

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016430	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/13/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK PLACE CHRISTIAN COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1150 EUCLID AVENUE ELMHURST, IL 60126
---	---

(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 Facility Reported Incident of June 3, 2022/IL148229	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210c) 300.1210d)6) 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 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016430	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/13/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK PLACE CHRISTIAN COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1150 EUCLID AVENUE ELMHURST, IL 60126
---	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>and assistance to prevent accidents.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure safe practices when turning a resident in bed. This failure resulted in a resident falling out of bed and sustaining a right femur fracture and a right humerus fracture.</p> <p>This applies to 1 of 3 residents (R2) reviewed for falls in the sample of 3.</p> <p>The findings include:</p> <p>The EMR (Electronic Medical Record) shows R2 was admitted to the facility on April 21, 2021. R2 has multiple diagnoses including dementia without behaviors, pneumonia, weakness, history of falling, right humerus fracture, right femur fracture, UTI (Urinary Tract Infection), dysphagia, anxiety, heart failure, difficulty walking, abnormal gait and mobility, and pain.</p> <p>R2's MDS (Minimum Data Set) dated April 15, 2022 shows R2 has severe cognitive impairment. The MDS continues to show, at the time of the MDS assessment, R2 required extensive assistance by two facility staff members for bed mobility and was totally dependent on two facility staff members for transfers between surfaces.</p> <p>The facility's fall investigation dated June 3, 2022 at 5:55 AM by V5 (RN-Registered Nurse) shows, "Around 0655 (6:55 AM) CNA (Certified Nursing Assistant) alerted RN that [R2] was on floor. When CNA was turning resident on R (Right) side</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016430	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/13/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK PLACE CHRISTIAN COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1150 EUCLID AVENUE ELMHURST, IL 60126
---	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>to put [mechanical lift] sling under resident, resident slipped off on R side of bed hitting knees on floor first. Resident assessed and placed back in bed via [mechanical lift] for rest. When asked, resident states she "hurts all over" but particularly R knee. Resident refused to take Tylenol for pain. Resident and CNA deny resident hit head. STAT X-rays ordered for bilateral knees. Neuro checks and vitals WNL (Within Normal Limits)"</p> <p>The facility's fall investigation continues to show, "X-rays completed and noted with acute mildly displaced supracondylar fracture of right femur (thigh bone). ...On June 7, 2022, [R2] went to f/u (Follow-Up) appointment with orthopedic MD. At the appointment resident noted to be lethargic with SOB (Shortness of Breath) while on oxygen 3 LPM (Liters Per Minute) via NC (Nasal Cannula). Resident transported to [local hospital]. X-rays and CT scan obtained and admitted with Dx (Diagnosis): Closed fx (fracture) of head of right humerus (right upper arm bone)."</p> <p>On July 12, 2022 at 11:12 AM, V4 (CNA) said, "I was providing care to [R2], on the day of her fall. [R2] was lying on a thick air mattress. The mattress has a slippery surface. I did not have any staff in the room to help me. I was alone. I was changing her clothes and getting ready to get her out of bed. I had the bed up in a high position, at the height of my waist. I am five feet, seven inches tall, so the bed was up about three to four feet from the floor. There are small side rails up near the resident's head the resident can grab to help with turning, but [R2] was unable to assist with turning that day. She is very heavy, and totally dead weight. I turned [R2] away from me towards the edge of the bed using a pushing</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016430	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/13/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARK PLACE CHRISTIAN COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1150 EUCLID AVENUE ELMHURST, IL 60126
--	---

(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
S9999	<p>Continued From page 3</p> <p>motion with one hand, while attempting to put the [mechanical lift] sling under her body with the other hand. I crossed her legs over each other and pushed her in the direction away from me. Her legs were hanging over the side of the bed and she slid off the bed before I could catch her, hitting the floor. First her legs fell, and then the rest of her body followed, hitting the floor. After she fell to the floor, I called her nurse into the room, and she assessed her."</p> <p>On July 12, 2022 at 1:28 PM, V5 (RN) said, "I was out doing medication pass in the hallway and [V4] came out to me screaming. When I went in [R2's] room, the resident was lying on the floor on her right side. She was parallel to the bed, between the bed and the wall. [V4] said she was turning the resident and putting the sling under her, and the resident slid off the bed. It looked like she slid off the air mattress. She came off her right side and was lying on her right side on the floor. The bed was up high because [V4] was providing care to the resident in the bed when it happened. [V4] described to me that the resident's knees hit the floor first. She was lying completely on her right side on the floor when I got in the room. No part of her body was up on the bed."</p> <p>On July 12, 2022 at 2:11 PM, V7 (Rehab Director) said, "Therapists always recommend rolling the resident towards themselves when providing care alone. The resident can be turned away from you if you have someone else with you while providing care who can ensure the resident can't roll off the side of the bed if they get away from you."</p> <p>On July 12, 2022 at 12:26 PM, V3 said, "I cared for [R2] at the facility and during her hospital stay as well. She is well-known to me. [R2] has been</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016430	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/13/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARK PLACE CHRISTIAN COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1150 EUCLID AVENUE ELMHURST, IL 60126
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>bedridden for two or three years. [R2] could not assist with turning. The fall caused the fractures. I don't think there is any doubt. Unfortunately, this fall had a poor outcome for the resident and resulted in fractures. The POA (Power of Attorney) did not want to pursue surgery and decided to put the resident on hospice following the fall."</p> <p>The United States National Library of Medicine Medline Plus, reviewed October 23, 2021, shows the following steps should be followed when turning a patient from their back to their side or stomach: "Explain to the patient what you are planning to do so the person knows what to expect. Encourage the person to help you if possible. Stand on the opposite side of the bed the patient will be turning towards and lower the bed rail. Move the patient towards you, then put the side rail back up. Step around to the other side of the bed and lower the side rail. Ask the patient to look towards you. This will be the direction in which the person is turning."</p> <p>The American Congress of Rehabilitation Medicine Caregiver Guide and Instructions for Safe Bed Mobility dated 2017 shows, "The term bed mobility refers to activities such as scooting in bed, rolling (turning from lying on one's back to side-lying), side-lying to sitting, and sitting to lying down. It also includes scooting to sit on the edge of the bed when preparing to stand or transfer. What are the steps to accomplish safe bed mobility? 2. Place your hands behind the patient's shoulder and hip or thigh on the far side. Have the patient reach with their opposite arm across their body, toward the side of the bed. Important tip: the patient should always roll toward you not away from you. 3. Assist the patient in rolling toward you and have them use</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016430	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/13/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK PLACE CHRISTIAN COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1150 EUCLID AVENUE ELMHURST, IL 60126
---	---

(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
S9999	Continued From page 5 their opposite arm to reach across their body into a side lying position." (A)	S9999		