STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007868	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE SOUTH HOLLAND	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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 Investigations: 2393014/IL158603 2396011/IL162263 2395458/IL161658 Facility Reported Incidents: FRI of 3-15-23 IL158270 FRI of 4-30-23 IL160819 FRI of 6-24-23 IL162396	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 2 300.610 a) 300.1010 h) 300.1210 b) 300.3240 a) 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.	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007868	A. BUILDING _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE SOUTH HOLLAND	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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		

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 accident, injury or change in condition at the time of notification.

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.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

Based on interview and record review, the facility failed to follow their Emergency Care policy and procedure by not immediately calling 911 for residents identified to be in need of emergency medical assistance. This failure applied to two (R9, R12) of two residents reviewed for emergency services, and resulted in R9 noted to be experiencing symptoms of a stroke for over an hour before being transferred to the hospital; R12 experienced acute respiratory distress for over 40

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007868	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE SOUTH HOLLAND	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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 minutes before 911 was called. These requirements are not met as evidenced by: Findings include: 1. R9 is identified as a 78 year old female who originally admitted to the facility on 5/31/22, and was discharged on 7/4/23. R9 has multiple diagnoses including but not limited to the following: acute embolism, type II DM, hyperlipidemia, CHF, HTN, and CKD. Progress note written by V8 (Licensed Practical Nurse/LPN) reads: 7/4/23 8:47AM - "(R9) alert with confusion." Progress note written by V10 (Wound Care Nurse) reads: 7/4/23 12:57PM - "(R9) with altered mental status, assessment in progress per assigned nurse." Progress note written by V8 (LPN) reads: 7/4/23 2:27PM - "(R9) slow to respond. Hand grasp to right hand strong, left hand grasp absent. Flaccid to left side denies pain. MD (medical doctor) made aware of clinical finding new orders to send to hospital for evaluation. Daughter at bedside, made aware of change of condition. (R9) being transferred to hospital by ambulance service." Per hospital record, dated 7/4/23, R9 was brought to the emergency room due to new aphasia and weakness of the left upper extremity. R9 was diagnosed with having a stroke and left hemiparesis. R9 was a poor candidate for thrombectomy due to poor functional status. Progress note written by V10 (Wound Care	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007868	A. BUILDING _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE SOUTH HOLLAND	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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		

Nurse) reads: 7/5/23 7:42AM - "(R9) admitted to hospital with a stroke."

On 8/21/23 at 3:30PM, V30 (Family Member) said, "I would visit (R9) every day while she was at the facility. On 7/3/23 when I saw her, she was perfectly fine. She would typically talk with me, laugh, using her phone, and was very alert and oriented. On 7/4/23 at around 1:45PM, I came in to bring (R9) lunch. When I walked in her room, she was lying in bed, flat on her back, staring at the ceiling. I tried to talk to her, but she would not respond to me. (R17) was her roommate, and she told me she has not spoken or made any noise at all today. I asked (V8, Licensed Practical Nurse/LPN) what was going on with (R9). She told me at this time she believes she has a urinary tract infection (UTI) because she was not responding and seemed very confused. I asked (V8) to call an ambulance and send her to the hospital. (V8) said she would call one, and it would take them around 30 minutes to an hour to arrive. At the hospital they let me know that she had experienced a stroke. She now cannot swallow, has a gastric tube, and is paralyzed on her left side. She is barely communicating and is not as alert and oriented as she was prior to this incident."

On 8/22/23 at 10:23AM, V8 (LPN) stated, "I was the nurse on duty on 7/4/23 and was assigned to (R9). Prior to this day, (R9) was alert, oriented, and able to converse with others. I saw her in the morning and she was fine. She ate breakfast and I gave her morning medication. Later on that day, I went in her room and she was not recognizing me. She wasn't responding to me, and couldn't tell me my name. She was talking, but was not her normal self. I checked her vitals at this time and they were stable, however, her mental status

