

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005904	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/22/2023
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NAME OF PROVIDER OR SUPPLIER ELEVATE CARE COUNTRY CLUB HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 18200 SOUTH CICERO AVENUE COUNTRY CLUB HILLS, IL 60478
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S 000	Initial Comments Complaint Investigation: 2398689/IL165644	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b) 300.1210d)3)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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the	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's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>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.</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>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</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>	S9999		

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S9999	<p>Continued From page 2</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on observations, interviews, and records reviewed, the facility failed to implement effective fall prevention interventions and determine the root cause of previous falls to prevent and/or reduce the risk of residents falling. This affected three of three residents (R6, R4, and R8) reviewed for fall prevention interventions. This failure resulted in R6 falling from bed while staff was providing direct care and leaving resident unmonitored returning to find R6 on the floor. R6 was sent to the hospital assessed to have sustained a bilateral subarachnoid hemorrhage.</p> <p>The findings include:</p> <p>1. R6 is 63 years old with diagnoses including but not limited to End Stage Renal Dialysis, Weakness, Diabetes, Epilepsy, Encounter for Palliative Care. R6 cognitive assessment dated 9/29/23 indicates a score of 11 and no behaviors were reported.</p> <p>On 12/20/23 at 9:45AM V11, Certified Nursing Assistant (CNA), said on 10/11/23 I was giving R6 a bed bath. V11 said I left the room to get a pillowcase and sheet. V11 said when I returned to the room R6 was on the floor. V11 said during her bath R6 was a little agitated. V11 said R6 "had a history of throwing her legs out the bed." V11 said I saw R6 kick her leg out before I left the room and I put it back in the bed. V11 said when R6 was on the floor she was on her right side, in between the two beds. V11 said later I was told by other staff that R6 has a behavior of throwing herself out of bed. V11 said R6 was not on a floor mat, the mat was on the other side of the bed. V11 said R6 did not land on the mat. V11 said R6 had a "knot" developing on her head after the fall.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>V11 said I had never seen R6 stand up, R6 required total care and she was not able to stand up. V11 said R6 "had to roll out, if she kicked her leg out."</p> <p>On 12/20/23 at 12:27PM V17 said the Restorative Observation is done to get an understanding of what kind of Activity of Daily Living care the resident needs. V17 said the Restorative Observation can be used to develop the care plan. V17 said a resident's bed mobility ability can change. V17 said the staff will know how to provide care for a resident by the preceding staff communicating with the oncoming staff. V17 said R6's care plan should include her need for assistance with bed mobility. The surveyor and V17 reviewed R6's care plan. V17 said bed mobility is not on there. V17 said any information on the care plan designated with the letter K will carry to the CNA Kardex and the CNA can see the resident care needs.</p> <p>On 12/20/23 at 2:10PM V21, MDS Nurse, said it is important to know a resident's functional status. V21 said it is important for staff to know how much assistance is required for a functional task. V21 was asked if as nurses we still consider Bed Mobility an activity of daily living, V21 replied, yes.</p> <p>On 12/20/23 at 2:49PM V3, Director of Nursing, said if a resident falls and suffers a head injury then floor mats were not an effective intervention for that person.</p> <p>On 12/21/23 at 10:17PM V24, Doctor, said a subarachnoid hemorrhage can be caused by trauma. V24 said R6's subarachnoid hemorrhage was likely caused by trauma.</p> <p>R6's Restorative Observation dated 9/12/23</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>documents observation of bed mobility is total dependency with two plus person's physical assist. R6 believes she is capable of increasing independence.</p> <p>R6's Fall Scale dated 9/12/23 indicates a score of 16, low risk. R6's fall scale dated 10/1/23 indicates a score of 31, moderate risk. Risk factors include diagnosis and R6 overestimates or forgets limits.</p> <p>R6's Functional Status dated 9/29/23 documents the use of one person with total dependency for bed mobility. Range of Motion Limitations include impairments to upper and lower extremities on both sides.</p> <p>R6's incident report dated 10/1/23 documents R6 on the floor. No cause of R6's fall was documented or provided. A summary of R6's 10/1/23 fall was provided documenting her diagnosis, orientations, and that R6 was unable to say what happened. Bed position and ability to move her own extremity is documented. No cause or circumstance causing or related to the fall was provided.</p> <p>R6's incident report dated 10/11/23 documents R6 on the floor with hematoma noted to the right forehead. Incident report submitted to The State Agency does not include why or cause to R6's fall. Statements in investigation include V19, Registered Nurse.</p> <p>Attempts to contact V19 during the survey were unsuccessful and V19 is no longer employed at the facility. V11, CNA, statement says she did not witness the fall.</p> <p>Care plan reviewed for R6 no bed mobility</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>assistance listed despite self-care deficit related to hemiplegia and limited mobility.</p> <p>R6's hospital record CT Head dated 10/11/23 Final Result Impression: Scattered bilateral subarachnoid hemorrhages most prominent along the right MCA cistern and the right Sylvian Fissure. Subarachnoid hemorrhages (pleural) along the high left parietal lobe and posterior right temporal region also noted. Emergency Department Course notes R6 admit for further monitoring and possible hospice transition.</p> <p>2. R4 is 54 years old with diagnoses including, but not limited to Cerebral Palsy, Atrial Fibrillation, Vascular Dementia, Autistic Disorder, Schizophrenia, Bipolar Disorder, Generalized Anxiety, and Schizoaffective. Cognitive Assessment dated 10/26/23 indicates a score of 13.</p> <p>On 12/15/23 at 1:10PM V10, Licensed Practical Nurse (LPN), said on 11/12/23 I stepped into R4's room and she was sitting on the floor. V10 said this is a behavior for R4. V10 said I have never seen R4 actually put herself on the floor, but I am told this is a behavior for her.</p> <p>On 12/15/23 at 2:14PM V9, LPN, said R4 throws herself out of the wheelchair or bed onto the floor.</p> <p>On 12/19/23 at 10:48AM V2, Certified Nursing Assistant (CNA), said when things don't go R4's way, she puts herself on the floor.</p> <p>On 12/19/23 at 2:19PM the surveyor looked inside R4's room. R4 was not in the room and no floor mats were observed on the floor, along the walls, or inside the room.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>On 12/20/23 at 8:56AM the surveyor observed R4 in her bed, the bed was positioned higher than the roommate's bed, and one floor mat was observed placed between R4's bed and the roommate's bed. R4's bed is not up against a wall or surface in which a floor mat cannot be placed. V18, CNA, walked into R4's room and said she is the assigned CNA for the room. V18 showed the surveyor R4's wheelchair and lifted the seat/cushion. No skid pad was observed on the wheelchair seat. V18 said there is 1 floor mat in the room for R4's roommate, R12. R12 quickly said that's for her (indicated R4). V18 demonstrated R4's bed lowers more, nearly to the floor. V18 said no one reported to me that R4 has behaviors. V18 was asked what safety interventions are in place for R4. V18 said she could check the computer. V18 was unable to find the information and asked V22, Assistant Director of Nursing, who then called V17, Restorative Nurse, who assisted. V17 had to click multiple sites in R4's electronic record before the information for bilateral floor mats and nonskid pad were located for R4. The surveyor asked V18 if she was aware that R4 required bilateral floor mats and a nonskid pad in her wheelchair. V18 said not until now. V18 said she would not have known where to locate the nonskid pad for R4. V17 entered R4's room with the surveyor and observed only 1 floor mat, not bilateral mats for R4. V17 said someone must have taken the other mat out of the room. V17 said the restorative office has nonskid pads available for the residents. V17 said staff may have removed the nonskid pad prior if it was soiled when the surveyor reported it had not been present when V18 checked with the surveyor.</p> <p>R4's care plan documents she is alert and oriented times two with periods of confusion. R4</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>has behaviors of throwing herself on the floor and intentionally slides out of her wheelchair. R4 has floor mats (pleural), nonskid device on wheelchair and keep floor mats in place while resident in bed.</p> <p>3.R8 is 94 years old with diagnosis including but not limited to Dementia, Repeated Falls, Hypertension, Difficulty in Walking, Transient Ischemic Attack and Cerebral Infarction.</p> <p>On 12/19/23 from 11:25AM thru 11:42AM R8 was observed sitting in her wheelchair. R8 was moved throughout the unit during the time from the nurses' station to the dining room with staff assistance. R8 observed to be wearing pink fuzzy socks and no shoes or slippers and the socks had no nonskid on them.</p> <p>R8 is documented on the Fall Incidents list with falls on 10/21/23; 10/30/23; 11/3/23 and 12/5/23.</p> <p>R8's incident report dated 10/21/23at 9:16PM states R8 seen on the floor and R8 stated I am trying to get out of the bed, and I fell. The fall care plan intervention states R8 should be up in wheelchair in a supervised area when awake at night. No follow up notes related to the fall investigation was provided to the surveyor. There is no documented cause of R8's fall.</p> <p>R8's incident report dated 10/30/23 at 9:16PM (same time as prior fall) states R8 observed sitting on the floor next to her bed. There are no follow up notes related to the fall investigation was provided to the surveyor. There is no documented cause of</p> <p>R8's fall. There is no added intervention to the fall</p>	S9999		

