

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012595	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/04/2023
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NAME OF PROVIDER OR SUPPLIER ELEVATE CARE ABINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 3901 GLENVIEW ROAD GLENVIEW, IL 60025
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S 000	Initial Comments Complaint Investigation: 2397579/IL164268	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 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	S9999	Attachment A Statement of Licensure Violations	

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

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>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 are not met as evidenced by:</p> <p>Based on interviews and record review, the facility failed to follow their transfer policy. The facility failed to safely transfer a total dependent resident that requires a mechanical lift with 2 person assist, by transferring via stand pivot with one person assist. This affects one resident (R1) of three residents reviewed for safe transfer. This resulted in R1 being hospitalized with a CT scan result of distal tibia periprosthetic fracture and distal fibula fracture.</p> <p>Findings include:</p> <p>Initial Incident Report dated 9/12/23, reads in part: R1 complaint of pain over her right ankle. Noted with anterior swelling and left shin swelling. X-ray done and noted with right ankle mildly displaced fracture of fibula. Left knee with pretibial contusion with uncomplicated Right knee arthroplasty. Investigation initiated.</p> <p>Final report date 9/15/23, reads in part: R1 reported being transferred via stand pivot transfer</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>with onset of pain. Upon receipt of results confirming mildly displaced fracture of fibula R1 was transferred to ER for medical evaluation. Admitted with diagnosis of right ankle fracture. Fracture were confirmed via CT of ankle. CNA interviewed and admitted to improper transfer via stand pivot without the use of Hoyer lift as per instructions. CNA aware of transfer instruction and policy. CNA was asked why he did not follow the policy and the instruction for transfer and stated that he thought that he can lift the patient without the use of the machine. CNA stated he made a mistake. CNA terminated.</p> <p>Right Ankle X-ray report dated 9/12/23 shows: impression right ankle x-ray acute to subacute displaced distal fibular fracture.</p> <p>Hospital record reviewed CT scan done on 9/13/23 to compare the x-ray on 9/12/23. CT scan of the right ankle without contrast.</p> <p>Facility record reviewed. Section G (Functional Status) in Minimum Data Set (MDS) dated 7/14/23 shows: transfer is total dependent with 2 person assist.</p> <p>Care plan initiated on 1/12/23 (R1) requires use of full body lift for transfer related to morbid obesity. Intervention: full body lift with 2 person assist for all transfers.</p> <p>On 10/3/23 at 11:30am, V3 (Restorative Nurse) stated that R1 is a Hoyer lift and two person assist transfer. R1 is alert and oriented x 3. Hoyer is used for safety. R1 needs to have a Hoyer lift machine for transfer.</p> <p>On 10/3/23 at 12:00 PM, V4 (LPN) stated that R1</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>is totally dependent with transfers and V4 always used the Hoyer Mechanical Lift. R1 was already in bed when R1 reported to me that she was transferred incorrectly by the CNA (V7). R1 also mentioned that R1 told V7 that R1 needs two persons and Hoyer lift transfer. But V7 insisted he could do it. R1 reported to me that she might have twisted her right ankle during the transfer with V7. "I assessed the ankle, and it looks swollen, bulging on the anterior side of the ankle. I provided ice pack to reduce the swelling, I talked to V7, and V7 confessed that V7 transferred R1 without Hoyer lift and by himself. I reminded V7 not to do that again, I reported to V2 (DON), and V2 took over the investigation. Initially patient refused the x-ray. R1 decided she wants to get the x-ray done around bedtime and she told me she now is in a lot of pain and she can't sleep and then I was able to convince her to get the x-ray".</p> <p>On 10/4/23 at 10:30AM V2 (DON) "I got called by the nurse and the nurse reported that R1 was complaining of pain after transfer. I went to see R1 immediately and R1 was in bed and I asked her what happened. R1 reported that R1 twisted her ankle while transferring and I asked R1 how was R1 transferred and R1 stated that the CNA (V7) just picked R1 up. CNA asked if R1 can stand and R1 replied "Yes I can stand for a little bit" and that incident happened. V7 was aware that the R1's leg was twisted during transfer. CNA reported to the nurse also. There was a Hoyer pad in the wheelchair where R1 was sitting. That alone should have prompted V7 to use a Hoyer. "I can do it. I thought I can, just do it faster", and that was the explanation V7 told me. I terminated the CNA same day".</p> <p>On 10/4/23 at 12pm, V8 (Director of Rehab) stated that R1 is total dependent with transfer and</p>	S9999			

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S9999	<p>Continued From page 4</p> <p>needs a Hoyer mechanical lift machine with 2 person assist. It is not safe for R1 to be transferred by one person assist and without the Hoyer Mechanical lift.</p> <p>Transfer-Manual Gait Belt and Mechanical Lift, revision date of 1/19/18, reads in part: In order to protect the safety and well-being of the Staff and Residents, and to promote quality of care, this facility will use Mechanical lifting devices for the lifting and movement of residents. Mechanical lifting devices shall be used for any resident needing a two person assist, or who cannot be transferred comfortably and/or safely by normal transfer technique. Except during emergency situations or unavoidable circumstances, manual lifting is not permitted. Failure to comply with lifting guidelines may result in disciplinary action as deemed appropriate. Use of gait belt for all physical assist transfer is mandatory.</p> <p>(A)</p>	S9999		