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007868	A. BUILDING _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE SOUTH HOLLAND	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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 4	S9999		

was not at baseline. At this time, I noted she had weakness to one side, which was new for her. She did not look as if she was in distress, but just having a change in mental status and weakness. That triggered me to call the doctor. When I spoke with the doctor, they told me to send (R9) to the hospital. The family arrived during me attempting to call the doctor, and they were notified of the situation. I called 911 and sent her out to the hospital. Her clinical situation indicated a need to call 911, it was an emergency. I cannot remember who showed up, if it was just the paramedics or the whole 911 team. The fire department is down the street from the facility and arrives typically in a couple minutes". V8 also said V10 (Wound Care Nurse) came into R9's room at some point to provide wound care treatment, and also thought R9 was having a change of condition. V8 was asked how she would respond to or recognize a change of condition. V8 said, "I typically will check their vitals to make sure they are stable, their level of consciousness, and will do a full body assessment. I will check their pupils, hand grasp, lung sounds, etc. If I identify that a resident who is normally talking and later they are not aware of anything or saying things they do not normally say; this would trigger me that the resident is having a change of condition. If I note anything that is abnormal, I immediately notify the doctor. From there, depending on the situation, I follow the physician's orders whether it is a new medication, treatments, or to send the resident out to the hospital. If the resident's consciousness, pulse, or oxygen is dropping, we would call 911. If a resident is in a critical condition, you would want to monitor them constantly and call 911. There is no time to wait for an ambulance service." V8 said, "Strokes can happen quickly and every minute counts. Private

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007868	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE SOUTH HOLLAND	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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 5	S9999		

ambulance services are typically called when the resident is stable, and not in distress and are called when it is appropriate to wait 30 minutes to an hour."

8/23/23 at 10:45AM, surveyor contacted local fire department and confirmed no 911 call or response team was dispatched on 7/4/23 to the facility. The fire department is 800 feet away from the facility.
Review of ambulance run sheet documents a private ambulance service was called at 2:27PM and arrived at the facility to R9 at 3:00PM. Ambulance runsheet shows that the ambulance was dispatched due to altered mental status and stroke protocol was initiated upon arrival.

On 8/22/23 at 3:09PM, V10 (Wound Care Nurse) said, "I was familiar with (R9) and provided her with wound care treatment regularly. On 7/4/23, I walked into (R9's) room to provide wound care treatment when I observed her to be laying on her back, eyes wide open, and looking fearful. There was no other staff member in the room prior to me entering the room. She looked as if she wanted to speak but could not talk. This was a change for (R9) since we usually speak every day. I ran down to the nursing station, where (V8) was sitting, to let her know about (R9's) change of condition. (V8) said she was working on it and had already notified the doctor." V10 said, "When I saw (R9), I could immediately identify that she was having or experiencing stroke-like symptoms. If I was the nurse on duty that day, I would have notified the doctor and called 911 immediately." V10 was asked why she did not do an assessment of the resident and respond herself, and V10 responded she notified V8, who was the assigned nurse, and had been assured that the situation was being taken care of.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007868	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE SOUTH HOLLAND	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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 6	S9999		

On 8/23/23 at 4:00PM, V20 (Medical Director) stated, "I was not notified of this incident, and am not sure who (V8) called on this day. (R9) was at an increased risk for stroke due to multiple diagnoses. I would expect the staff to notify the doctor and initiate the orders that the physician orders. If the physician says to send a resident to the hospital, we expect they will be sent out 911, not with a private ambulance service. Treatment window for a stroke is generally four hours. If they are able to be evaluated and are a candidate for certain types of treatment post stroke. The sooner you can treat a resident that is having a stroke, the better the outcome for that resident."

2. R12 was an 83 year old male admitted to the facility 4/10/23, with diagnoses that included corrosion of esophagus, Dementia, and Dysphagia.

Admission orders included dietary status of NPO (nothing by mouth), and on 4/24/23, an order was placed for oral suctioning every shift and every two hours as needed. According to the Physician's Order Sheet, R12 did not require any oxygen.

