

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013213	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/22/2022
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NAME OF PROVIDER OR SUPPLIER LINCOLNWOOD PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 7000 NORTH MCCORMICK BLVD. LINCOLNWOOD, IL 60645
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S 000	Initial Comments Facility Reported Incident FRI of 3/30/22/IL145609	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 300.1210d)6) 300.1220b)3) 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 b) The facility shall provide the necessary care and services to attain or maintain the highest	S9999	Attachment A Statement of Licensure Violations	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>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>These requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to prevent an avoidable accident while transferring a resident from the bed to the wheelchair for 1 of 3 residents (R1) reviewed for accidents. This failure resulted in R1 sustaining a laceration to the left leg that required 5 sutures.</p> <p>Findings Include:</p> <p>On 5/21/22 at 10:49 am, V1 DON (Director of Nursing) said she conducted the investigation for the incident for (R1) on March 30,2022. V1 said during a transfer from bed to wheelchair (R1) sustained a skin tear to the left leg. V1 said the aide was transferring (R1) by herself. V1 said (R1) needs one person assist with transfers. V1 said the root cause analysis is in the investigation report. V1 presented the initial and final investigation. V1 identified the aide conducting the transfer to be V7 CNA (Certified Nursing Aide), V7 was not available for interview during this investigation. Several calls were made in the attempt to interview V7 during this survey. On 5/22/22 at 4:34 pm, V1 said (R1) sustained a laceration to the leg from the leg rest of the wheelchair, V1 said staff should remove the leg rest from the wheelchair before doing a transfer, the leg-rest could "get in the way" when performing a transfer and could potentially cause</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>an accident.</p> <p>The facility initial and final incident report dated 3/30/22 shows in-part (R1) name, date of incident 3/30/22, diagnosis shows dementia and hypothyroidism, (R1) is a 91-year-old female. She is alert and oriented x1 and able to verbalize needs. The resident is x1 assist with transfers and with her ADL care. On March 30, 2022 the nurse on duty was called to the resident room by the CNA. The CNA was transferring resident from bed to wheelchair and obtained a laceration to the lower leg from the wheelchair leg rest. Nurse applied pressure dressing and was not able to control the bleeding. The resident reported pain to the lower leg. Primary physician and POA were notified of incident and received order to send out to hospital for further evaluation and treatment. The resident (R1) returned to the facility the same day with 5 sutures to the left leg. No sharp edges noted on the wheelchair leg rest. POA (Power of Attorney) updated on resident status.</p> <p>CNA occurrence report statement for V7 dated 3/30/22 shows V7 name, 6:00 am shift, R1 name, room number, time of occurrence at 7:00 am, no, is documented for discovering or witnessing the incident, position of resident is documented in the wheelchair, in the client room, last activity engaged with the resident is documented as clean and dressing the client. Last time resident was toileted 6:50 is documented. "At about 7:00 am when I transferred the client to the wheelchair, I found her leg with blood coming out of her leg, so I went to call the nurse, date 3/30/22.</p> <p>R1 change in condition evaluation dated 3/30/22 at 7:31 a.m. shows in part, other change in condition, L leg laceration, started on 3/30/22,</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>send to ER.</p> <p>R1 progress note dated 3/30/22 at 12:12 pm, shows in-part resident returned to facility with 5 sutures to L (left) leg laceration to remove in 10 days, site is intact no signs/symptoms of infection noted. Resident denies any pain nor discomforts at this time. POA updated on resident's status, DON made aware.</p> <p>On 5/21/22 at 10:50 am, V11 (Nurse) said she was the nurse working with (R1) on 3/30/22 for the morning shift (7:00 am), V11 said minutes to her arriving to the unit she was summons to R1's room by the night nurse, V11 said upon arriving to R1's room she noticed that R1 was bleeding from the leg, and she applied a pressure dressing. V11 said she could not control the bleeding. V11 said the physician was notified and gave orders to send R1 to the local hospital for further evaluation. V11 said R1 needs extensive assist with transfers but she does not know how many staff is needed to provide the extensive assist with transfers. V11 said V7 told her that she transferred R1 and she noticed R1 bleeding from the leg.</p> <p>On 5/21/22 at 1:47 pm, during a wheelchair to bed transfer observation for R1 conducted by V4 (CNA) and V5 (CNA). R1 agreed to allow the observation of care. Observation took place in R1 room. After entering the room V4 removed the footrest from R1 chair. V4 wheeled R1 parallel to the bed, V4 and V5 ensured the wheelchair was in the locked position. V4 place the black gait belt around R1 waist/ upper body, tightened the straps, V5 insured that she could put two fingers between the belt and R1's body. V4 stood in front of R1 while V5 was on R1 right hand side. V4 ask R1 was she ready, V4 and V5 lift R1</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>simultaneously using the gait belt and pivot R1 to the bed. R1 feet was not observed to touch the floor. V4 then lift R1 legs to position R1 in the lying position. V4 and V5 was observed to provide the weightbearing support for R1 during this surface-to-surface transfer. V4 said R1 has always been a two person assist with transfers and when R1 is feeling more tired than usual R1 is transferred with mechanical lift. R1 was observed to have a healing scar noted to her left lower leg. R1 said she does not know what happened to her leg.</p> <p>Facility policy Titled Resident Transfers/ Movement with reviewed date 10/22/21 shows in-part that the community is dedicated to providing a safe and healthful working environment for its employees and residents. This policy applies to assistance with resident movement including resident transfers, both manual transfers using assistive devices. The degree to which a resident can reposition, transfer and/or ambulate will be identified upon admission and ongoing, to determine the type and amount of assistance needed. Interventions and methods to assist a resident will be communicated to designated direct care staff and include on the residents individualized service plan.</p> <p>R1 plan of care with revision date of 03/17/2022, initiated date of 09/06/2021, and target date of 06/01/2022 shows R1 requires extensive assistance with ADLs due to generalized weakness. She is also diagnosed with dementia, HTN, conjunctivitis and HLD, DVT, Anemia. R1 will improve current level of function in ADLs through the review date. Bathing/showering: R1 requires extensive assistance by staff with bathing/showering. Bathing/showering: Use short,</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>simple instructions such as hold your washcloth in your hand; Put soap on your washcloth; Wash your face; to promote independence. Bed mobility: R1 requires extensive assistance by staff with bed mobility. Dressing: R1 requires extensive assistance by staff to dress. Eating: R1 requires tray set up assistance by staff to eat. Personal hygiene R1 requires extensive assistance by staff with personal hygiene and oral care. Toilet use: R1 requires extensive assistance by staff for toileting. Transfer: R1 requires extensive assistance by staff to move between surfaces and as necessary. Discuss with R1 /family/POA care any concerns related to loss of independence, decline in function. Encourage to use call light to call for assistance. Encourage R1 to fully participate possible with each interaction. Monitor/document/report PRN any changes, any potential for improvement, reasons for self-care deficit, expected course, declines in function. Praise all efforts at self-care. PT/OT evaluation and treatment as per MD orders.</p> <p>Facility policy Titled Care Plans, Comprehensive skilled with last review date of 8/22/2018 shows in-part that a comprehensive, person centered care plan that includes measurable objective and timetables to meet the resident physical, psychosocial and functional needs is developed and implemented for each resident. The Interdisciplinary Team (IDT) in conjunction with the resident and his/ her family or legal representative, develops and implements a comprehensive, person centered care plan for each resident.</p> <p>Review of R1 current individualized plan of care for ADL (Activity of Daily Living) assistance, there is no documentation noted for how many persons assist, R1 needs for transfers.</p>	S9999		

