Illinois Department of Public Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | | (X3) DATE SURVEY COMPLETED C 11/02/2022 | |
|--|---|---|---|---|-------------------|--|--|
| | 1L6014138 | | | | | | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH RAND ROAD | | | | | | | |
| AVANTAR | RA LAKE ZURICH | | RICH, IL 600 | | | 99 | |
| (X4) ID PREFIX TAG | RÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | | ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED DEFICIENCY) | | | |
| S 000 | Initial Comments | | \$ 000 | #1 | W | | |
| iã Lã | FRI of 10/4/2022/IL | _152827 | ē | | | ÷ 8 | |
| S9999 | Final Observations | y s | S9999 | | 1.5 | 84 | |
| | Statement of Licen | sure Violations | | e ² | 1 | : = | |
| i i | 300.610a) 300.1210b) 300.1210c) 300.1210d)6 | | 1) 1) | at to en to | 31 ⁻²³ | 9 | |
| (5) | 300.12100)0 | | . = | | | 1. | |
| | Section 300.610 F | Resident Care Policies | | | \$1 | | |
| # 1 | procedures govern facility. The writter | Il have written policies and ing all services provided by the policies and procedures shall Resident Care Policy | <i>(#</i> | | | 85 | |
| # | Committee consist administrator, the a medical advisory c | | × | S.C.P. | | A ⁵ = | |
| | policies shall comp The written policies the facility and sha | bly with the Act and this Part. s shall be followed in operating ll be reviewed at least annually documented by written, signed | 7.2 | N + | | | |
| 11 | and dated minutes | of the meeting. | | | | | |
| | Section 300.1210 Nursing and Perso | General Requirements for onal Care | | ## ^{##} | | | |
| to a | and services to att practicable physica | l provide the necessary care ain or maintain the highest al, mental, and psychological | in a | 23 |)+ 23 | | |
| (A) | each resident's copplan. Adequate an | esident, in accordance with mprehensive resident care d properly supervised nursing care shall be provided to each | 28 | Attachment A Statement of Licensure V | olations | K\$ 889 | |

| دن. الاالمانة D | enartment of Public | | 4 | | FORM APPROVED | |
|--|--|---|--|--|-------------------|--|
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| | IL6014138 | | B. WING | | C 11/02/2022 | |
| | PROVIDER OR SUPPLIER | 900 SOUT | DRESS, CITY, S TH RAND RO RICH, IL 600 | | E). | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY) | OULID BE COMPLETE | |
| \$9999 | Continued From pa | age 1 | S9999 | | 71 P | |
| 30 | resident to meet the care needs of the r | e total nursing and personal esident. | Ē | | | |
| er eVa | | -giving staff shall review and about his or her residents' care plan. | 9 | 97 E | | |
| Ħ | | | * | 22 | 18 | |
| Si . | assure that the res as free of accident nursing personnel | ecautions shall be taken to idents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision prevent accidents. | ************************************** | | | |
| | These Requirement evidenced by: | orts were NOT MET as | \$3 | | 5 | |
| | review the facility fatransferred in a safe This failure resulte bed and sustaining staples and 9 sutures 1's skin tear has his right leg that he additional wound comments. | tion, interview and record ailed to ensure R1 was fe manner to prevent an injury. It is manner to prevent an injury. It is manner to prevent an injury. It is a skin tear that resulted in 35 res to his right lateral/back leg. It is not healed and requires are management. This applies (R1) reviewed for safety in the | 77 == 1 | ₩ ₩ ₩ | 72 33 | |

R1's face sheet list his diagnoses to include: hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, unsteadiness on feet, abnormal posture, need for Illinois Department of Public Health

The findings include:

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STATEMENT OF DEFICIENCIES (X1) PR

