | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | (X3) DATE SURVEY | |
|---------------|--|--|------------------|--|-------------|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: _ | BUILDING: COMPLET | |
| | | | | | С |
| | | IL6000772 | B. WING | | 12/28/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | DRESS, CITY, STA | TE, ZIP CODE | |
| | | | TH FINLEY RO | | |
| BEACON | HILL | |), IL 60148 | · - | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTION | V (X5) |
| PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE COMPLETE |
| S9999 | Continued From page | 2 | S9999 | | |
| | upper end of the left t fracture of the left fibu Parkinson's disease. | ibia, upper and lower end ıla, weakness, and | | | |
| | 23, 2023, showed R1 impairment and requi (Activities of Daily Liv substantial assistance personal hygiene, and staff for dressing, bating R1's care plan dated showed R1 needed 2 between surfaces. R1's EMR showed on approximately 07:45 aroom to provide care, from bed to wheelchastand and was lowere showed R1 was sitting the stand requirements of the standard requiremen | red assistance with ADLs ing) including needed e with eating, bed mobility, d transfer and dependent on hing, and toileting. | | | |
| | stated she was assign November 22, 2023, to care for him prior. NR1's Kardex (abbrevial individual directions for R1's room on November Care. V6 stated on Naround 7:45 AM, she position on the side of attempted to assist R but R1 was not able to transfer, so she (V6) confirmed she transfer. | and had not been assigned /6 stated she did not check ated Care Plan that gives or care) prior to going into ber 22, 2023, to provide | | | |

