

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014344	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/03/2022
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NAME OF PROVIDER OR SUPPLIER AVANTARA LONG GROVE	STREET ADDRESS, CITY, STATE, ZIP CODE 1666 CHECKER ROAD LONG GROVE, IL 60047
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S 000	Initial Comments	S 000		
S9999	<p>Investigation to Incident Report of 10/24/22/IL153005 - F689.</p> <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210c) 300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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</p>	S9999	<p style="text-align: right;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued From page 1 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 and assistance to prevent accidents. Based on interview and record review, the facility failed to safely transfer 1 of 7 residents (R1) in the sample of 7 reviewed for safety. This failure resulted in R1 sustaining a distal right femur fracture. On 11/3/22 at 9:49 AM, V4, Licensed Practical Nurse (LPN), said on Sunday, 10/23/22 around 3:20 PM, she was doing her charting and R1 was sitting in the dining room. V4 said she noticed R1's leg was not even with her other leg and R1's right leg was also swollen. V4 said she endorsed the findings to the oncoming nurse, V5, Registered Nurse. V4 said R1 is not able to get up by herself, R1 is a two person assist and she does not try getting up by herself and she is not restless. V4 said if R1 had fallen, she would not have been able to get up by herself; she is very heavy, she needs two people to help her. V4 said R1 does not self-propel in her wheelchair. V4 said R1 does not have any behavior issues, she is	S9999		

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S9999	<p>Continued From page 2</p> <p>very mellow. V4 said she does not know how R1 could have injured her leg.</p> <p>On 11/3/22 at 10:28 AM, V9, R1's son-in-law said R1 did not propel herself in her wheelchair. V9 said R1 had two bad knees and could not use them to propel herself.</p> <p>On 11/3/22 at 11:26 AM, V11, Orthopedic Physician Assistant (PA) said R1 came to the emergency room with leg pain; R1 fractured her distal femur. V11 said R1 most likely had some type of trauma to cause her fracture like a fall or a bad transfer. V11 said she does not feel that R1's femur fracture was from her getting her legs stuck under the wheelchair with movement.</p> <p>On 11/3/22 at 12:15 PM, V5, Registered Nurse (RN), said she was R1's nurse from 3:00 PM to 11:00 PM on 10/23/22. V5 said she noticed R1 had redness and swelling on her lower leg which had not been previously reported. V5 said R1 does not try to get up by herself from her bed or wheelchair. V5 said R1 is resistive to care and yells during care and when sitting in the dining room for no reason. V5 said R1 does not propel herself in her wheelchair and if she had fallen, R1 would not have been able to get herself back into bed or her wheelchair by herself. V5 said R1 was a two person assist for transfers. V5 said R1 would pivot transfer with a two person assist from bed to the wheelchair and back.</p> <p>On 11/3/22 at 12:33 PM, V6, Certified Nursing Assistant (CNA), said he was R1's CNA on 10/23/22. V6 said he got her up and dressed that morning and dressed then transferred R1 from her bed to her wheelchair via a one person pivot transfer. V6 said R1 was fine and did not seem to have any pain. V6 said he put R1 back to bed</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>and changed her mid-shift, then later, he alone got her back up to her wheelchair for dinner. V6 said he later put R1 back to bed by himself. V6 said R1's nurse (he did not remember the nurse's name) asked him to come back to R1's room while she assessed R1's leg. V6 said that is when he saw a bruise on R1's upper leg. V6 said he didn't know anything about it. V6 said he is not sure if R1 is a one- person transfer or requires two people. V6 said there is instruction above the resident's headboard which tells the caregiver how the resident transfers.</p> <p>On 11/3/22 at 12:56 PM, V10, CNA said no one told him that R1 had anything going on with her leg. V10 said he got R1 up Monday morning (10/24/22) and R1 was normal. V10 said he transferred R1 from her bed to her wheelchair with a one person pivot transfer using a gait belt.</p> <p>The facility's Daily Staffing Sheet provided by the facility shows V6 was scheduled from 7:00 AM until 11:30 PM on R1's unit on 10/23/22 and V10 was scheduled from 11:00 PM to 7:30 AM on R1's unit on 10/23/22 ending on 10/24/22.</p> <p>On 11/3/22 at 1:11 PM, V1, Administrator, said there is no accident or fall of record for R1.</p> <p>On 11/3/22 at 1:14 PM, V12, CNA, said we know how a resident transfers by looking at the sticker that is above their bed or the POC (Kardex). V12 said therapy does an evaluation and they let us know how to transfer. V12 said you should follow the care plan for safety reasons for the residents and staff.</p> <p>On 11/3/22 at 1:50 PM, V3, Director of Nursing (DON), said R1 is a two person transfer and has always been. V2 said R1 has no history of falls</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>and if she had fallen, she would not be able to get herself back up.</p> <p>R1's Progress Notes show the following documented on 10/23/22 at 5:20 PM ...Notice a swelling from her right leg, it's not warm to touch, it's not symmetrical from the other leg. Called her Primary physician and order Venous Doppler in the right Leg STAT. noted and endorsed.</p> <p>R1's Admission Record dated 11/3/22 shows her diagnoses include but are not limited to displaced intertrochanteric fracture of right femur with an onset date of 10/25/22, abnormalities of gait and mobility, history of falling, diabetes and dementia. R1's Minimum Data Set (MDS) dated 10/4/22 shows her cognitive skills for daily decision making are severely impaired and she requires extensive assistance by two persons with bed mobility, transfers, and toilet use. R1's Physicians Order Review Report dated 11/3/22 shows R1 has an order dated 12/01/21 for Fall Precautions: Due to history of fall. R1's current care plan provided by the facility shows she has cognitive impairment related to a diagnosis of dementia and an ADL (activities of daily living) self-care deficit and requires extensive two assist to turn and reposition in bed, for toileting, and with transferring. R1's care plan shows R1 is noted with combative behavior at times and is high risk for falls. R1's care plan shows she requires staff assistance to be propelled and requires extensive two person assist with surface to surface transfers.</p> <p>The facility's Restorative Nursing Program Policy (last revised 7/28/22) shows, "...3. Nursing and Restorative Services may include the following: ...a. Ambulation b. Transfer...4. Nursing and restorative services shall be reflected in the</p>	S9999		
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S9999	Continued From page 5 resident's individualized care plan consistent to the completion of the resident comprehensive assessment...9. Resident assistance with ADLs will be based on the above functional assessment..." (A)	S9999		