

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005904</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/25/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELEVATE CARE COUNTRY CLUB HILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>18200 SOUTH CICERO AVENUE COUNTRY CLUB HILLS, IL 60478</b>
---	--

(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  Complaint Investigation: 2495105/IL174976	S 000		
S9999	Final Observations  Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)3)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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.  Section 300.1010 Medical Care Policies  h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain 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	S9999		

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
Electronically Signed

TITLE

(X6) DATE  
08/09/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005904</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/25/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELEVATE CARE COUNTRY CLUB HILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>18200 SOUTH CICERO AVENUE COUNTRY CLUB HILLS, IL 60478</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>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.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005904</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/25/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELEVATE CARE COUNTRY CLUB HILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>18200 SOUTH CICERO AVENUE COUNTRY CLUB HILLS, IL 60478</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to implement a treatment plan for (R4) who was identified as very high risk for skin break down, admitted with an opening on the penile shaft, excoriation on the penile head/tip with the penile prosthesis in an erectile position for twenty-two days. This failure resulted in R4 sustaining a facility acquired full thickness, moisture associated skin dermatitis (MASD) measuring 8.00 centimeters (cm) x 3.00 (cm) x 0.10 (cm) (L x W x D) for one of three reviewed for wound care in a sample size of ten.</p> <p>Findings Include:</p> <p>On 7/19/24 at 12:58PM, V6 (treatment nurse) stated, MASD is caused by moisture (urine, stool, sweat and or body fluids) which would cause a break in skin due to repetitive movements or friction. R4 was admitted with a penile implant that was fixed and erect. It would not go down. We had to ensure his adult brief was in place a certain way to prevent friction. V6 stated, she was not sure what that certain way R4 adult brief was place. R4 started to have skin break down to the penis, the doctor was notified. R4 needed to have surgery to have the rod removed. V6 stated, she was not aware of what type of penile implant R4 had, how to deflate the implant, R4 did not go out on any appointment or to the hospital for the implant and was discharged before we could establish anything.</p> <p>On 7/19/24 at 2:45pm, V9 (ADON/assistant director of nursing) stated, R4 did not have a treatment in place upon admission for his penis. V9 stated, R4 had a photo of his penis on</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005904</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/25/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELEVATE CARE COUNTRY CLUB HILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>18200 SOUTH CICERO AVENUE COUNTRY CLUB HILLS, IL 60478</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>admission that showed an opening on the shaft and excoriation on the head/tip. V9 stated, R4 should have had a treatment put in place, the doctor should have been notified and the site should have been measured upon admission. R4 had a treatment put in place on 3/11/24.</p> <p>On 7/24/24 atn3:41pm, V38 (wound doctor) stated, he saw R4 once or twice. Full thickness is the third layer of skin loss. V38 stated, the facility should have been monitoring R4 for any type of skin break down. R4 needed surgery. V38 stated, he does not have any more information on R4.</p> <p>Hospital referral paperwork dated 2/14/2011 documents: R4 prosthesis left in the semirigid position.</p> <p>Nursing note dated 3/11/24 documents: R4 has a pressure injury noted to his penis.</p> <p>Physician order sheet date 3/11/24 document: Wound care: Penis clean with normal saline and apply zinc.</p> <p>Wound assessment dated 3/11/24 documents: R4 had a facility-acquired moisture associated skin damage. Classification: Incontinence. Stage: Full thickness. Size (cm) 8.00 x3.00 .0.10 (L x W x D). Area 24.00cm. Air loss mattress noted in place. Resident has a penile prosthesis that is fixed, erected is incontinent of bowel and bladder.</p> <p>Wound doctor visit dated 3/14/24 documents: wound#5. Penis is a partial thickness abrasion and had received the status of not healed. Initial wound encounter measurements are 2cm length x 2 cm width x 0.1 cm depth, with an area of 4 square cm. scant amount of sero-sanguineous.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005904</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/25/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELEVATE CARE COUNTRY CLUB HILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>18200 SOUTH CICERO AVENUE COUNTRY CLUB HILLS, IL 60478</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 4</p> <p>According to the national pressure injury advisory panel a stage 3 Pressure Injury is defined as a Full-thickness skin loss Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.</p> <p>Pressure Injury and Skin Condition Assessment dated 11/28/12 documents: to establish guidelines for assessing, monitoring and documenting the presence of skin breakdown, pressure injuries and other ulcers and assuring interventions are implemented.</p> <p style="text-align: center;">(B)</p>	S9999		