STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6000186 B. WING 12/17/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4900 NORTH BERNARD** AMBASSADOR NURSING & REHAB CENTER CHICAGO, IL 60625 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 Initial Comments S 000 COMPLAINT INVESTIGATION 2188362/IL140160 2188873/JL140795 2189047/JL141016 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b)5) 300.1210c) 300.1210d)6) Section 300.610 Resident Care Policies 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 Attachment A Statement of Licensure Violations The facility shall provide the necessary b)

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

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6000186 B. WING 12/17/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4900 NORTH BERNARD AMBASSADOR NURSING & REHAB CENTER** CHICAGO, IL 60625 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 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. All nursing personnel shall assist and 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. Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. Section 300.1210 General Requirements for Nursing and Personal Care 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: 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 requirements are not met as evidenced by: Based on interview and record review the facility failed to safely transfer 1 of 4 (R9) residents in accordance with the residents' individualized care plan. This failure resulted in R9 suffering a traumatic Left lateral femoral condyle fracture.

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Findings Include:

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(Y2) DATE	CUDYEN
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
AMBASSADOR NURSING & REHAB CENTER 4900 NORTH BERNARD						
CHICAGO, IL 60625						
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	DO bas diseaseis s	and therefore all the B.M L D.				İ
<b> </b>	R9 has diagnosis not limited to Major Depressive Disorder, Insomnia, Anxiety Disorder, Reduced Mobility, Need for Assistance with Personal Care, History of Falling, Spinal Stenosis, Cervical Region, Osteoarthritis, Lack of Coordination, Unsteadiness on Feet, Cervical Disc Displacement, High Cervical Region and Muscle Weakness. R9's MDS (Minimum Data Set) BIMS (Brief Interview For Mental Status) score is 13					
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	indicating intact cog	gnitive response.				i
	On 40/45/04 at 44.5	EF AMAY 40 (0 - 100 - 101				i
50	On 12/15/21 at 11:55 AM V16 (Certified Nurse Assistant) stated "there was a time my coworker			i i		-
	called me to belo in	room 314 with R9 and I went				
	there to help to care	e for R9. V20 (Certified Nurse				
	Assistant), V6 (Cert	tified Nurse Assistant) and I				
	(V16) went there to	transfer R9 from the				
	wheelchair to the be	ed. R9 was in the wheelchair				
		p her (R9) to bed because				
	she (R9) could not s	sit there any longer. V20				
	(Certified Nurse Ass	sistant) said to R9 hold onto				
	my V16 neck. The b	ped was level, R9's feet did				
	not rest on the floor,	, I lifted R9 and R9 held me				
		little close to R9 then I turned		25		
	and put ky on the b	ed. There is a sign behind the				
	the resident but the	nt that shows how to transfer at sign was not there. V20				
	(Certified Nurse Ass	sistant) was explaining to R9			}	
	how we can do the t	transfer and V6 (Certified				
	Nurse Assistant) put	t R9's feet on the bed. When				
	R9 sat on the bed th	nat is when the assistance				
1 =	from V6 (Certified N	lurse Assistant) and V20				
	(Certified Nurse Ass	sistant) was available to me.				
	The facility policy is	to put how to transfer the			,	
	resident behind ever	ry bed. The other place to find			j	
		tion is in the care plan. The				
		d and told not to come to				
		Nurse Assistant) and I were			ĺ	i
	suspended. I was no	ot aware R9's leg was				

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING IL6000186 12/17/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4900 NORTH BERNARD **AMBASSADOR NURSING & REHAB CENTER** CHICAGO, IL 60625 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5)(EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 fractured. They told me the complaint from R9 was R9 said her (R9) leg was broken. I received the transfer of the resident in-service." On 12/15/21 at 12:43 PM R9 stated, "V6 (Certified Nurse Assistant), V20 (Certified Nurse Assistant) and V16 (Certified Nurse Assistant) came to transfer me to the bed. V16 (Certified Nurse Assistant) was not my (Certified Nurse Assistant). V20 (Certified Nurse Assistant) had V16 (Certified Nurse Assistant) come in here and said if I (R9) don't let V16 (Certified Nurse Assistant) pick me (R9) up you (R9) are not going to get out of the chair. V20 said V16 (Certified Nurse Assistant) is going to pick you (R9) up and V16 (Certified Nurse Assistant) has been doing this a long time. When I (R9) let V16 (Certified Nurse Assistant) pick me up out of the wheelchair my legs did not clear the bed and my left leg twisted. My knee went back and started swelling. It was painful and I said you are hurting my knee. V16 (Certified Nurse Assistant) was transferring me (R9) by himself without a gait belt. The other Certified Nurse Assistants were not trying to help V16 and V16 could have dropped me. I have a fear of people messing with me now. I went to the hospital on 05/20/21 and was told my left knee was fractured. They have been putting a pain patch on my knee." On 12/16/21 at 8:58 AM V21 (Restorative Director) stated "R9 was a two person assist where R9 could stand and pivot. R9 has never been less than a 2 person assist with transfers. R9 was assessed as a two person assist because R9 was weak and R9's balance was unsteady. If a person is assessed as a two person assist and is not transferred as a two person assist there is a possibility for a fall or

possible injury."