On 7/30/23, R12 was emergently transferred from the facility to the hospital in acute respiratory distress. V9, LPN (Licensed Practical Nurse), was the nurse on duty and documented while rounding at 11:15AM, R12 was observed having difficulty breathing and difficulty releasing sputum (thick oral secretions). After suctioning R12, V9 took vital signs that included an Oxygen Saturation rate of 76% (on room air) and assessed crackles (abnormal lung sounds) to the left side. V9 applied 2L (Liters) via Nasal Cannula and paged the physician. At 11:54, V9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007868	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE SOUTH HOLLAND	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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 7	S9999		

documented Oxygen Saturation at 88% via 2L Nasal Cannula, repositioned R12 to the left side, and provided oral suction. V9 wrote orders had been received from the doctor (unnamed) to send R12 to the hospital. At 12:02PM, V9 documented that a private ambulance company was called for transport, with an expected arrival time of 30-35 minutes (approximately 12:32-12:40PM). Oxygen Saturation remained at 88% via the Nasal Cannula.

At 12:31PM, V9 wrote upon reassessment, R12 was noted to be clammy and sweaty, using all accessory muscles, and Oxygen Saturation had decreased to 33%. V9 activated a "Rapid Response" and called 911.
Fire Department run sheet indicated the facility called at 12:35PM, and Paramedics arrived at 12:38PM, and provided advanced life support to R12. When Paramedics arrived, they found R12 to be responsive to pain, with an oxygen saturation of 78%. They applied a Non Rebreather Oxygen mask at 15L, and after applying the oxygen mask, R12 still exhibited low saturation levels of 88 and 87%. R12 was taken to the ambulance, where he was placed on a CPAP (Continuous Positive Airway Pressure) and transported to the hospital. Paramedics and R12 arrived at the hospital at 1:05PM.

Hospital record noted in the emergency room, at 2:34PM, R12 was placed on sedation and mechanically ventilated. R12 was diagnosed with acute hypoxic respiratory failure, aspiration pneumonia, sepsis secondary to aspiration pneumonia, hypoxemia, metabolic encephalopathy, and anemia.

On 8/23/23 at 1:21PM, V34, Representative of a private ambulance company, confirmed a call

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007868	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE SOUTH HOLLAND	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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 8	S9999		

was received from the facility at 12:02PM for R12, who was noted to be in respiratory distress. The ambulance was dispatched at 12:23PM, and arrived at the facility at 12:55PM.

On 9/1/23 at 9:46AM, V51, Paramedic, said he was one of the first from the Fire Department to arrive on scene. V51 said, "(R12) was on oxygen, (although could not determine how much), and was still displaying substandard oxygen saturations. The team placed (R12) on a non-rebreather mask, which is used to deliver a higher concentration of oxygen, but (R12) continued to saturate in the 70's and 80's. Because of this, the CPAP was administered to provide additional breathing support because the oxygen alone was not an effective measure to increase saturation." V51 said this was implemented quickly, because if left for a prolonged time, lack of oxygen could cause organ system failure.

On 8/23/23 at 12:58PM, V35, Medical Doctor for R12, said, "I don't have a Nurse Practitioner or a Physician's Assistant, and I don't recall the nursing staff calling me to notify me that (R12) was having respiratory distress symptoms. Optimally an oxygen saturation for a resident without COPD (Chronic Obstructive Pulmonary Disease) should be greater than 90% on room air or oxygen. If (R12) was administered oxygen and it remained below this range, that means he was not getting enough oxygen. Oxygen can be administered via nasal cannula or face mask. Oxygen levels should improve immediately within applying the oxygen, and if it does not improve within 5-10 minutes, 911 should be called. Nurses are allowed to give up to 6L of oxygen via the nasal cannula. With the Non Rebreather mask, you can go up to as much as you can on the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007868	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE SOUTH HOLLAND	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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 9	S9999		

oxygen tank- there is no limit to how much oxygen you give a resident who is in need if they are already in respiratory distress. The Nonrebreather Mask would have been a better option if it was available, once it was determined the Nasal Cannula was not getting the resident to the optimal level."

