STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016919	A. BUILDING: _____ B. WING _____	C 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEMARY HOME	6300 NORTH RIDGE AVENUE CHICAGO, IL 60660

(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
Z 000	COMMENTS Investigation of Facility Reported Incident of 5/24/25/IL193511	Z 000		
Z9999	FINDINGS Statement of Licensure Violation: 350.620a) 350.1210b) 350.3240a) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1210 Health Services b) The facility shall provide all services necessary to maintain each resident in good physical health. Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. It is the duty of any facility employee or agent who becomes aware of such abuse or neglect to report it as provided in the Abused and Neglected Long Term Care Facility Residents Reporting Act. (Section 2-107 of the Act)	Z9999		

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These Regulations were not met as evidenced by:

Based on interview and record review, the facility neglected to provide a safe transfer for 1 of 1 client in the sample, R1. As a result, R1 was found to have left leg fractures.

Findings include:

Facility Findings Report form on 5/24/25 at 5:30 AM includes "E3 (Direct Service Professional, DSP) noticed R1 screaming more than usual today. E3 placed R1 on the trolley and saw his left knee was very swollen and had red color as well."

R1's 7/11/24 Individual Support Plan Review includes diagnoses of spastic quadriplegia, seizure disorder and osteopenia.

R1's 5/22/25 Therapy:Individual Care Plan listed that R1 requires assistance with transfer. The transfer information listed for R1 is: "Other Transfer Information: Two person stand pivot transfer with gait belt and pivot disc to level surfaces; top/bottom lift to all unlevel surfaces. Optional mechanical lift."

The undated Facility Home Transfer List includes:
- The following are MANDATORY lifts for individual residents as of September 2020 NOTE: Residents weighing 40 pounds or more are NEVER to be lifted unassisted. Residents who use a stand pivot transfer need two people and a gait belt for the transfer. STAND PIVOT TRANSFERS ARE ONLY TO BE DONE WHEN TRANSFERRING TO SURFACES OF THE SAME
HEIGHT, (bed to wheelchair, wheelchair to mat table, and vice versa) unless otherwise noted by

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therapist Please remove splints which prevent elbow bending before performing lift, unless otherwise stated.
- R1: Two person stand pivot transfer with gait belt and pivot disc to level surfaces; top/bottom lift to all unlevel surfaces. Optional mechanical lift.

Emergency rooom notes on R1 on 5/24/25 includes:
- visible deformity to the proximal left lower leg, soft compartments, normal left dorsalis pedis (major blood vessel on top of foot) pulse
- there is ecchymosis to the proximal tibia/fibula
- initial impressions/plan prior to diagnostics: differential diagnosis: unwitnessed fall, trauma to left leg with proximal tibia-fibula fracture, possible rough handling
- procedure: dynamic splint to the left leg up to the mid thigh
- screaming in pain while doing x-ray of the left leg, Fentanyl and Acetaminophen given
- left knee, ankle and tibia-fibula x-ray results: surrounding subcutaneous tissue edema, nondisplaced fractures of the proximal tibial metaphysis and proximal fibular head.

The facility's final report on 5/30/25 includes:
- investigation revealed that the fracture most likely occurred from stand pivot transferring from one surface to another. Stand pivot transfers are approved transfers for R1 with assistance from staff. The pivot disc was not present or was not rotated properly causing R1's foot to stay planted while the rest of his body was pivoting to transfer.

Facility investigation includes:
- interview with overnight shift E4 (Direct Service Professional, DSP) who stated that a one-person stand pivot transfer was used in the early morning on 5/23/25 with R1

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- interview with overnight shift E3 (DSP) who stated that a findings report was completed in the early morning on 5/24/25 due to R1 making noise when his leg was lifted. A stand pivot out of bed to his chair and out of the chair to the trolley were done. These were one-person transfers were done without the use of the pivot disc.
- interview with afternoon shift E5 (DSP) who stated that no stand pivot was done on the afternoon shift on 5/23/25. E5 noticed swollen/puffy feet of R1 and removed the Ankle Foot Orthotic (AFOs).

