

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6002844	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/12/2021
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NAME OF PROVIDER OR SUPPLIER  ELMWOOD TERRACE HEALTHCARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1017 WEST GALENA BOULEVARD AURORA, IL 60506
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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	S 000		
S9999	<p>Facility Reported Incident of 10/28/2021/IL139968</p> <p>Final Observations</p> <p>Statement of Licensure Violation:</p> <p>300.1210b)4) 300.1210b)5) 300.1210d)6) 300.1220b)3) 300.3240a)</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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</p> <p>5) All nursing personnel shall assist and</p>	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X8) DATE \_\_\_\_\_

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S9999	<p>Continued From page 1</p> <p>encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide adequate staff assistance and supervision to a dependent resident with dressing, bed mobility, and transfer as per resident assessment. This resulted in R1 sustaining a left arm fracture.</p> <p>This applies to 1 of 3 residents (R1) reviewed for accidents and supervision in a sample of 3.</p> <p>Findings include:</p> <p>On 11/9/21 at 10:35 AM, R1 was observed with a left elbow sling and stated, "I had a left , upper arm fracture when V3 (Certified Nurse Assistant, CNA) and V4 (CNA) transferred me back to bed when I was about to fall on 10/28/21."</p> <p>On 11/9/21 at 12:45 PM, V3 (CNA) stated, "It was around 6:30 AM on 10/28/21 when I was trying to get R1 up in the morning. I gave a bed bath, and I sat her up at the bedside to dress. V3 stated that when R1 started to slide down the edge of the bed. V3 thought R1 slid down because of the special air loss mattress. V3 stated that she stopped R1 from falling by cradling and hugging R1. V3 called for help because she was trying to prevent R1 from falling and was continuing to hold R1 upright, using V3's arms wrapped around R1, in the hugging motion. V4 (CNA) entered the room and V4 used V4's gait belt to put R1 back to bed. R1 never reached the floor. V3 stated that R1 was saying .... "you hurt me ....you hurt me". V3 apologized to R1, saying that V3 was sorry and admitted to R1 that V3 aggravated R1's arm. V3 did not want R1 to fall. V3 stated that</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R1 had no bruising to the left arm at that time.</p> <p>On 11/12/21 at 1:15 PM, V3 added, "On 10/28/21, before I let R1 sit down at the bedside, I didn't put the mattress on static mode. The company sets up the air loss mattress, and we don't manipulate that."</p> <p>On 11/9/21 at 1:00 PM, V4 (certified nursing assistant - CNA) stated during interview that about 7:00AM on 10/28/21 she heard V3 calling me for help. V4 went to R1's room and V3 was holding R1 at the bedside to prevent R1 from falling. V4 stated that V4 placed a gait belt on R1, and along with V3, transferred R1 back to bed. The whole time V3 was holding R1 in a hug type movement to keep her from falling to the floor. After R1 was placed in bed, V3 and V4 finished dressing R1 on the bed, and V4 stated she left the room.</p> <p>Record review on the incident note dated 10/30/21 document that the facility noticed a dark reddish purplish discoloration with R1's left upper arm.</p> <p>The X-ray report dated 10/30/21 reported a displaced humeral neck fracture with the left arm. Record review on MDS (minimum data set) dated 9/16/21 indicates that R1 requires two-person extensive assistance with bed mobility, dressing, and transfer.</p> <p>On 11/9/21 at 1:00 PM, V4 stated, "I was not with R1 until V3 called me for help, and I didn't help R1 to get up to wheelchair after dressing."</p> <p>On 11/12/21 at 1:15 PM, V4 confirmed that she was not in R1's room when V3 was providing bed bath/dressing and during transfer R1 from bed to</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>wheelchair.</p> <p>Record review on R1's care plan document that R1 has poor coordination related to a history of stroke (left hemiplegia) and left radius fracture requires her two staff members to assist with transfers.</p> <p>On 11/10/21 at 10:20 AM, V3 stated, "R1 is a two-person assist, and my other CNA (V4) was assisting another resident (R3). If the other CNA (V4) was with me from the beginning, maybe the incident could have been avoided on 10/28/21."</p> <p>On 11/10/21 at 10:35 AM, V6 (R1's attending physician) stated, "R1 had the previous injury from a fall that happened on 7/16/21, and she was recovering. R1's left arm is congenitally deformed and can cause some imbalance in her body structure along with her hemiplegia. If the facility assessed her for two-person assistance, then there should be two-person to offer her care."</p> <p>Record review on Functional Impairment - Clinical Protocol revised on September 2012 document: The staff will identify individuals with a significant decline in function, including activities of daily living (ADL).</p> <p>(B)</p>	S9999		