On 8/29/23 at 11:13AM, V32, LPN/Nurse Supervisor, said on 7/30/23 she was the supervisor on duty for the morning shift. V32 said she was alerted to R12's condition when V9 called a "Rapid Response" over the intercom. V32 was not alerted R12 was in respiratory distress prior to the announcement, and said by the time she arrived at the bedside, 911 Paramedics were coming behind her. When V32 said she had worked as an LPN over 30 years in the hospital and long term care settings. Later in the interview, when asked about administering oxygen to a resident experiencing respiratory distress, V32 said, "I would give 4L of oxygen to see if that helps. Using sound nursing judgement, we can give more than 2L without an initial order because the goal is to help the patient and get them to breathe- which is the priority. If I can't get the oxygen saturation to increase with a nasal cannula, I would place a non-rebreather mask and call 911. The fire department is around the corner and takes like two to three minutes to arrive. I don't know what the situation was before I arrived, so I can't say how long the resident was in distress or if anything else could have been done differently at the time. The nurses know to contact me when they need me."

On 8/21/23 at 11:51AM, V49, Family Member, had difficulty communicating during the interview, due to being distressed and sobbing throughout. V4 said, "I came to visit (R12) on 7/30/23 and he

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007868	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE SOUTH HOLLAND	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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 10	S9999		

looked awful! The nurse told me that she had called non-emergency ambulance and that his oxygen levels had ranged from 30-80%. He was sweating and buck eyed. He was left without oxygen and the nurse was doing sternal rubs and suctioning him. She said that the facility didn't have enough staff to suction regularly and that she called the doctor, but he wasn't answering the phone. Eventually she called 911. The ambulance came and they took him to the hospital put him on a ventilator and he never came out". V49 went on to say R12 passed away 8/16/23 due to complications related to lack of oxygen.

The facility was unable to provide policies related to oxygen administration and "Rapid Response".

Facility Procedure titled "Emergency Care" (no revision date) states in part; "Emergency medical care refers to the care given to residents with urgent and critical needs. The circumstances under which the care given may or may not be optimal; whatever facilities are at hand are used in the most effective manner.Principles of Emergency Management:
" To preserve life
" To restore the resident to useful living
" To prevent deterioration before a more definite treatment can be given.
o 1. Maintain a patent airway, employing resuscitation measures, if necessary
o 4. Assess for chest injuries and airway obstruction
o 7. Assess the resident's vital signs, monitor blood pressure, pulse, and respirations at frequent intervals and document
o 8. Allay anxiety and keep resident as comfortable as possible
o 9. Observe and re-evaluate resident at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007868	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE SOUTH HOLLAND	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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 11	S9999		

frequent intervals
" In the event of emergencies requiring medical support not available in the facility, staff will immediately call 911 for emergency assistance."

Facility policy titled Emergency Care states in part but not limited to the following: "Emergency medical care refers to the care given to residents with urgent and critical needs.

(A)

2 of 2

300.610 a)
300.1210 b)
300.1210 d)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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007868	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE SOUTH HOLLAND	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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 12	S9999		

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.
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 are not met as evidenced by:

Based on interview and record review, the facility failed to keep residents free from injury, who were assessed to be a fall risk and require staff assistance for ADLs (activities of daily living). These failures applied to four of four (R1, R3, R7, and R12) residents reviewed for falls and resulted in R1 sustaining a laceration to her forehead after a fall; R3 sustaining a subdural hematoma after a fall; R7 sustaining a left hip fracture which required surgical intervention after a fall; and R12 sustaining abrasions to the scalp and ear as a result of a fall.

Findings include:

1. R7 is a 91-year-old female admitted to the facility on 1/31/2023, with medical history of Cerebral atherosclerosis, chronic kidney disease, anemia, type 2 diabetes, Alzheimer's disease, vascular dementia, pulmonary hypertension, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007868	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE SOUTH HOLLAND	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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 13	S9999		

hyperlipidemia.

Fall risk assessment, dated 2/16/2023, coded R7 as a high fall risk. Minimum data set assessment (MDS), dated 2/8/2023 coded R7 as requiring extensive assistance with one staff physical assist for all ADLs (Activities of Daily Living) including bed mobility and transfer. R7 was described as confused and wanders into other residents' rooms.

