Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING	S:		
IL6015168		B. WING		C 01/19/2022		
NAME OF	PROVIDER OR SUPPLIER	\$TREET AD	DRESS, CITY,	STATE, ZIP CODE		
CITADEL	OF NORTHBROOK,	1 HE	NAUKEE A' ROOK, IL 6	· <del>- ·</del>		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON (X5)	
PRÉFIX TAG		'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
S 000	Initial Comments		S 000			
	Facility Reported In	vestigation (FRI) Incident to 1082				
S9999	Final Observations		S9999	£		
	Statement of Licens	sure Violations:				
	300.610a)					
	300.1210b)					
	300.1210d)6)					
	Section 300.610 Re	esident Care Policies		· W		
	procedures governing	ave written policies and ng all services provided by the				
		policies and procedures shall Resident Care Policy				
!	Committee consistir	ng of at least the			:	
		dvisory physician or the mmittee, and representatives				
	of nursing and other	services in the facility. The				
		with the Act and this Part.				
	the facility and shall	be reviewed at least annually				
	by this committee, d	ocumented by written, signed of the meeting.				
i	6)	· ·				
	Section 300.1210 G Nursing and Person	General Requirements for all Care				
	and services to attai	provide the necessary care n or maintain the highest				
	well-being of the res each resident's com	mental, and psychological ident, in accordance with prehensive resident care properly supervised nursing		Attachment A Statement of Licensure Violations		
		ľ				

inois Department of Public Health
ABORATORY 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 (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ C IL6015168 B. WING 01/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3300 MILWAUKEE AVE. CITADEL OF NORTHBROOK, THE NORTHBROOK, IL 60062 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 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 Requirements were Not Met evidenced by: Based on observation, interview, and record review, the facility failed to safely transfer a resident using a mechanical lift to prevent an avoidable accident for (R1) 1 of 3 residents reviewed for safe transfer. R1 hit her right hand on a metal clothes hook located on the bathroom door during a surface to surface transfer, R1 was subsequently sent to local hospital where she received 8 sutures to the right hand. Findings Include: R1 facility census shows R1 was in room 228 on 11/16/21. R1's plan of care shows R1 has diagnosis of weakness, hypertension, heart disease, diabetes mellitus type 2, heart failure, chronic pain, Parkinson's disease, hemiplegia and hemiparesis following unspecified cerebrovascular affecting the dominant left side, dementia without behavior disturbance, osteoarthritis, insomnia, personal

Illinois E	Department of Public	Health			FORM	MAPPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6015168	B. WING		01	C /19/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY	, STATE, ZIP CODE		
CITADEI	L OF NORTHBROOK,	THE 3300 MIL	WAUKEE A	VE.		
()< () ID	SI BABADY STA		TOOK, IL (			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULING CROSS-REFERENCED TO THE APPROPROFICIENCY)	DBE	(X5) COMPLETE DATE
S9999	Continued From page 2		S9999			
	history of COVID-19	).				
	shows section G, for requires extensive a weight bearing supp physical assist with assistance (staff prosupport) with two plot transfers with toilet of the following transfers with the following transfers wi	ort dated 11/16/21 shows me of incident 7:30am, washroom, describe what if final report-during toileting whit right hand on the towel ceration wound in between it ring finger. Wound cleansed and covered with dry notified of incident and	<b>©</b> )			
	11/16/2021 shows in- ambulance from (nur right hand between 4 (R1) is alert A&ox2 (a Patient stated, she in bathroom door. Patie covered with steri stri controlled. Patient ab intact.	om(ER) records dated part, received patient via sing home) for laceration on th and 5th finger. Patient alert and orient x2) per norm. jured her hand on back of int arrived with laceration ps and bandaid, bleeding le to move fingers CMS				

