

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005524	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/16/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MARKLUND WASMOND CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1435 SUMMIT STREET ELGIN, IL 60120
--	--

(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
Z 000	COMMENTS	Z 000		
Z9999	<p>FINDINGS</p> <p>Statement of Licensure Violations:</p> <p>390.620a) 390.3240a) 390.3240b) 390.3240c) 390.3240d)</p> <p>Section 390.620 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. These written policies shall be formulated with the involvement of the medical advisory committee and representatives of nursing and other services in the facility. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. (B)</p> <p>Section 390.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) (A, B)</p> <p>b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act)</p>	Z9999	<p>Attachment A Statement of Licensure Violations</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005524	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/16/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARKLUND WASMOND CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1435 SUMMIT STREET ELGIN, IL 60120
---	--

(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
Z9999	<p>Continued From page 1</p> <p>c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative, (Section 3-610 of the Act)</p> <p>d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure staff followed its policy to prevent abuse and neglect for 1 of 1 client in the sample who was involved in an improper mechanical lift transfer and sustained a fracture of the right lower extremity(R1); the facility failed to ensure 1 of 1 injury during a mechanical lift transfer was immediately reported, affecting 1 of 1 client in the sample(R1); and, the facility failed to ensure all injuries of unknown origin are thoroughly investigated, affecting 1 of 1 client in the sample who sustained a right lower extremity fracture after it was determined staff performed an improper mechanical lift transfer(R1).</p> <p>Findings include:</p> <p>The Resident Occurrence Investigation Report involving R1, dated 12/6/22, was reviewed. The report indicates that R1 presented with redness and swelling of the right lower extremity. An x-ray was ordered and completed. The x-ray identified fractures to the tibia and fibula, as well as osteopenia. The physician was notified, and R1 was transferred to the ER for further evaluation and treatment. The report continues, stating that a full investigation was started. It was discovered</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005524	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/16/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARKLUND WASMOND CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1435 SUMMIT STREET ELGIN, IL 60120
---	--

(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
Z9999	<p>Continued From page 2</p> <p>during their investigation that R1 had a witnessed injury to her lower right leg on 12/5/22, just after 12:04pm while at the facility owned and operated day training site. E3(Direct care staff) was transferring R1 via a mechanical lift to a changing table to change her incontinent brief. During the transfer, R1's leg was caught on the edge of the bed (changing table) as the mechanical lift continued to move forward. E3 re-adjusted the lift and moved her leg onto the changing table. E3 did not notify the nurse of the injury so further assessment could take place. R1 was transferred back to her residential room and at 5:15pm. It was noted that she refused to eat her dinner that evening and was negatively vocalizing and crying. At 6:31pm, after repositioning appeared to make her more comfortable, the RN assessed R1 and noted possible discomfort coming from her right leg, as well as her knee being slightly warm to the touch. Tylenol was administered for comfort measures, which was successful in decreasing R1's pain level. On 12/6/22 at 5:30am, R1 was again given Tylenol due to crying out, and now presented with a low-grade fever of 99.1(degrees Fahrenheit). R1 was again assessed, and her right lower extremity was noted to be warm with swelling, and R1 would cry out with pain when the right leg was touched. The physician was paged, as the Tylenol was ineffective. Orders were received to obtain x-rays of the right lower extremity, as well as a Doppler (to rule out blood clots). Tylenol continued every 4-6 hours until the x-ray was completed and results were obtained. R1 remained in bed with her leg elevated. X-ray results were received via a phone call and fax notification at 5:15pm, indicating that R1 had a fracture to the right tibia and fibula. R1 was transferred to the ER for further evaluation.</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005524	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/16/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MARKLUND WASMOND CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1435 SUMMIT STREET ELGIN, IL 60120
--	--