Facility reportable, dated 4/9/2023, states, "Resident presented with increased confusion, wandering, resident ambulating down the hall, went into the room and fell. Resident was sent to the hospital, was diagnosed with left hip fracture, and underwent ORIF (Open Reduction Internal Fixation)."

Hospital record, dated 4/9/2023, stated R7 sustained a commuted intertrochanteric fracture involving the proximal left femur, and underwent a surgical procedure described as intramedullary nailing and reduction of intertrochanteric femur fracture.

On 8/29/2023 at 12:09PM, V11 (Licensed Practical Nurse/LPN) stated "(R7) is a high fall risk. The day (R7) fell, I came to work in the morning and while conducting my rounds, resident was not in her room or dining room. I located the resident in the north hall sitting on a couch by herself, and asked her if she want breakfast and she said yes." V11 brought the resident back to the dining room, sat her on a regular chair, went to resident's room to get her wheelchair, and transferred resident from the regular chair to wheelchair. V11 said eventually, she saw the resident walking down the hallway; "It was lunch time, and the CNAs (Certified

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007868	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE SOUTH HOLLAND	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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 14	S9999		

Nursing Assistants) were in the dining room passing trays; they should have seen the resident leave the dining room." V11 said that she tried to redirect R7, but R7 was swinging her hand and yelling to be left alone, saying that she wanted to go home. V11 said at this point, she left R7 alone because she did not want to get hit, and R7 continued to walk down the hall. V11 went back to passing her medication. A CNA who was not assigned to R7 was making rounds, and found R7 on the floor in another resident's room. V11 was asked about leaving R7 alone to walk down the hall, and V11 stated, "Looking at it now, I don't think that was the best decision; I probably could have called the CNA or another staff or put the resident in a wheelchair. (R7) is a fall risk, wanders into other resident's room and is at risk of injuring herself while wandering."

2. R1 is a 77-year-old female who was originally admitted to the facility on 10/20/2022, with history of Alzheimer's disease, dementia with other behavioral disturbance, unspecified fall, essential primary hypertension, low back pain, hyperlipidemia, weakness, unspecified lack of coordination, dysphagia oral phase, other abnormalities of gait and mobility, etc.

On 8/24/2023 at 9:58AM, R1 was observed in the dining room, alert and awake with confusion; resident was in a wheelchair and unable to answer any questions.

Review of R1's medical record indicated resident is dependent on staff for all activities of daily living.

R1's Minimum Data Set Assessment, dated 4/13/2023, coded R1 as requiring extensive assistance with two persons physical assist for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007868	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE SOUTH HOLLAND	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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 15 bed mobility and transfer, dressing, toilet use, and extensive assistance with one-person physical assist for eating and personal hygiene. Facility reportable, dated 7/3/2023, documented staff took R1 to room to assist with pm ADLs. Staff observed resident attempting to self-transfer from chair to bed. As staff prepared to put resident in bed, resident fell forward striking her head on the floor causing a laceration to the forehead. On 8/29/2023 at 3:06PM, V33 (CNA) said after dinner, she was working with another CNA, but V33 was rolling R1 to her room when she fell face forward; the other CNA was behind her, she was just coming to help her put resident in bed. Immediately after her statement, V33 then changed her account, and then stated R1 was by the bed and the wheelchair was locked; R1 just leaned forward and fell while V33 was standing right there, but could not catch R1. V33 added she has taken care of R1 before; she is two persons assist for transfer and total care for ADLs; she is not able to lift herself up from a chair. V33 stated they normally use gait belt for transfer, but she did not have any that day because the facility does not have any gait belts at this time; they were told they are on order. V33 stated resident did not have a footrest on her wheelchair though she is not able to propel herself. On 8/29/2023 at 1:21PM, V32 (LPN) said V33 (CNA) told her they were pushing the resident to the room, she fell face forward and hit her head from the bed rail; the two CNAs were doing their set together. R1 had a laceration on her forehead and was transferred to the hospital for evaluation.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007868	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE SOUTH HOLLAND	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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 16	S9999		

On 8/30/2023 at 12:22PM, V2 (Director of Nursing/DON) said, "(R1's) injury happened during transfer; staff were attempting to put (R1) in bed, when she fell face forward and struck her forehead." V2 added the resident cannot self-transfer, and staff were not expecting her to self-transfer; the staff were not close enough to stop her from falling. Per V2, one staff was getting supplies from the drawer, while the other one was just standing there, but not close to the resident.