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6000186 B. WING 12/17/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4900 NORTH BERNARD** AMBASSADOR NURSING & REHAB CENTER CHICAGO, IL 60625 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 On 12/16/21 at 09:14 AM V22 (Rehab Aide) stated, "R9 could stand on the right leg. On 05/17/21 when the therapist and I transferred R9 from the bed to the wheelchair R9 did not have any complaints of pain. R9 was a two person transfer." On 12/16/21 at 09:26 AM V23 (Physical Therapy Assistant) stated, "when I saw R9, R9 assist was to stand with minimum to moderate assist for sit to stand and transfers. R9 could do partial weight bearing. I told R9 don't use the left lower extremity to pivot because R9 was having a little pain in the ankle. R9 was a two person assist for transfers. If R9 is a two person assist for transfers and is not transferred with a two person assist R9 might fall, or both the resident and staff can get injured." On 12/16/21 at 10:10 AM V2 (Director of Nursing) stated R9 went to the emergency room on 05/20/21 and came right back. The pain to R9 left knee was new for R9. R9 has issues with bones and osteoarthritis. Based on review of the admitting diagnosis R9 did not have a fracture when admitted. The day of the incident I asked the staff if when R9 was taken to therapy was R9 having any pain. According to what the staff said R9 did not complain of any pain to her (R9) knee. After R9 was transferred from the wheelchair to the bed R9 started complaining of pain to her (R9) left knee. Something probably happened during the transfer from the wheelchair to the bed. If a resident is a two person assist for transfers and is not transferred with two assist there is a potential for a fall or injury." On 12/16/21 at 10:58 AM V21 (Restorative Director) stated, "the initial care plan indicate R9

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PRINTED: 02/12/2022 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ COMPLETED C B. WING IL6000186 12/17/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4900 NORTH BERNARD** AMBASSADOR NURSING & REHAB CENTER CHICAGO, IL 60625 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 5 S9999 required assistance for transfers and mobility. R9 was a two person stand and pivot." On 12/16/21 at 11:50 AM V24 (Licensed Practical Nurse) stated, "what R9 would say was V16 (Certified Nurse Assistant) broke her (R9) left knee in the process of transfer R9 from the wheelchair to the bed. R9 had no complaints of pain to the left knee prior to R9 saying V16 (Certified Nurse Assistant) broke her (R9) knee." On 12/16/21 at 12:02 PM V20 (Certified Nurse Assistant) stated, "we explained how we were going to transfer R9. We lifted R9 legs up on bed. V6 (Certified Nurse Assistant) was on the other side of the bed to pull R9 over. R9 was requesting to get in the bed because she (R9) said she (R9) had been sitting up for over 2 hours." On 12/16/21 at 12:19 PM V29 (Physical Therapist) stated, "R9 is dependent with a two person assist for transfers to kind of like carry R9 with more than 90% help to transfer. If R9 is not transferred with a two person assist R9 could potentially fall or be injured. The two person transfer lessens the risk for a fall or injury." On 12/16/21 at 12:26 PM V25 (Licensed Practical Nurse) stated, "R9 complained of having pain to the left knee and R9 went for x-rays and to the hospital."

On 12/16/21 at 12:55 PM V6 (Certified Nurse Assistant) stated, "R9 was my resident on 05/17/21. When I came in R9 said she (R9) wanted to go to bed. R9 is a two assist for

Nurse Assistant) broke her (R9) leg. V16 (Certified Nurse Assistant) lifted R9 out of the

transfers. R9 started telling me that V16 (Certified

PRINTED: 02/12/2022 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED С IL6000186 B. WING 12/17/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4900 NORTH BERNARD** AMBASSADOR NURSING & REHAB CENTER CHICAGO, IL 60625 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 wheelchair. V16 (Certified Nurse Assistant) put his arms under R9 arms, counted 1-2-3, transferred R9 to the bed then we assisted with positioning R9 in the bed." On 12/16/21 at 01:07 PM V28 (Nurse Practitioner) stated, "the facility said R9 was complaining of pain to the left lower extremity. There are a lot of factors but the short answer. technically the Certified Nurse Assistant should have their gait belt on. There is a potential for a fall or injury depending on how the transfer was done. If R9's leg gets twisted there is a potential for injury." On 12/16/21 at 01:23 PM surveyor spoke with receptionist at V35 (Attending Physician) office. Receptionist stated V35 was in a meeting. Contact information left with no return call. MDS (Minimum Data Set) Section G - Functional Status document in part B. Transfer 3. Extensive Assistance, 3. Two + person physical assist, E. Surface-to-Surface transfer (transfer between bed and chair or wheelchair) 2. Not steady, only able to stabilize with staff assist. Transfer and Bed Mobility/Limited Lift review dated 02/10/21 document R9 Transfer Ability: Extensive assistance, 2+ person Physical Assist. Fall Risk Care Plan initiated 02/17/21 document's in part resident is at risk for fall r/t (Related to) requires ADL (Activities of Daily Living) assistance for transfer and mobility. Assist with bathing, dressing and transfers.

Transfer Needs Care plan dated 02/17/21 document's in part Total Dependence (Full staff

support) 2 person assist.

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