STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000772	A. BUILDING: _____ B. WING _____	C 12/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACON HILL	2400 SOUTH FINLEY ROAD LOMBARD, IL 60148

(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 Facility Reported Incident of 11/22/2023, IL/167349	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 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 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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000772	A. BUILDING: _____ B. WING _____	C 12/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACON HILL	2400 SOUTH FINLEY ROAD LOMBARD, IL 60148

(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	S9999		

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:

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 follow the resident's care plan to provide the assistance of 2 staff during resident transfer. This failure resulted in a resident experiencing a fracture of the left lower leg (oblique fracture of proximal tibia and fibula of the left leg). This applies to 1 of 3 residents (R1) reviewed for transfers requiring assistance of 2 staff in the sample of 3.

The findings include:

R1's EMR (Electronic Medical Record) showed R1 was admitted to the facility on November 17, 2023, and discharged on December 16, 2023. R1 had multiple diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting the right dominant side, dysphagia following cerebral infarction, unspecified fracture of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000772	A. BUILDING: _____ B. WING _____	C 12/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACON HILL	2400 SOUTH FINLEY ROAD LOMBARD, IL 60148

(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	S9999		

upper end of the left tibia, upper and lower end fracture of the left fibula, weakness, and Parkinson's disease.

R1's MDS (Minimum Data Set) dated November 23, 2023, showed R1 had severe cognitive impairment and required assistance with ADLs (Activities of Daily Living) including needed substantial assistance with eating, bed mobility, personal hygiene, and transfer and dependent on staff for dressing, bathing, and toileting.

R1's care plan dated November 21, 2023, showed R1 needed 2 staff assistance to transfer between surfaces.

R1's EMR showed on November 22, 2023, at approximately 07:45 AM, V6 (CNA) went to R1's room to provide care. V6 attempted to transfer R1 from bed to wheelchair when R1 was unable to stand and was lowered to the floor. The EMR showed R1 was sitting on the floor next to his bed when V6 summoned for more staff assistance to R1's room.

On December 27, 2023, at 12:35 PM, V6 (CNA) stated she was assigned to care for R1 on November 22, 2023, and had not been assigned to care for him prior. V6 stated she did not check R1's Kardex (abbreviated Care Plan that gives individual directions for care) prior to going into R1's room on November 22, 2023, to provide care. V6 stated on November 22, 2023, at around 7:45 AM, she (V6) assisted R1 to a sitting position on the side of the bed then she (V6) attempted to assist R1 into a standing position but R1 was not able to bear weight during the transfer, so she (V6) lowered R1 to the floor. V6 confirmed she transferred R1 by herself. V6 stated the Kardex should be reviewed prior to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000772	A. BUILDING: _____ B. WING _____	C 12/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACON HILL	2400 SOUTH FINLEY ROAD LOMBARD, IL 60148

(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	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. 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.

On December 27, 2023, at 12:42 PM, V2 (DON) 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 " ...7 ...Select the transfer method that suits both your needs and the patient's needs".

(A)