

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014965	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2023
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NAME OF PROVIDER OR SUPPLIER BROOKDALE PLAZA LISLE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 ROBIN LANE LISLE, IL 60532
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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
S 000	Initial Comments Facility Reported Incident of August 30, 2023 IL164160	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210 b) 300.1210 c) 300.1210 d)6) 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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:	S9999	Attachment A Statement of Licensure Violations	

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

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014955	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2023
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S9999	<p>Continued From page 1</p> <p>Based on observation, interview, and record review, the facility failed to follow safe transfer practices when utilizing a mechanical lift.</p> <p>This applies to 1 of 3 residents (R1) reviewed for mechanical lift transfers in a sample of 3.</p> <p>This failure resulted in R1 incurring 2 lacerations to her head requiring staples to both lacerations.</p> <p>Findings include:</p> <p>The Admission Record documents R1 with diagnoses to include Parkinson's Disease, History of Falling and Muscle Weakness.</p> <p>R1's Minimum Data Set, dated 8/1/2023, documents R1 as cognitively intact and requiring the extensive assistance of 2 staff for transfers.</p> <p>R1's Care Plan for Activities of Daily Living assistance, dated 7/27/2023, documents R1 to be transferred by 2 staff using a mechanical lift.</p> <p>A Progress Note, dated 8/30/2023 at 7:47 AM, documents R1 being transferred to the emergency room after the mechanical lift tipped over onto R1 during a transfer, causing right arm pain and lacerations to her scalp. At 10:38 AM, these notes document R1 returning from the emergency room with staples to her scalp lacerations.</p> <p>A signed statement completed by V3 (Agency Nursing Assistant) on 8/30/2023, documents V3 was transferring R1 from the bed to the wheelchair without assistance. During the transfer, R1 was yelling and grabbing the arm of the lift during the transfer, and as she was lowering R1 into the wheelchair, she was not</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>aligned properly over her wheelchair, and the lift tipped over onto R1.</p> <p>On 9/13/2023 at 10:00 AM, R1 had 2 healing lacerations to her scalp, one above her left ear, and the second near the top of her head. R1 stated she was being transferred with a mechanical lift by one nursing assistant, and the machine fell over and striking her on the head causing the lacerations.</p> <p>On 9/13/2023 at 9:30 AM, V2 (Director of Nursing) stated V11 (Nurse) notified her of the incident, and arrived to R1's room to assist. V2 stated when she entered the room, the lift was tilted over on its side and R1 was partially in the wheelchair sideways, with her legs across the armrest of the wheelchair. V2 stated R1 had 2 lacerations to her head where the arm of the lift hit her, requiring R1 to be sent to the emergency room; she returned with staples to both of the lacerations. V2 stated facility policy is always to utilize 2 staff for all mechanical lift transfers and V3 was doing R1's transfer without another staff to assisting. V2 stated she concluded "the base of the lift machine was not open wide enough, (R1) is tall and heavy, can be resistive at times, and grabs at the bars on the lift." V2 stated V3 lost control of the lift as she swung R1 to the side and it started to tip; if V3 had a second staff person assisting, that second person could have placed their foot on the base to balance the weight to prevent it from tipping, or prevented the loss of control or the tip, by guiding the machine.</p> <p>On 9/13/2023 at 11:15 AM, V4 (Medical Director) stated he was aware R1 was injured during a mechanical lift transfer. V4 stated, "They are to operate the equipment safely to prevent falls. The whole reason for the (mechanical lift) is to</p>	S9999		

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S9999	Continued From page 3 safely transfer residents. I am not even sure how that could have happened." (B)	S9999		