Illinois Department of Public Health

STATE FORM DGJB11 If continuation sheet 3 of 4

Illinois Department of Public Health

| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2409 SOUTH FINLEY ROAD LOMBARD, IL 60148 PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY PUL. REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 3 providing care to the resident, especially if unfamiliar with the resident's care needs. According to R1's EMR, R1 developed swelling and rehoess to the left lower leg during the day on November 22, 2023, VT (NP) ordered an X-ray of both R1's legs on November 23, 2023, which showed "oblique fracture of the proximal tibia and floula" of the left leg. R1 was sent to the local hospital ER (emergency room) on November 23, 2023, at 1:33 PM, R1 returned with a left leg immobilizer. On December 27, 2023, at 1:22 PM, V7 (NP) stated R1's left leg fracture was most likely caused by the fall and the leg may have gotten "twisted" when being lowered to the floor. V7 further stated the fracture could have been prevented if there were 2 staff assisting R1 during the transfer as outlined in R1's care plan. On December 27, 2023, at 2:10 PM, V4 (Restorative CNA) identified in the EMR the Kardex and stated this is where the staff can see what each resident needs regarding assistance with ADL care including transfer. On December 27, 2023, at 1:24 PM, V2 (DON) | | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|--|-----------|---|---|--|--|-------------------------------|----------|
| BEACON HILL SITREET ADDRESS, CITY, STATE, ZIP CODE 2400 SOUTH FINLEY ROAD LOMBARD, IL. 60148 CAU ID SUMMARY STATEMENT OF DEFICIENCIES RESULATORY OR LSC IDENTIFYING INFORMATION PRETIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE ON THE APPROPRIATE DATE ON NOVEmber 22, 2023. VT (NP) ordered an X-ray of both R1's legs on November 23, 2023, which showed "oblique fracture of the proximal tibia and fibula" of the left leg. R1 was sent to the local hospital ER (emergency room) on November 23, 2023, at 1:32 PM. R1 returned with a left leg immobilizer. On December 27, 2023, at 1:22 PM, V7 (NP) stated R1's left leg fracture was most likely caused by the fall and the leg may have gotten "hwisted" when being lowered to the floor. V7 further stated the fracture could have been prevented if there were 2 staff assisting R1 during the transfer as outlined in R1's care plan. On December 27, 2023, at 2:10 PM, V4 (Restorative CNA) identified in the EMR the Kardex and stated this is where the staff can see what each resident needs regarding assistance with ADL care including transfer. | | | | _ | | | ; |
| BEACON HILL 2400 SOUTH FINLEY ROAD LOMBARD, IL. 60148 CALL CALL | | | IL6000772 | B. WING | | 12/2 | 8/2023 |
| LOMBARD, IL 60148 (A) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PILL PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY PILL PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 3 S9999 Providing care to the resident, especially if unfamiliar with the resident's care needs. According to R1's EMR, R1 developed swelling and redness to the left lower leg during the day on November 22, 2023. Vr (NP) ordered an X-ray of both R1's legs on November 23, 2023, which showed "oblique fracture of the proximal tibia and fibula" of the left leg. R1 was sent to the local hospital ER (emergency room) on November 23, 2023, at 1:33 PM. R1 returned with a left leg immobilizer. On December 27, 2023, at 1:22 PM, V7 (NP) stated R1's left leg fracture was most likely caused by the fall and the leg may have gotten "lwisted" when being lowered to the floor. V7 further stated the fracture could have been prevented if there were 2 staff assisting R1 during the transfer as outlined in R1's care plan. On December 27, 2023, at 2:10 PM, V4 (Restorative CNA) identified in the EMR the Kardex and stated this is where the staff can see what each resident needs regarding assistance with ADL care including transfer. | NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | | |
| SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG CACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG CACH CORRECTION ACTION SHOULD BE CROSS-REFERENCED TO THA APPROPRIATE DATE OF THE APPROPRI | BEACON | HILL | | | AD | | |
| providing care to the resident, especially if unfamiliar with the resident's care needs. According to R1's EMR, R1 developed swelling and redness to the left lower leg during the day on November 22, 2023. V7 (NP) ordered an X-ray of both R1's legs on November 23, 2023, which showed "oblique fracture of the proximal tibia and fibula" of the left leg. R1 was sent to the local hospital ER (emergency room) on November 23, 2023, at 1:33 PM. R1 returned with a left leg immobilizer. On December 27, 2023, at 1:22 PM, V7 (NP) stated R1's left leg fracture was most likely caused by the fall and the leg may have gotten "twisted" when being lowered to the floor. V7 further stated the fracture could have been prevented if there were 2 staff assisting R1 during the transfer as outlined in R1's care plan. On December 27, 2023, at 2:10 PM, V4 (Restorative CNA) identified in the EMR the Kardex and stated this is where the staff can see what each resident needs regarding assistance with ADL care including transfer. | PRÉFIX | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID PREFIX | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF | BE | COMPLETE |
| stated that it is the expectation that nursing staff refer to the Care Plan/ Kardex when providing care to residents to ensure care is provided in a safe manner. The facility's policy, which is undated, titled "Transfers", under "Guidelines for performance of Transfers" showed "7Select the transfer method that suits both your needs and the patient's needs". (A) | \$9999 | providing care to the funfamiliar with the results and redness to the left on November 22, 202 of both R1's legs on Nahowed "oblique fract fibula " of the left leg. hospital ER (emerger 2023, at 1:33 PM. R1 immobilizer. On December 27, 202 stated R1's left leg fract caused by the fall and "twisted" when being further stated the fract prevented if there were the transfer as outlined. On December 27, 202 (Restorative CNA) ide Kardex and stated this what each resident new with ADL care including. On December 27, 202 stated that it is the extension of the care plant care to residents to ensafe manner. The facility's policy, we "Transfers", under "G Transfers" showed " method that suits both patient's needs". | resident, especially if sident's care needs. R, R1 developed swelling if lower leg during the day is. V7 (NP) ordered an X-ray sovember 23, 2023, which ure of the proximal tibia and R1 was sent to the local ray room) on November 23, returned with a left leg 23, at 1:22 PM, V7 (NP) returned with a left leg 23, at 1:22 PM, V7 (NP) returned with a left leg 24 and the leg may have gotten lowered to the floor. V7 returned with a left leg in R1's care plan. 25 and 2:10 PM, V4 rentified in the EMR the sis where the staff can see reds regarding assistance regarding assistance regarding transfer. 26 and 12:42 PM, V2 (DON) rectation that nursing staff in Kardex when providing resure care is provided in a rethich is undated, titled uidelines for performance of7Select the transfer | S9999 | | | |

Illinois Department of Public Health

STATE FORM DGJB11 If continuation sheet 4 of 4