(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
Z9999	<p>Continued From page 3</p> <p>The report indicates that interviews were conducted, and the facility video surveillance footage was utilized during the investigative process. The report indicates that E3 reported that she was the staff person who fed, changed, and positioned R1 on 12/5/22. E3 offered that R1 was crying throughout the day, off and on. E3 stated that she and Z1(Agency direct care staff) told Nurse, (E4) that R1 was yelling, but that they thought it was because of many clients who were yelling out that particular day. E4 was also interviewed, and she stated in her interview that there were no unusual incidents involving R1 that she observed while working on 12/5/22. E4 offered that several clients were yelling out that particular day. E3 did say to E4, that she was wondering why R1 was crying out, but never told E4 that she was injured, or that she cried out while the transfer was being performed. Z1 was also interviewed, and she stated in her interview with facility staff that she assisted with changing R1 together with E3 but did not know why R1 was crying during the changing of her incontinent brief. Z1 stated that R1 calmed down after being changed and placed back into her wheelchair.</p> <p>The Summary of Facts of this report were also reviewed. The summary concludes that R1 was last seen without injury or any unusual crying behaviors on 12/5/22 at 12:00pm. At 12:04pm, it is seen in the video camera footage that during a mechanical lift transfer to a changing table, E3 did not follow mechanical lift transfer protocols resulting in R1's leg getting caught on the side of the changing table and resulted in the fracture to R1's right lower extremity. After interviewing E3, it was determined that E3 did not report that R1 had sustained any injury during her mechanical lift transfer. There was a nurse in the room at the time the injury occurred, and E3 could have let E4</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005524	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/16/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARKLUND WASMOND CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1435 SUMMIT STREET ELGIN, IL 60120
---	--

(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
Z9999	<p>Continued From page 4</p> <p>know that R1 had sustained an injury during her care.</p> <p>The conclusion of this investigative report indicates that there was no suspected neglect or abuse, but E3 failed to follow the policy for a mechanical lift transfer, resulting in a fracture to R1's right lower extremity. E3 was terminated from employment at their facility because of this failure to follow policy.</p> <p>The Radiology Results Report involving R1, dated 12/6/22, was reviewed. The report indicates that there are acute appearing fractures of the proximal tibia and fibula. There is mild displacement of the distal fragments.</p> <p>R1 followed up with Orthopedics on 12/8/22, where they performed their own x-rays. Their impression states that R1 has a right closed medial tibial plateau, split fracture.</p> <p>During an interview with E4(Day training nurse) on 12/12/22 at 11:00am, E4 was asked if she was aware that R1 had an injury which occurred while being transferred on 12/5/22. E4 offered that on that particular day, the room R1 was in was very loud. All of the clients were unusually loud that day. E4 stated that E3 and Z1 had changed R1 that day around noon, and E3 stated to her that she was wondering why R1 was crying but did not offer that she yelled out during a mechanical lift transfer. E3 also did not come to her with a sense of urgency. It was just like casual conversation. E4 stated that if she was aware that R1 had cried out during the transfer, and was grimacing, she most definitely would have assessed her.</p> <p>During an interview with Z1(Agency Direct care</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005524	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/16/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MARKLUND WASMOND CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1435 SUMMIT STREET ELGIN, IL 60120
--	--

(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
--------------------	--	---------------	---	--------------------

Z9999	<p>Continued From page 5</p> <p>staff) on 12/12/22 at 11:05am, Z1 confirmed that she assisted E3 in the incontinent brief change with R1. Z1 stated that R1 was crying while changing R1's brief, but she was not aware that she cried out during the mechanical lift transfer. E3 never told Z1 that information either. Z1 offered that she just thought R1 was yelling out, because many of the clients in that room that day were also yelling out, and that R1 was just responding to the other clients. Z1 confirmed that E3 did ask E4 why she thought R1 was crying but did not offer any additional information.</p> <p>During an interview with E1(Administrator) on 12/12/22 at 9:45am, E1 confirmed that by viewing their camera footage at the day programming location, they were able to determine that E3 performed an unapproved mechanical lift transfer. (This surveyor and E1 viewed the footage together). E1 stated that as you can see, on 12/5/22 at around noon, E3 is transferring R1 via a mechanical lift, with R1 facing away from her. E1 stated that their policy states that all clients should be facing towards the operating mechanical lift staff person when performing a mechanical lift transfer. E1 stated that as E3 was pushing R1 towards the changing table, R1's right leg got caught on the changing table. E3 felt the resistance and then manipulated the sling, to free the right leg that was stuck. You can see from the video footage, that as R1's leg became caught, and her body was pushed forward. R1 started to grimace and show discomfort. While E3 and Z1 are changing R1, she is still grimacing and crying. E1 stated that they interviewed E3, but she stated that she had no idea that R1's leg was injured while performing the transfer. E1 stated that because E3 performed an incorrect mechanical lift transfer and did not report it to nursing as a possible injury, they terminated E3.</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005524	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/16/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARKLUND WASMOND CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1435 SUMMIT STREET ELGIN, IL 60120
---	--

