STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016406	A. BUILDING _____ B. WING _____	C 10/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADMIRAL AT THE LAKE, THE	933 WEST FOSTER AVENUE CHICAGO, IL 60640

(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 Statement of Licensure Violations Complaint Investigation 1883137/IL102619	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 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 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	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1	S9999		

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.

Section 300.1210 General Requirements for Nursing and Personal Care

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.

These Regulations were not met as evidenced by:

Based on document review and interview the facility failed to ensure that 2 person staff assist was provided during the use of a mechanical lift for 1 of 3 (R1) residents reviewed for safe transfers. This failure resulted in R1 falling to the

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S9999	Continued From page 2	S9999		

floor and sustaining a Periprosthetic fracture of the left femur.

Findings include:

Facility incident report of 5/1/18 states R1 was with a one to one private caregiver in residents room after dinner. Caregiver (V3) yelled for help from the residents bedroom. Arriving there V4 (Nurse) observed R1 kneeling on the floor close to the bed with caregiver standing close and holding the resident. Called for more help (ADON and Care partner) Caregiver stated" I was transferring the resident from her wheelchair to the bed , but resident started sliding from the edge of the bed. I eased the resident to the floor in a kneeling position". Resident was transferred to bed with three staff at this time. Head to toe assessment completed. Resident is unable to describe what happened. No complaint of pain or discomfort at this time noted. No bruise , nor skin tear noted , range of motion is within normal range with some contracture to upper extremity. Lower extremity range of motion within normal limits , vital signs : BP-118/63 HR-62 , SPo2-97% RA. Educated care giver to seek staff for assist during transfer at all times. Night nurse to monitor.

Interdisiplinary note dated 5/5/18 includes statements "Called by resident private caregiver to see left hip of R1 noted with discoloration , which is tender to the touch , and mild swelling . " Recieved report from AM NOD RE: Swelling & discoloration on left leg , and for X-ray to r/o FX." " X Ray results -DON notified." " Spoke with NP and relayed X-Ray results - Impression : Left hip Arthroplasty with acute periprosthetic fracture of proximal femure."
R1 was sent to the hospital emergency room

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S9999	Continued From page 3 5/5/18. Hospital document dated 5/8/18 states diagnosis Periprosthetic fracture of the left femur. Procedure performed open reduction internal fixation periprosthetic proximal femur fracture. R1 was readmitted to the facility on 5/9/18. R1s Minimum Data Set dated 3/21/18 (MDS in effect at time of incident) states 3/3 for transfer of resident (two plus persons physical assist). R1s care plan includes staff to utilize mechanical lift X 2 staff assist. Educate private caregivers to seek staff for all ADLs care every shift and prn. Transfers strictly staff procedure with 2 staff assist using "mechanical lift". This care plan was in effect at time of incident with a start date of 10/31/17. 10/10/18 10:40AM V2 (Director Of Nursing) stated R1 had hip fracture due to improper transfer. The care giver transferred R1 unauthorized. We do not allow care givers to transfer the resident. (A)	S9999		