nois Department of Public Health

Illinois E	Department of Public	Health			FOR	M APPROVED	
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
		IDENTIFICATION NUMBER:	A. BUILDING:			COMPLETED	
						С	
		IL6015168	B. WING		01	/19/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
CITADE	L OF NORTHBROOK,	THE 3300 MIL	NAUKEE A	VE.			
OHADEL	- TO TOKTIBROOK,	NORTHBI	ROOK, IL 6	80062			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)	
PREFIX TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR	JLID BE	COMPLETE	
			"	DEFICIENCY)	OF INDIE	DATE	
S9999	Continued From pa	ge 3	S9999				
	1						
	Triage chief compla	ies pain, numbness or tingling. iint: patient presents with hand					
	laceration.	and patient presents with harid					
						1	
	R1 is an 80 year old	female presenting with hand					
	laceration to right ha	and. Procedure: laceration					
	hehween 4th and 5th	laceration to R (right) hand n digit. Wound anesthetize					
	with 1% lidocaine. V	Vound irrigated with copious					
	normal saline. Woul	nd explored for foreign					
	body-base of wound	d visualized, no foreign body					
	found. Wound close	ed with a total of 8 5-0					
	monocryl absorbable	e sutures. RN to place				1	
	bacitracin and gauze	e. No complications.					
	On 01/19/2022 at 9:	38a.m, R1 was observed in					
	her room sitting in a	wheelchair watching					
	television. R1 obser	ved to be pleasant, calm and					
Ì	able to communicate	e verbally. When asked if R1					
1	sustained an injury to	o the right hand R1 said, she when asked if surveyor					
	could look at her har	nd, R1 held her hand out and					
8	surveyor observed a	healed vertical scar between					
- 3	the 4th and 5th finge	er extending toward the top of					
	R1 hand.						
	On 4/49/2022 at 42:4	22					
	Oii 1/10/2022 at 12:3	33p.m, V4 Certified Nursing was assisting V5 Certified					
		with transferring R1 to the					
		o stand machine. V4 said, V5				!	
•	was operating, and p	oushing the machine, and she			ı	<b>!</b>	
,	was standing on the	right side guiding the				<b> </b>	
	machine. V4 said, w	then they got away from the					
		way, V5 closed the legs on e could fit through the					
		oom. V4 said, as she guided					
	the machine to make	the turn to go through the					
	door way that's when	R1's hand hit the metal					
1	hook on the door. V4	said, R1 did not swing her					
	nands out and hit the	metal hook, R1's hands			- 1	ł	

PRINTED: 03/01/2022 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 IL6015168 01/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3300 MILWAUKEE AVE. CITADEL OF NORTHBROOK, THE NORTHBROOK, IL 60062 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 was on the bars during the entire transfer. V4 said, the doorway was wide enough to fit the lift, V4 said, the door was wide open. On 01/18/2022 at 11:48a.m during observation of the door and hook in the room where R1 incident happened, the hook was observed to be removed, V3 (Maintenance Supervisor) said the hook was removed after R1 sustained the laceration to the hand. During observation of the sit to stand mechanical lift, the handle bars are observed to be horizontal. R1's plan of care shows R1 has an ADL (activity of daily living) self-care deficit d/t (due to) weakness, decreased mobility r/t ( related to) CVA with left hemiparesis, osteoarthritis, and dementia. Interventions are toilet use-the resident requires extensive assistance by (x2) staff with sit to stand toileting. Transfer- the resident requires sit to stand with two person transfer. Interview DON on what was root cause of laceration On 01/18/2022 at 1:28pm, V6 (Nurse) said, on 11/16/21 shortly after the start of the shift, he was summons to R1's room by V5, V5 was holding R1's hand and stated, R1 had sustained a skin tear. V6 said, he observed R1 sitting on the toilet, still attached to the mechanical stand. V6 said, whe assessed R1's right hand and observed a deep laceration, with minimal bleeding, V6 said, he rendered first aide, he cleaned R1's hand. applied steri-strips, gauze, and wrapped R1's hand with a bandage. V6 said, he notified the physician and the physician gave orders to send R1 to local hospital for further evaluation. V6 said. R1 returned to the facility and had sutures to the right hand. V6 said, the metal hook was not

PRINTED: 03/01/2022 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:** COMPLETED A. BUILDING: \_\_ C IL6015168 B. WING 01/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3300 MILWAUKEE AVE. CITADEL OF NORTHBROOK, THE NORTHBROOK, IL 60062 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 positioned too high on the door and when the resident is on the sit to stand lift, in a standing position he could see how the accident could have occurred (V6 demonstrated that the hand would be the height of the hook on the door). V6 said, he was not there when the incident happened but there should be enough space between the resident and the door hook, when transferring a resident. V6 said, the resident hands should remain on the bars during a transfer. V6 said, the aides should check to make sure the resident hands remain on the bars. V6 said, it was an accident. At 12:45pm, patient (R1) back from ER visit and as per Nursing report patient had 8 sutures and they absorbable so no need to be removed. Please see discharge ER report. On 01/19/2022 at 9:24a.m, V5 said, she was the aide assigned to R1 on 11/16/2021 and V4 was assisting her with transferring R1 to the bathroom, V5 said, R1 was hooked up to the lift and when they pushed the lift in the bathroom R1's hand hit the metal hook and R1 sustained a cut, V5 said, R1's hand is better now, V5 said, it was a mistake. On 01/19/2022 at 11:20a.m, V7 (Restorative Nurse) said R1 requires two person assist with transfers, and when using the mechanical lift, V7 said, one person should operate the lift and the other person guide the lift. V7 said, it's for safety reasons. V7 said, the person guiding the lift are the eyes for the operator, meaning they have a better visual and they should ensure the path is clear and the machine has enough room to be maneuvered, they are making sure the balance is good, they should make sure the resident is holding the bars well. V7 said, the resident's body parts should not hit any surrounding objects, both