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014138 | | | ON MUMBED. | | (X3) DATE SURVEY COMPLETED C 11/02/2022 | |
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| | | IDENTIFICATION NUMBER: | A. BUILDING: | | | |
| | | B. WING | | | | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| AVANTA | BALAVE ZUBICU | 900 SOUT | H RAND RO | AD | 3.5 | |
| AVANTA | RA LAKE ZURICH | LAKE ZUI | RICH, IL 600 | 947 | | |
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| S9999 | Continued From pa | age 2 | S9999 | | | |
| | mononeuropathy of | rsonal care, unspecified of left lower limb, venous nic) (peripheral), cellulitis of left | 13 | | 제 : 14 | |
| j. • c | | llateral primary osteoarthritis, | 11475 | w [*] | | |
| | sitting in his electri wrapped with a ba the incident with hi | 022 at 10:05 AM, R1 was c wheelchair. His right leg was ndage. R1 was asked about s right leg. He stated, V4 | S | // ON | × : | |
| . 2 | to bed from his wh | ssistant was transferring him eelchair. He told her that she ee bed rail and she said "no it | | 0. 12 0. 12 | | |
| (i) | will be ok" and tran she sat him down | nsferred him anyway. When on the bed he hit his leg on the e skin on his leg rip. There | 20 | ~ | | |
| | was blood everywhemergency room a stitches to his right | nere. He ended up going to the and received 32 staples and 6 leg. He also stated, V4 CNA | | € *** *** | | |
| () | "They use the belt not up here (on the | m by herself with no gait belt. s downstairs (in therapy) but e floor)." He still has the wound | 481 | 25 | 1 | |
| 2 | some drainage. It | it has not healed and has hurts when they touch it and he is in bed it will "twitch". | | 7A | | |
| A p | 2022 shows, "II: Ty (cause was witnes | cident report dated October 10, /pe of incident: laceration sed), Date of incident: | , | ## ## | | |
| 8 | incident: R1's room laceration, Final In | f Incident: 8:16 PM, Location of n, Type of injury: right calf vestigation/Conclusion: R1 is a nat was initially admitted to the | | | | |
| | post-acute unit for cellulitis. He is cur | rehab and bilateral leg rently a resident the facility in unit. R1 is alert and oriented x | | | , <u>p</u> | |
| | 3 and able to come Around 8:16 PM, \ | municate all his needs to staff. /4 CNA reported to the nurse nt had a right leg skin tear that | | ≋ | ! (As | |
| | | ansfer from the wheelchair to | | ¥ | * | |

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1.75 PRINTED://11/22/2022 FORM APPROVED Illimois 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 IL6014138 11/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH RAND ROAD AVANTARA LAKE ZURICH LAKE ZURICH, IL 60047 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 the bed. RN (Registered Nurse) assess the resident and a skin tear 19 cm (centimeters) was observed with moderate bleeding to the right lower extremity calf... R1 stated, "My leg hit the side frame of the bed during the transfer."... R1 was transferred to the local hospital ER (emergency room) around 8:30 PM and he returned to the facility around 1:00 AM. Staples with sutures were used for closure of the skin tear. Upon final investigation, R1 does have a history of hemiplegia and hemiparesis post CVA (cerebrovascular accident/stroke). Right sided weakness, right knee osteoarthritis and fragile thin skin may have contributed to the incident..." On October 4, 2022, V4 CNA refused to talk with this surveyor. V1 Administrator stated, V4 did not feel comfortable talking with IDPH (Illinois Department of Public Health). She gave her statement of what happened. V4 CNA's witness statement dated October 5, 2022 shows, "Date & Type of event: skin tear 10/4/22, Name of resident: R1, Name of witness: V4 CNA: I transferred the resident to the bed and as I sat him down I noticed the bleeding on his right calf." On November 2, 2022 at 11:01 AM, V5 Assistant Director of Nursing stated, R1 was currently in therapy because his transfers were declining and becoming more difficult to transfer. On November 2, 2022 at 11:26 AM. V6 Therapy Program Director stated, they had been working on transfers with R1. He would fluctuate on his

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ability to transfer well. He was a max assist of two people at the time of the incident. They were going to do caregiver training the next day for a max assist of one person with a disc transfer but the incident happened and they never did. He is

now a hover lift with two people.

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R1's wound assessment details report dated October 18, 2022 shows, "Wound Information: Type skin tear, Measurements: Size (cm): 11 X 10 X 0 (L X W X D), Current Plan & Comments: Orders received from local hospital to remove sutures and staples from skin tear today. The distal half of wound had previously blistered around the suture and staple approximation of

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place with wrap gauze."

R1's current order summary provided on

November 2, 2022 also shows, "PT/OT (physical

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