

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006191	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/12/2021
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NAME OF PROVIDER OR SUPPLIER ELEVATE CARE NILES	STREET ADDRESS, CITY, STATE, ZIP CODE 8333 WEST GOLF ROAD NILES, IL 60714
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(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 Complaint Investigation: 2180089/IL129971 2098992/IL128680	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1210d)6) 300.3240a) 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These regulations are not met as evidenced by:	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>Based on observation, interview and record review, the facility failed to follow the resident Kardex (Patient Care Summary) as based on the Minimum Data Set (MDS) assessment to use 2 or more staff members when repositioning a resident, this was for 1 of 3 residents (R1) reviewed for repositioning and fall prevention. This failure resulted in R1 falling from from the bed sustaining a laceration to the head, and being sent to the local hospital for treatment.</p> <p>Findings include:</p> <p>On 1-8-21 at 9:10 AM, surveyor observed R1 in bed with old laceration to bridge of nose and front aspect of the scalp. Surveyor observed R1's Room Tag with "2HL" next to her name.</p> <p>On 1-9-21 at 1:03 PM, V8 (Certified Nurse Aide/CNA) said R1's "2HL" means R1 requires 2 persons assistance with care (repositioning) and requires mechanical lift for transfers.</p> <p>On 1-8-21 at 9:15 AM, V6 (Certified Nurse Aide/CNA) said she was giving R1 morning care by herself. She rolled R1 on her right side, the bedrail went down, and R1 fell off the side of the bed. R1 was bleeding from her nose and her head. V6 immediately notified the nurse on duty.</p> <p>On 1-8-21- at 9:22 AM, V7 (Registered Nurse) said she was informed that R1 fell on the floor. V7 assessed and treated R1's bleeding. V7 said she was not aware of another CNA in the room when V6 was giving R1 morning care.</p> <p>On 1-8-21 at 10:25 AM, V4 (Restorative Nurse) said V6 was providing care, turned R1 to her right side, the siderail dropped, and R1 fell out of bed. Per V6's statement, there was no mention of</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>another staff on the other side of R1's bed. The rail dropped. R1 requires 2-3 persons to provide care. Any CNA can talk to other staff for assistance. V4 said 2 persons should have done bed mobility (based on R1's Minimum Data Set, Assessment Reference Date 10-9-20)).</p> <p>On 1-8-21- at 10:40 AM, V2 (Director of Nursing/DON) said CNA can ask for help from all nursing and restorative aides. V2 is not aware of another staff present to assist V6 during R1's am care/repositioning. R1 requires 2 person assistance for bed mobility/repositioning.</p> <p>R1's Minimum Data Set (Assessment Reference Date 10-9-20) documents Bed Mobility (Support) = 3 (two+ persons physical assist).</p> <p>R1's Kardex Report documents Special Instructions: Bed Mobility & Transfer with 2+ Person Assist.</p> <p>R1's Fall Assessments dated 1-1-21 reads NA, 1-5-21 reads 12 (at risk), 10-7-20 reads 11 (at risk).</p> <p>R1's Hospital Medical Record dated 1-1-21 documents R1 was being changed when she fell out of bed landing on her face. Four cm (centimeter) laceration to forehead at hairline. One cm flap laceration to nasal bridge. Both lacerations were closed with cyanoacrylate glue.</p> <p style="text-align: center;">(B)</p>	S9999		