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6015168 01/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3300 MILWAUKEE AVE. CITADEL OF NORTHBROOK, THE NORTHBROOK, IL 60062 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID 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 DATE DEFICIENCY) S9999 Continued From page 6 S9999 CNA's should make sure the resident does not hit any surrounding objects. V7 said, it is possible to sustain an injury to the hand if the hand hits an object while on the lift during a transfer. On 01/19/2022 at 12:52p.m, V2 (Director of Nursing) DON said, she conducted the investigation for the incident that occurred on 11/16/21 with R1. V2 said. R1 hit her hand on the metal hook on the bathroom door, V2 said, V4 and V5 said it happened so fast, V2 said, the staff should make sure the resident hands are on the bars and that the resident hands does not hit the metal hooks on the door during a lift transfer. . On 01/19/2022 at 1:00p.m V8 (Unit Manager) said, she was the unit manager on 11/16/21 when the incident with R1 occurred, V8 said, she interviewed V4 and V5. V8 said, initially V4 and V5 said, R1 hit her hand on the metal hook on the bathroom door. V8 said, during a return demonstration and further discussion with V4 and V5, V5 said, she was pushing the mechanical lift and V4 was guiding the lift, V5 said, V4 was looking down at the wheels, when guiding the lift and V5 said, she pushed the lift into the bathroom and that's when R1 sustained the cut to her hand. V8 said, V4 admitted to looking down at the wheels because there's something on the floor. and that's when she guided V5 to push the lift into the bathroom and R1 sustained the laceration to the right hand. V8 (Unit Manager) said, they both reported the injury to the nurse right away. When asked about V4 and V5 statement, V8 said, she wrote the statement and she made the mistake by not putting that V4 and V5 said V4 was looking down during the transfer. V8 said, the CNA's should make sure the path is clear and they have to make sure the resident hands does not hit

anything as well.

_Illinois E	Department of Public	Health			FORM	WAPPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DAT	E SURVEY
		IDENTIFICATION NUMBER:	A. BUILDING:		COM	COMPLETED
		II COAFACO	B. WING			С
		IL6015168	<u> </u>		01/	19/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CITADEL	OF NORTHBROOK,		WAUKEE AV ROOK, IL 60			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECT	1041	(X5)
PRÉFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	EACH CORRECTIVE ACTION SHOULD BE CO OSS-REFERENCED TO THE APPROPRIATE	
S9999	Continued From pa	ge 7	S9999			
	shows in-part noted ring finger on her rig patient on sit to star accidentally hit the t door. Patient can't e happened and she wher bathroom. Lacel (Normal Saline Solu sterile strips cover wapplied border gauz treatment, Tylenol wand ordered to send	dated 11/16/21 at 10:48am, laceration on her pinky and ght hand. As per 2 staff while ad during the transfer patient owel holder in the bathroom even remember what was laughing why we are all in ration cleansed with 09% tion)NSS applied with 4 with gauze bandage and e. Patient c/o pain during as given. Notified Physician patient to ER for evaluation if titches. Son notified and bed ussed as well.				
	observed to transfer mechanical lift, V4 a bed, R1 then informed wanted to go to the r transferred R1 to the stand lift. When attact the lift for transferring on the bars, R1's har	15p.m V4 and V5 was R1 using the sit to stand and V5 transferred R1 to the ed V4 and V5 that she estroom. V4 andV5 bathroom using the sit to ched to the lift, while raised in g, R1's hands was observed and was observed to be at the ack on the back of the				
	investigation, V2 said	ews for V4 and V5 because				2
	Mechanical" dated 07 purpose of this proce general principles of s	Lifting Machine, Using a 7/2019 shows in-part the dure is to establish the safe lifting using a				

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ C IL6015168 B. WING 01/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3300 MILWAUKEE AVE. CITADEL OF NORTHBROOK, THE NORTHBROOK, IL 60062 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (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 DATE DEFICIENCY) S9999 Continued From page 8 S9999 manufactures training or instructions. At least two people needed to safely move a resident with a mechanical lift, mechanical lifts may be used for tasks that require lifting a resident off the floor. transferring a resident from bed to chair, lateral transfer, lifting limbs, toileting or bathing, or repositioning. Types of lifts that may be available to the facility are sit to stand, floor based full body sling lifts and overhead full body sling lifts. Lift designs and operation vary across manufactures. Staff must be trained and demonstrate competency using the specifics machines or devices utilized in the facility. Steps in procedures shows in-part prepare the environment: clear an unobstructed path for the lift machine, ensure that there is enough room to pivot, position the lift near the receiving surface and place the lift at the correct height. Number 15., slowly lift the resident, only lift as high as necessary to complete the transfer, gently support the resident as he or she is moved, but do not support any weight. Facility policy Titled "Safe Lifting and Moving of Residents dated 07/2019 shows in-part in order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents. Resident safety, dignity, comfort and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents. " R "