PRINTED: 03/02/2023 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6008163 B. WING 02/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3615 16TH STREET** ALLURE OF ZION **ZION, IL 60099** (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 First Probationary Licensure Survey S9999 Final Observations S9999 Statement of Licensure Violations: 1/3 300.1210b)1) 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. Restorative measures shall include, at a minimum, the following procedures:

1) The licensed nurse in charge of the restorative/rehabilitative nursing program shall have successfully completed a course or other training program that includes at least 60 hours of classroom/lab training in restorative/rehabilitative nursing as evidenced by a transcript, certificate. diploma, or other written documentation from an accredited school or recognized accrediting agency such as a State or National organization of nurses or a State licensing authority. Such training shall address each of the measures outlined in subsections (b)(2) through (5) of this Section. This person may be the Director of

Attachment A Statement of Licensure Violations

inois Department of Public Health ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6008163 B. WING 02/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3615 16TH STREET** ALLURE OF ZION ZION, IL 60099 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE **TAG** DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 Nursing, Assistant Director of Nursing or another nurse designated by the Director of Nursing to be in charge of the restorative/rehabilitative nursing program. These regulations were not met as evidenced by: Based on interview and record review, the facility failed to ensure their Assistant Director of Nursing (ADON)/Restorative Nurse successfully completed at least 60 hours of classroom/lab training in restorative/rehabilitative nursing. This failure has the potential to affect all 71 residents currently residing in the facility. The findings include: On 2/15/23 at 9:55 AM, V2, Director of Nursing (DON), said there is no official restorative nurse. unofficially the ADON, V3, is doing that role. On 2/15/23 11:14 AM, V2 said she trained V3 to become the Restorative nurse. V2 said V3 did not receive formal education when she became the restorative nurse. On 2/15/23 at 10:57 AM, V3 said she is currently fulfilling the role of Restorative Nurse. V3 said V2 trained her to become the restorative nurse, V3 said she did not have any formal classes or training, so she got on the job training to become the restorative nurse from the previous restorative nurse. The facility's Restorative Nursing Programs (dated 2/1/23) shows the following: 8. The Assistant Director of Nursing is responsible for maintaining a current list of residents who require restorative nursing services, and for ensuring that all elements of each resident's program are implemented. linois Department of Public Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008163		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	completed a cours	t able to provide owing V3 has successfully e or other training program that hours of classroom/lab	* **	*		S.,
	training in restorati evidenced by a train other written documents	ve/rehabilitative nursing as nscript, certificate, diploma, or nentation from an accredited ed accrediting agency such as			12	
	a State or National State licensing auti	organization of nurses or a	£)		- SAME	S can
	(AW)	A			- 100	
* }	2/3 300.610a) 300.1210d)6)	64 49 AV	118			
	 a) The facility shall procedures governifacility. The written be formulated by a 	esident Care Policies have written policies and ing all services provided by the policies and procedures shall Resident Care Policy			## ## ## ## ## ## ## ## ## ## ## ## ##	* 325
	medical advisory co of nursing and othe policies shall compl	dvisory physician or the ommittee, and representatives r services in the facility. The y with the Act and this Part.		ě i	T.	
	the facility and shall	shall be followed in operating be reviewed at least annually documented by written, signed of the meeting.	-			
	Section 300.1210 (Nursing and Persor	General Requirements for hal Care				
6	d) Pursuant to sub care shall include, a and shall be practic seven-day-a-week to nent of Public Health				*	

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING IL6008163 02/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3615 16TH STREET ALLURE OF ZION ZION, IL 60099** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 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 regulations were not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure residents requiring extensive assistance were transferred in a safe manner for 1 of 10 residents (R4) reviewed for safety and supervision in the sample of 10. The findings include: On 2/14/23 at 1:09 PM, R4 was sitting in a high back chair in her room. V4 and V6, CNAs (Certified Nursing Assistants) used a gait belt placed around R4's waist and lifted R4 to her bed. R4's tip toes barely grazed the floor and R4 did not bear any of her weight during the transfer from chair to bed. V4 said R4 cannot use a walker or walk. On 2/15/23 at 9:02 AM, V7, Director of Rehab, said Physical Therapy does an evaluation to determine how a resident is to be transferred. V7 said if a person cannot bear weight, staff should use a mechanical lift to transfer them. V7 said if a resident is a two person maximum assist for transfers, the staff need to make sure both of the resident's feet are planted firmly on the floor during the transfer, use a gait belt to lift the resident to a standing position, and pivot the resident to the other surface (such as the edge of

the bed). V7 said we don't want them to just lift the patient and plop them in the bed due to safety

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING;		(X3) DATE SURVEY COMPLETED	
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S9999	concerns. On 2/15/23 at 9:55 (DON), said it's not without their feet on patient is not able to balance a safer trar mechanical lift. V2 s prevent injury to bot On 2/15/23 at 10:19 is being transferred CNAs lift her. V4 sa and sometimes required to, dementia her lumbosacral spi (weakness and was chronic illness). R4's dated 12/6/22 show requires extensive a does not walk and discontinuity of the content of t	AM, V2, Director of Nursing safe to just lift a patient in the ground. V2 said if the obear weight, stand, and insfer choice would be a said the bottom line is to the the resident and the staff. 9 AM, V4, CNA, said when R4 I, she does not stand, two aid R4 is really light and fragille juires a mechanical lift. ated 2/15/23 shows V4 is a 100 in diagnoses including, but not a, history of falling, fractures of ine and pelvis, and cachexia sting of the body due to severe is Minimum Data Set (MDS) as she is not cognitively intact, assistance with transfers, does not use a walker for a	\$9999			
	facility shows R4 wa 3/5/21, is unable to her left hand. Staff is proper techniques diprevent injury." The facility's Transfe Policy and Procedur "Resident who are to non-weight bearing."	s Care Plan provided by the as admitted to hospice on walk and has a contracture of is to "use gentle care and during transfers and mobility to er Evaluation for Resident re (not dated) shows, totally dependent, are partialing, are heavy, or have are required to use the lift with				
030	2 staff members." (C)	are required to use the fit with				

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pill)), give 2 tablet by mouth every morning and at bedtime related to heart failure... (total of 40 mg

of torsemide two times per day)"

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	On February 15, 2023 at 9:35 AM, V9 Registered Nurse (RN) was passing R11's morning medications. V9 RN gave R11 two 10 milligram (mg) tablets of torsemide (water pill) to equal 20 mg of torsemide total. She did not give her 40		m PO		
	mg. V9 RN also ga Not a senna plus ta	ve R11 a senna 8.6 mg tab plet with stool softener.	let.		
	Nursing (DON) state	23 at 11:17 AM, V2 Directored, nurses should be follow then passing medications to the control of the control	ina l		No.
	date) shows, "Policy be administered in a as prescribed. Polic implementation:3	. Medications must be	nall		
	administered in accordance with the orders, including any required time frame 6. The individual administering the medication must check the label THREE (3) times to verify the right resident, right medication, right dosage, right		aht		
	time and right metho before giving the me	d (route) administration	5····		2
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