

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008593	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/06/2020
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NAME OF PROVIDER OR SUPPLIER GROVE AT THE LAKE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2534 ELIM AVENUE ZION, IL 60099
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(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
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S 000	Initial Comments Complaint investigation #2010849/IL119770	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 02/21/20
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S9999	<p>Continued From page 1</p> <p>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>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.</p> <p>These requirements were not met evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure two staff members operated the mechanical lift during the resident transfer and failed to apply R2's ankle foot orthosis (splint/brace) during the the transfer.</p> <p>This resulted in a left ankle fracture to one of three residents (R2) reviewed for transfer.</p> <p>The findings include:</p> <p>R2's Care Plan on February 4, 2020 shows, a diagnosis of Hemiplegia, and hemiparesis following cerebral infarction affecting left non-dominant side.</p> <p>R2's Minimum Data Set dated December 10, 2019 shows, Brief Interview for Mental Status</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>15-Cognitively Intact.</p> <p>On February 4, 2020 at 11:24AM, R2 was sitting in a wheel chair. R2 had a cast boot to the left lower leg.</p> <p>On February 4, 2020 at 11:24AM, R2 said, on November 3, (2019) V6 CNA-Certified Nursing Assistant was "transferring me by herself with the standing mechanical lift. When transferring me the staff are supposed to put on my leg brace. I have left side neglect".</p> <p>On February 4, 2020 at 12:37PM, V3 LPN-Licensed Practical Nurse said, V6 CNA had R2 hooked up to the belt and he was standing on the lift. I was outside the door. R2's legs gave out. I came in to help. The CNA and I lowered R2 to the floor, which is why we categorized this as a fall. R2 was complaining of left ankle pain after he was placed in the bed. I do not recall seeing R2's ankle braces on him during the transfer. I ordered an x-ray of the knee and the ankle, they came back negative. R2 continued to complain of left ankle pain. V9-Nurse Practitioner saw him and additional x-rays showed a fracture.</p> <p>On February 4, 2020 at 2:22PM, V5 Restorative Nurse said, the standing mechanical lift is a two person transfer. Any mechanical lift in the facility requires two people at all times to avoid incidents. The mechanical lift policy applies to the mechanical standing lift and the mechanical sling lift.</p> <p>R2's Incident Report dated November 3, 2019 at 9:50AM, shows, Nursing Description: Writer (V3 LPN) was notified by the CNA (V6) that she needs assistance with the resident. Writer went to resident's room to assist, resident was on</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>stand up lift with knees bent at a 90 degree angle. Resident's hands were hanging on to the sling. Resident's left foot was laying on its outer lateral side. Resident was unable to stand up right. Immediate Action: Head to toe assessment completed. Resident remains alert and oriented to person, place, and time, there is no change in level of consciousness. Resident complains of pain to left ankle, pain rating of 5, from a 1-10, 10 being the highest.</p> <p>R2's Radiology Results Report, Left Ankle, Complete 3+ Views dated November 11, 2019 shows, Subtle fracture of the medial malleolus (inside of ankle).</p> <p>R2's Psychiatry Progress Note dated 11/5/2019 at 12:17PM, by V8 Nurse Practitioner (two days after injury) shows, Subjective: "My foot hurts."</p> <p>R2's Medical Professional Progress Note by V9 Nurse Practitioner dated 1/12/2019 shows, "left ankle pain and edema: subtle fracture at the medial malleolus, NWB (non-weight bearing) status ..."</p> <p>R2's Care Plan with interventions initiated 7/10/2018 show, "I am on a splint and/or brace assistance program. I am on a Splint/Brace program. Please provide/use assistive and supportive devices, as needed. Apply my bilateral AFOs (Ankle Foot Orthosis) prior to transfer and ambulation."</p> <p>Interventions initiated 05/01/2018 shows, "I have an Activity of Daily Living Self Care Performance Deficit and Impaired Mobility related to Limited Range of Motion, Musculoskeletal impairment Activity Intolerance, Limited Mobility, Physical inactivity. TRANSFER: I am totally dependent with transfers. I require Mechanical Aid-sling lift</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>for transfers. I require two staff participation with transfers."</p> <p>The facility's Mechanical Lift Transfers policy, revised August 1, 2019 shows, there will always be 2 staff to assist resident. 1 staff will control the lift as the other will guide resident and support back and neck to transfer surface.</p> <p>(B)</p>	S9999		
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