3. R3 is an 88-year-old female with a diagnoses history of Atrial Fibrillation, Adult Failure to Thrive, Dementia without Behavioral Disturbance, Weakness, Lack of Coordination, and Abnormalities of Gait and Mobility, who was admitted to the facility 10/01/2022.

R3's current care plan, initiated 10/18/2022, documents the resident has a behavior problem; has dementia---and has behavior of reporting falls, however patient is not able to get up by herself with interventions including Anticipate and meet the resident's needs; R3's current care plan, initiated 12/01/2022, documents she is at risk for falls.

R3's Quarterly Minimum Data Set Assessment, dated 04/02/2023, documents she requires extensive one person assistance for transfers.

R3's progress note, dated 04/30/2023 07:48 AM created by V42 (Registered Nurse), documents, "Assigned CNA (Certified Nursing Assistant) reported to this (writer) that while transferring resident from bed to wheelchair, resident started sliding and she lowered her to the floor. On entering the room, observed resident sitting down on the floor with her back against the bed, upon

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007868	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE SOUTH HOLLAND	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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 17	S9999		

assessment, noted a bump on resident's right side of forehead, assigned CNA stated that when she returned back to the room, she found resident laying down on the floor with her head against the dresser. No change from patient's baseline, patient complains of pain, as needed pain pill given, called physician, physician gave order to send patient out to (local) hospital emergency room for head CT (Computed tomography) and further evaluation; at 1:28 PM writer followed up with (hospital) emergency room at this time and spoke with staff with admitting diagnosis Subdural hematoma."

R3's Hospital Report, dated 05/04/2023, documents she presented to the hospital emergency room for evaluation of a head injury on the morning of 4/30/2023; per emergency medical service she was getting dressed with family/staff and started to lose her balance and hit the right side of her head on the dresser; clinical impression includes traumatic subdural hemorrhage; she was admitted for right scalp hematoma and subdural hematoma.

R3's fall incident report, dated 05/08/2023, documents, "Assigned CNA (Certified Nursing Assistant) reported to this (writer) that while transferring resident from bed to wheelchair, resident started sliding and she lowered her to the floor. On entering the room, observed resident sitting down on the floor with her back against the bed, upon assessment, noted a bump on resident's right side of forehead, assigned CNA stated that when she returned back to the room, she found resident laying down on the floor with her head against the dresser."

R3's fall investigation report, dated 05/08/2023, documents on 04/30/2023, while being

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007868	A. BUILDING _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE SOUTH HOLLAND	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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 18	S9999		

transferred from bed to wheelchair, R3 was lowered to the floor in her room. R3 lost her sitting balance striking the right side of head on the nightstand. Injuries include a hematoma. CNA (Certified Nursing Assistant) attempted to transfer R3 from bed to wheelchair. During transfer R3 began to slide and CNA lowered her to a sitting position. While in a sitting position the resident lost her sitting balance, fell over striking her head on the nightstand. R3 was assessed and her physician gave an order to send her to (local) hospital for further medical evaluation. R3 admitted to hospital with a diagnosis of acute sub-dural hematoma.

On 08/30/2023 from 11:25 AM - 12:30 PM, V2 (Director of Nursing) stated, "If a resident is not at their baseline, or has a change of condition during a transfer, they could experience a fall. (R3) was able to hold herself up in a sitting position. The facility wants to maintain safety for all residents, but to say that no resident would sustain an injury is unrealistic. There was nothing the assigned Certified Nursing Assistant could have done to intervene when (R3) began to slump over and hit her head on the nightstand." V2 stated when a resident is lowered to the floor, they should be monitored overall. V2 stated if you observe a resident to slowly fall over or change position you should intervene, however, if they fall over quickly, there's nothing that can be done. V2 stated R3 was very close to the nightstand when she hit her head.

