

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000674	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/14/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GROVE OF FOX VALLEY, THE

1601 NORTH FARNSWORTH AVENUE
AURORA, IL 60505

(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	S 000		
S9999	<p>Investigation of Complaint #2377421/IL164088</p> <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210c) 300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000574	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2023
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NAME OF PROVIDER OR SUPPLIER GROVE OF FOX VALLEY, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505
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S9999	<p>Continued From page 1</p> <p>care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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>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> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to follow a resident's plan of care for transfers for one of three residents (R1) reviewed for transfers on the sample list of three. This failure resulted in R1's foot getting stuck on the front of R1's wheelchair and R1's foot fracture.</p> <p>The findings include:</p> <p>R1's EMR (Electronic Medical Record) showed R1 was admitted to the facility on November 16, 2022, with multiple diagnoses including cerebral palsy, fracture of right tibia, end stage renal disease, benign prostatic hyperplasia, and atrial fibrillation.</p> <p>R1's MDS (Minimum Data Set) dated May 26,</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>2023, showed R1 was cognitively intact. The MDS shows R1 required extensive assistance of facility staff for transfers between surfaces.</p> <p>R1's ADL (Activities of Daily Living) care plan dated November 17, 2022, showed, "[R1] has an ADL self-care performance deficit and impaired mobility related to cerebral palsy, end stage renal disease, coronary artery disease, atrial fibrillation, anemia, and fracture of shaft of right tibia." The care plan continued to show multiple interventions dated August 22, 2023, including, "[R1] requires extensive assist times two staff participation with transfers using [mechanical stand assist lift]."</p> <p>R1's x-ray dated August 25, 2023, at 6:47 PM, showed, " ...Nondisplaced acute oblique fracture distal diaphysis of the right tibia ..."</p> <p>A progress note dated August 25, 2023, at 9:00 PM, by V12 (Registered Nurse) showed, " ...This writer received results from [radiology company] that resident has a nondisplaced acute oblique fracture distal diaphysis of the right tibia. Resident denies pain or discomfort. Received a new order to send resident to [local hospital] per [V5 (Nurse Practitioner)] ..."</p> <p>On September 12, 2023, at 12:12 PM, R1 was sitting in his room at the edge of his bed. R1's right foot was in a controlled ankle motion boot. R1 said he must wear the boot because he broke his foot during a transfer. R1 said a couple weeks ago, a male CNA (Certified Nursing Assistant) picked him up to transfer him. R1 continued to say he informed the CNA he (R1) uses a mechanical stand assist lift. R1 said when the CNA transferred him, R1's foot got stuck and it broke.</p>	S9999		

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S9999	Continued From page 3 On September 13, 2023, at 2:45 PM, V3 (CNA) said he was caring for R1 on August 24, 2023, during the 2:00 PM to 10:00 PM shift, and this was V3's first time caring for R1. V3 continued to say R1 requested to be transferred from the wheelchair to his bed. V3 said he did not know R1's transfer status and did not look up R1's transfer status in the Electronic Medical Record (EMR) prior to transferring R1. V3 continued to say he used a gait belt and did a stand and pivot transfer with R1. V3 said as he was transferring R1, R1's foot got caught on R1's front wheelchair wheel. V3 continued to say when he placed R1 in the bed, R1 screamed out in pain. V3 said he touched R1's foot and R1 yelled in pain. V3 said he notified R1's nurse of the pain. V3 continued to say he knew he should have looked up R1's transfer status in the EMR, but V3 did not have time to look up R1's transfer status prior to transferring R1. On September 13, 2023, at 4:04 PM, V2 (DON/Director of Nursing) said at the time of R1's fracture, R1 was care planned to be transferred using a mechanical stand assist lift. V2 continued to say on August 24, 2023, V3 should have transferred R1 with another staff member using the mechanical stand assist lift. V2 said facility staff and agency staff can see a resident's transfer status in the EMR. On September 14, 2023, at 10:19 AM, V10 (Restorative Nurse) said prior to R1's leg fracture, R1 was to be transferred using a mechanical stand assist lift. V10 continued to say the mechanical stand assist lift requires two facility staff to transfer a resident. On September 13, 2023, at 3:27 PM, V11 (R1's	S9999		

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S9999	<p>Continued From page 4</p> <p>physician) said it was "definitely possible" R1's improper transfer causing R1's foot to get stuck in his wheelchair caused R1's fracture. V11 continued to say it his expectation facility staff would transfer R1 in the safest manner using the way R1 had been assessed for transfer.</p> <p>The facility's policy titled "Mechanical Lift Transfers" dated July 28, 2023, showed, "Procedures: ... 5. There will always be two staff to assist resident. One staff will control the lift as the other will guide resident and support back and neck to transfer surface ..."</p> <p>(A)</p>	S9999		