(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
Z9999	<p>Continued From page 6</p> <p>E1 confirmed that R1 did sustain a right lower extremity fracture because of the unapproved mechanical lift transfer.</p> <p>During an interview with E2(Director of Nursing) on 12/12/22 at 10:00am, E2 stated that all staff are trained on mechanical lift transfers upon hire, and then annually thereafter. E2 stated that initially, they did not know how R1 sustained her fracture, as no staff had reported any injuries. E2 stated that they started to review nursing notes, and interviews, and determined it must have occurred while at day programming. E2 stated that is when she reviewed the camera footage and determined when the injury occurred. E2 stated that E3 performed the mechanical lift with R1 facing away from her, and as she pushed R1 toward the changing table, her right lower leg became caught on the changing table edge. E2 explained that R1 has osteopenia, as she is non ambulatory, and takes seizure medications. E2 stated that you can see on the video that R1 cries out and grimaces as her leg gets caught on the changing table. E3 adjusts that sling, causing R1's right leg to be moved so she can be lowered onto the changing table. E3 never reported to nursing though, that R1 cried out during the transfer. E4 was right in the room at the time, but on the other side of the room, and with her back towards R1 and E3, so she did not witness the transfer. E3 did state she mentioned to E4 that R1 was crying but did not offer that she cried out during the transfer. E4 did not suspect that any injury occurred. E4 just thought that R1 was calling out to other clients in the room that day that were also crying out. E2 stated that E3 knows that all mechanical lift transfers need to be performed with the client facing the operator of the lift, not away or facing outwards. E2 also offered that all direct care staff had been recently</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005524	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/16/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARKLUND WASMOND CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1435 SUMMIT STREET ELGIN, IL 60120
---	--

(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
Z9999	<p>Continued From page 7</p> <p>in-serviced on change of condition, and how important it is to report any client change in condition to nursing, so they can be assessed.</p> <p>During an interview with E1(Administrator) on 12/13/22 at 1:15pm, E1 was asked why they did not determine that E3 neglected to follow policy, so therefore, determine that this incident was neglectful. E1 stated that they looked at it a different way. E1 stated that E3 did not know that R1 was injured during the transfer, even though she did hear her yell out during the transfer. It was because of this reason, that they did not determine this incident to be neglectful. E1 did confirm that E3 did perform a transfer incorrectly, by failing to follow its transfer policy, and immediately reporting an injury when R1 cried out.</p> <p>R1's Individual Performance Plan dated 10/6/21 was reviewed. The program indicates that physical therapy assessed R1, and as of this date, her transfers should be performed with assistance of one staff, via a mechanical lift.</p> <p>The review of the facility protocol undated, entitled, "How to Use a Hoyer (Mechanical) lift, was reviewed. The protocol dictates that staff should always keep the client facing the attendant operating the lift. In the second section of the protocol, it again states that when moving the client up in the lift, away from a bed, turn the client so that he or she is facing the staff person who is operating the lift.</p> <p>The facility policy entitled "Suspected Abuse, Neglect, Mistreatment of a client or injury of unknown origin", with a revision date of 5/4/21, was reviewed. The policy states that any employee who suspects or witnesses or hears of</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005524	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/16/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MARKLUND WASMOND CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1435 SUMMIT STREET ELGIN, IL 60120
--	--

(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
Z9999	<p>Continued From page 8</p> <p>the matter of suspected abuse or neglect, must report it immediately to the administrator, and/or staff member in charge of the facility at the time. Neglect is defined as an employee's or facility's failure to provide adequate medical care, personal care or maintenance, and that, as a consequence, causes an individual pain, injury, or emotional distress, resulting in either an individual's maladaptive behavior or the deterioration of an individual's physical condition or mental condition, or places an individual's health or safety at substantial risk of possible injury, harm, or death.</p> <p>(A)</p>	Z9999		