On 08/30/2023 at 1:51 PM V21 (Licensed Practical Nurse) stated R3 uses a wheelchair with trunk control and is able to stand and pivot to some degree. V21 stated R3 is able to sit in her wheelchair without leaning, slouching, or sliding. V21 stated a change of plan or any change in her

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007868	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE SOUTH HOLLAND	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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 19	S9999		

condition could affect her trunk control. V21 stated R3 also has diagnoses of lack of coordination and weakness.

On 08/30/2023 at 2:07 PM, V2 (Director of Nursing) stated, "After a resident is lowered to the floor to a seated position nursing staff should hold on to them and call for help unless the resident has good trunk control which would only require staff stay near them."

On 08/30/2023 at 3:15 PM, V2 (Director of Nursing) stated R3's investigation report included what was reported to her by V42 (Registered Nurse) and V46 (Certified Nursing Assistant) at the time of her investigation. V2 stated she could not explain the discrepancy between what was originally documented by V42 (Registered Nurse) of the assigned Certified Nursing Assistant finding R3 on lying on the floor with her head against the nightstand upon returning to the room, and what was reported to her during the investigation of the assigned Certified Nursing Assistant observing R3 to slump over and hit her head on the nightstand, after lowering her to a seated position.

On 08/30/2023 at 4:07 PM, V42 (Registered Nurse) stated, "If a resident needs to be lowered to the floor during a transfer, staff should hold on to the resident and call for help." V42 stated when she arrived to R3's room to examine her after being lowered to the floor by staff during a transfer, R3 was already laying on the floor, with her head right next to the nightstand. V42 stated the information she documented in R3's progress notes regarding the Certified Nursing Assistant finding R3 on lying on the floor with her head against the nightstand upon returning to the room, was what the assigned CNA reported to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007868	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE SOUTH HOLLAND	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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 20	S9999		

her, and is likely what happened.

4. R12 was an 83 year old male admitted to the facility 4/10/23, with diagnoses that included corrosion of esophagus, Dementia, and Dysphagia. R12 was hospitalized on 7/30/23 and did not return to the facility.

R12's MDS (Minimum Data Sheet), dated 4/24/23, included assessments that indicated R12 required extensive assistance with mobilizing on and off the unit, used a wheelchair for mobility and needed staff assistance with all activities of daily living. According to nurse progress notes, R12 had two falls; one on 4/19/23 without injury, and one on 5/29/23.

According to investigation report, V13, LPN, wrote he was alerted to the dining room by staff, where R12 was on the dining room floor. The report noted R12 stated he was attempting to lay down on the couch in the dining room. It was also noted R12 was alert and oriented to person and situation, the fall was not witnessed, and furthermore, R12 sustained an abrasion to the top of scalp and skin tear to the left ear.

On 8/31/23 at 11:49AM, V13 said when he was alerted to R12 being on the floor, he confirmed from staff that found R12 there were no other staff monitoring the dining room. V13 said there were other residents in the dining room, and there should have been a staff member present, which could have prevented the fall or injury. V13 confirmed the injuries R12 sustained did not require hospitalization.

The Facility's Fall Prevention Program reviewed 08/30/2023 states:
Purpose is to "Assure the safety of all residents in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007868	A. BUILDING _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE SOUTH HOLLAND	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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 21 the facility, when possible. The program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary." "The Fall Prevention Program includes: Use and implementation of professional standards of practice." Facility fall policy, revised 11/21/2017, states as its purpose: To assure the safety of all residents in the facility, when possible. The program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary. Under standards, the policy states in part: A Fall Risk Assessment will be performed by a licensed nurse at the time of admission. The assessment tool will incorporate current clinical practice guidelines. Residents who require staff assistance will not be left alone after being assisted to bathe, shower, or toilet. Transfer conveyances shall be used to transfer residents in accordance with the plan. (A)	S9999		