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S9999	<p>Continued From page 8 care plan.</p> <p>R8 fell on 11/3/23, 3 days after her last fall.</p> <p>R8's care plan dated 5/16/23 for functional deficit in ambulation states ensure R8 is wearing proper footwear.</p> <p>On 12/19/23 the surveyor requested the documented Root Cause Analysis or investigations that show the fall root cause for R4 and R6 from V4, Administrator. V4 said V3 is the fall nurse. On 12/20/23 before interview with V4 at 10:15AM, the surveyor requested the information for the root causes analysis for R4 and R6 falls. By the end of day on 12/20/23 no root cause analysis documentation or investigations were provided to the surveyor.</p> <p>On 12/20/23 at 1:44PM V3, Director of Nursing, said I have been in this position since last Monday or Tuesday (12/11/23 or 12/12/23.) V3 said I have not been told I am the fall coordinator. V3 said the purpose of a root cause analysis is to find a way to prevent another fall and to develop interventions. V3 said I am not in charge of falls.</p> <p>The facility Fall Prevention Program dated 11/21/17 states the program includes the following: immediate change in interventions that were successful. The care plan incorporates addresses each fall. Falls will be reviewed by the Interdisciplinary Team to ensure appropriate care and services were provided and determine possible safe interventions. Interventions include direct care staff will be oriented and trained in the fall program. Footwear will be monitored to ensure the resident has proper fitting shoes or nonskid footwear.</p>	S9999		

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