On 8/20/25 at 8:43 AM, E4 (DSP) stated that she performed a one-person lift transfer for R1 on the overnight shift on 5/22/25. R1 was transferred from the bed to his wheelchair, from wheelchair to the shower trolley, and from shower trolley into his wheelchair. R1 is a 2-person lift/transfer.

On 8/20/25 at 7:17 AM, E3 (DSP) stated that she performed a one-person transfer for R1 from his bed to the wheelchair. E13 (Trainer/Relief Supervisor) helped with the top-bottom lift of R1 from the wheelchair to the trolley and from the trolley to the wheelchair. R1 is a 2-person lift/transfer.

On 8/14/25 at 2:45 PM, E13 stated that it is the policy to always have two staff provide a transfer or lift for the clients in the facility. For the overnight shift, one staff assists the second staff to get a client out of the bed and into the shower trolley or chair. The staff who assisted with the transfer/lift then gives a bed bath to a different client. The staff who provided a bed bath goes back to assist the staff who was giving a trolley/chair shower. The two staff provides the transfer/lift of the client out of the trolley/chair shower and into their wheelchair. E13 does not

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remember if assistance was requested from E13 by the overnight staff (E3) working with R1 in the early morning on 5/24/25.

On 8/15/25 at 11:15 AM, E2 (Director) stated:
- it is unknown whether R1 used the shower chair or the trolley on 5/23/25
- E3 and E4 are not new staff to the home

On 8/14/25 at 12:57 PM, E2 stated:
- R1 is one of the clients who is assigned to be up from bed for the morning shift. The other client is R4.
- E3 worked overnight from 5/23/25 into 5/24/25. E4 worked overnight from 5/22/25 into 5/23/25. The one-person transfers done by E3 and E4 were done towards the end of their shift when getting R1 up for the day.

Documentation by nursing staff on R1's left leg include:
- 5/24/25 at 6:30 AM, noted left knee redness and slight swelling. Endorse to morning nurse to monitor.
- 5/24/25 at 8:00 AM, slight redness on top Ankle Foot Orthotic area and edema +2 left leg. Ibuprofen given.
- 5/24/25 at 12:00 PM, less swelling.
- 5/24/25 at 5:00 PM, redness and swelling left lower extremity. Stat x-ray came back showing fracture of the proximal tibia just below the condyles and fracture of the neck of the fibula with no significant displacement. Sending R1 out to the Emergency Department (ED).
- 5/24/25 at 7:30 PM, ambulance arrived to transfer R1 to the ED.
- 5/24/25 at 9:00 PM, left leg below knee with significant swelling and bruising. Staff reports R1 in pain when changing clothes. Acetaminophen given.

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Z9999	Continued From page 5 On 8/14/25 at 1:42 PM, E7 (Nursing Supervisor) stated that the documentation on R1's left leg on 5/24/25 could have more descriptions regarding the location, shape, size and color of the redness and swelling of the leg. On 8/14/25 at 2:20 PM, E8 (Nurse Practitioner) stated that she is not sure how R1 got the fracture. R1 has Osteopenia. R1's fracture on the leg is a hard part to fracture. A combination of factors contributed to the fracture but if we do proper transfer/lift technique then we should prevent breaks in R1. Facility's 4/2025 Policy on Reporting Abuse/Neglect allegations include: VI. Definitions: Neglect: An employee's, agency's, or facility's failure to provide adequate medical care, personal care, or maintenance, and that, as a consequence, causes an individual pain, injury, or emotional distress, results in either an individual's maladaptive behavior or the deterioration of an individual's physical condition or mental condition, or places an individual's health or safety at substantial risk of possible injury, harm or death. Facility Policy on Medical/Nursing Documentation (reviewed 4/22) include: Policy: The following issues will be addressed both on 24 hour report and documentation entry made in Resident's medical chart: 1. Issues/injuries warranting nursing/medical attention or intervention. 6. The length of time documentation is required will be determined by the severity of issue/injury. (B)	Z9999		