STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING: _____ B. WING _____	C 09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE NORTH BRANCH	6840 WEST TOUHY AVENUE NILES, IL 60714

(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 8.22.23/IL164186	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 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. 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.	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
	IL6003214	A. BUILDING: _____ B. WING _____	C 09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE NORTH BRANCH	6840 WEST TOUHY AVENUE NILES, IL 60714

(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		

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.

Based on interview and record review, the facility failed to ensure 2 persons physical assist for bed mobility was utilized while providing incontinence care to prevent an avoidable incident. This affected one of three residents (R2) reviewed for avoidable accidents during care. This failure resulted in R2 sustaining four skins tears to the left arm.

Findings Include:

R2 is a 72-year-old with the following diagnosis: type 2 diabetes, end stage renal disease with dialysis, dementia, and peripheral vascular disease. R2 was admitted to the facility on 01/03/20.

A Skin note dated 8/22/23 documents a new skin alteration was found on R2.

The Skin Assessment at 8/22/23 documents there's a new skin condition noted. The left forearm was noted with new skin tears. There's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING: _____ B. WING _____	C 09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE NORTH BRANCH	6840 WEST TOUHY AVENUE NILES, IL 60714

(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 no documentation of how many skin tears. R2 reported being changed when the skin tears occurred. All wound assessment details reports were reviewed. Skin tears were noted on 8/22/23 to the left dorsal wrist, left, medial forearm, left, distal forearm, left, proximal forearm, and left upper arm. These are all documented as skin tears that were facility acquired. The Final Incident Report dated 8/28/23 documents, R2 reported to the administrator the overnight CNA (V11) caused skin tears to the left arm while changing R2. The police were notified. R2 admitted V11 came into the room throughout the night to ask to change R2, but R2 kept yelling at V11 to leave. At around 6 AM, R2 allowed V11 to change R2. While changing R2, V11 rolled R2 over with R2's left arm to change R2. R2 did not think V11 was trying to hurt R2. R2 stated that V11 had to reposition R2 several times to be cleaned up. R2 did not notice the skin tears until R2's family member brought it to R2's attention. When V11 was interviewed, V11 reported changing R2 at 6 AM. V11 reported R2 was upset with V11 for turning on the lights while providing care. V11 reported that V11 assisted in turning R2 with the left arm to roll R2 over to be changed. V11 stated R2 needed to be reposition several times for proper peri care to be provided. V11 denied seeing any skin tears and did not report any issues in the nurse report because there were no concerns after providing care. Upon investigation, no other residents complained about V11. R2 has skin that is thin and fragile. While being cleaned, V11 was repositioning R2 with the left arm, which may have caused the skin tears. R2 stated that V11 was not trying to hurt R2 and there was no intent for harm.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING: _____ B. WING _____	C 09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE NORTH BRANCH	6840 WEST TOUHY AVENUE NILES, IL 60714

(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 The Police Report dated 8/22/23 documents the police were called to the facility for possible abuse to R2. R2 stated V11 cleaned R2 this morning around 6:00AM. R2 reported not being able to move in the bed without assistance so V11 helped R2 roll onto R2's side. R2 endorsed once on R2's side, V11 began cleaning R2 but was aggressive so R2 would scream out. R2 stated any time R2 would scream out then V11 would squeeze R2's arm causing the skin tears. V11 is currently suspended from the facility pending investigation. On 9/19/23 at 1:50PM, R2 was visited in the dialysis room and allowed the surveyor to come speak with R2. R2 had a Geri sleeve covering the left hand with the fingers exposed the went all the way up to about one inch above R2's elbow. The sleeve was removed by the dialysis nurse. Two areas that were the size of a dime were closed but had a lighter, pink discoloration than the rest of the skin. R2 pointed to the two areas and stated that was where the skin tears were before they healed. When asked how R2 got the skin tears, R2 stated, "Someone tried to beat me up." The surveyor asked R2 other questions related to the incident but R2 would not respond. On 9/19/23 at 3:08PM, V7 (Restorative Nurse) stated R2 is totally dependent and is not able to do any ADL care independently. V7 endorsed R2 can partially help when turning from side to side. V7 stated, "(R2) only needs one person performing incontinence care because bed mobility is about moving in the bed yourself, not about when you're being turned during incontinence care. That is not considered bed mobility". V7 stated both nurses and CNA's have access to the charting system to see how each	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING: _____ B. WING _____	C 09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE NORTH BRANCH	6840 WEST TOUHY AVENUE NILES, IL 60714

(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		

resident should be cared for. V7 stated agency staff also has access to the computers. V7 stated, "Each situation is different and it depends on the CNA but if they need to get someone else because they don't feel comfortable doing incontinence care alone then they need to ask someone for help". V7 stated the facility does these assessments so each staff member knows how to care for each resident, and the residents are being given the best care that can be provided.

On 9/19/23 at 3:21PM, V8 (Wound Care Coordinator) stated R2 had skin tears to the left arm, left wrist, dorsal, left, forearm, proximal, left forearm medial, and left upper arm with some general bruising noted to all the skin care sites. V8 reported all the skin tears were found on August 22. V8 endorsed being told by R2's family and R2 that the CNA caused them during the night shift when R2 was being changed. V8 stated R2 is at risk for having skin tears easily because she is on blood thinners and has had a history of skin tears in the past. V8 endorsed doing wound care on R2 and R2 is a maximum assist when turning in bed. V8 stated V8 performs the wound care with another wound tech so there's always two people turning R2. V8 denied R2 being able to hold onto the side rail when turned.

On 9/19/23 at 3:43PM, V9 (CNA) stated R2 can help staff very little when they are providing care. V9 endorsed R2 can only put R2's hand over the side rail to hang on. V9 reported R2 is a two person assist with the transfer but when staff is turning R2 and changing R2, two people are not required. V9 stated R2 can hang onto the side rail so you don't have to use two staff. V9 endorsed when staff changes a resident, they must turn the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING: _____ B. WING _____	C 09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE NORTH BRANCH	6840 WEST TOUHY AVENUE NILES, IL 60714

(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		

resident side to side to make sure they're completely clean. V9 stated, "I normally turn the resident to the side and clean them while I hold them with my other hand."

On 9/19/23 at 4:06PM, V10 (Nurse) stated staff normally just turn R2 with one person since R2 can hold onto the rail. V10 endorsed the only time staff uses two people is when we transfer R2 out of bed. V10 reported staff goes by what each resident can do with how much assistance is provided. V10 stated, "If they can help us turn then we only use 1 person to change them."

On 9/20/23 at 9:38AM, V11 stated R2 had a bowel movement so V11 was cleaning R2 and turned R2 on the side facing the window. R2 endorsed being alone when cleaning R2. V11 stated, "I turned R2 and held R2 with one arm and cleaned R2 with the other arm." V11 reported not having access to the computer and V11 did not know how many people R2 needed to turn.

On 9/27/23 at 1:44PM, V1 (Administrator) stated when R2 and V11 were interviewed, they both agreed there was no ill intent to harm but maybe the skin tear occurred during repositioning. V1 reported the facility provided education to V11 that R2 had sensitive skin so repositioning needed to be done carefully. V1 endorsed V11 was the only one changing R2 that night. V11 stated all agency staff are given access to the computer system usually on their first day. V11 stated if agency staff doesn't have access, then they should be asking other staff on how residents should be cared for.

The Restorative Observation dated 7/18/23 documents R2 turns self from side to side in bed with a two-person physical assist. R2 turns from

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING: _____ B. WING _____	C 09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE NORTH BRANCH	6840 WEST TOUHY AVENUE NILES, IL 60714

(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 left to right and turns from right to left with a two-person physical assist. R2 needs a two-person physical assist to be able to center self in the bed. R2 is an extensive assist with bed mobility. Program progress documents R2 needs a two person staff assist. R2 is always incontinent of bowel and bladder. R2 has no independent movement and needs motivation. The Minimum Data Set (MDS) Section G dated 7/19/23 documents R2 needs an extensive two-person physical assist with bed mobility. Bed mobility is defined as how a resident moves to, and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture. The Care Plan dated 1/8/21 documents R2 requires staff assist with bed mobility function related to but not limited to diagnosis of diabetic neuropathy, end stage renal disease, and generalized muscle weakness. R2 would benefit from a bed mobility, restorative nursing program for bed mobility positioning. This care plan also documents R2 has an actual ADL self-care deficit related to weakness, impaired mobility, and decrease physical function. There are interventions for both care plans that staff should assist with bed mobility, turning and positioning as necessary. There is no specific documentation on how many staff are required to assist R2 bed mobility on the care plan. The Care Plan revised on 8/28/23 documents R2 has active wounds and has potential for skin impairment related to history of wounds, reduced mobility, age, thin/ fragile skin, bowel and bladder, incontinence, and diagnoses. On 8/22/23, four skin tears were noted to the left arm. (B)	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING: _____ B. WING _____	C 09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE NORTH BRANCH	6840 WEST TOUHY AVENUE NILES, IL 60714

(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