

Illinois Department of Public Health

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 01/27/2023
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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 Complaint Investigation 22910170/IL154572 - 330.710, 330.720, 330.1110 2299949/IL154363 - 330.710, 330.720, 330.1110	S 000		
S9999	Final Observations Complaint Investigation 22910170/IL154572 2299949/IL154363 Statement of Licensure Violations (1 of 4) 330.710a) 330.710b) 330.710c)1) Section 330.710 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 with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part. (b) All of the information contained in the policies shall be available for review by the Department, residents, staff and the public. (c) The written policies shall include, but are not limited to, the following provisions:	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>(1) Admission, transfer and discharge of residents, including categories of residents accepted and not accepted, residents that will be transferred or discharged, transfers within the facility from one room to another, and other types of transfers.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to provide written policies for admission to include categories of residents that are accepted and not accepted in the sheltered care. This has the potential to affect 23 residents residing in the sheltered care facility.</p> <p>Findings include:</p> <p>On 1/25/23 at 9:36 a.m, V1 (Administrator) said the facility does not have a policy to include the category of residents that are accepted and not accepted at the sheltered care facility. When asked how you know if the residents that are residing in the sheltered care are appropriate for that level of care.</p> <p>On 1/25/23 at 2:18 pm, V20 (Medical Director) said he was the medical director for the sheltered care, and he attends the QAPI meetings, V20 said his focus is on the quality of care. V20 said he is not involved with the admission process, but the facility should have policies for admission, discharges.</p> <p>Request was made to review the facility written policy for admission to include the category of residents that are accepted and not accepted in</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>the sheltered care, during this survey the written policy was not presented.</p> <p style="text-align: right;">(B)</p> <p>Statement of Licensure Violations (2 of 4)</p> <p>330.710a) 330.710c)3A)</p> <p>Section 330.710 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 with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.</p> <p>c) The written policies shall include, but are not limited to, the following provisions:</p> <p>3) A policy to identify, assess, and develop strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident. The policy shall establish a process that, at a minimum, includes all of the following:</p> <p style="padding-left: 20px;">A) Analysis of the risk of injury to residents and nurses and other health care workers, taking into account the resident handling needs of the resident populations served by the facility and the physical environment in which the resident handling and movement occurs.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interviews and records reviewed the facility failed to follow their policy to use a transfer belt while transferring a resident who was identified to require assistance with transfers. This failure affected 1 of 3 residents (R4) reviewed for safe transfers.</p> <p>Findings include:</p> <p>R4 is 93 years old with diagnosis including, but not limited to Atrial Fibrillation, Acute Respiratory Failure with Hypoxia, Asthma, Chronic Kidney Disease, stage 3, Chronic Diastolic Heart Failure, Hyperlipidemia, Hypertension and history of Falling. R4 was admitted to the Shelter Care Unit of the facility on 1/28/22 from another facility.</p> <p>On 1/19/23 at 10:36 AM, V12 R4's son, said R4 is having another surgery on 1/23/23, this is all part of treatment for the fall on 12/15/22. V12 said the facility has not said a word about what happened to cause R4's fall.</p> <p>On 1/19/23 at 10:54 AM, R4 observed residing in the skilled nursing care unit of the facility. R4 resting in bed. R4 had visible metal pins to her right leg and white dressing from above her right knee to her mid foot. The surveyor asked R4 what happened to her leg and R4 said "it was catastrophic, what happened to my leg." R4 said while residing on the shelter care unit, 2 Certified Nursing Assistants (CNAs) tried to get her up from bed into a shower chair. R4 said she stood and then started to sit in the shower chair. R4 said she heard one of the CNAs say "I don't want to hurt my back" and then the CNA stepped back</p>	S9999		

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S9999	Continued From page 4 and away from R4. R4 said the CNAs did not lock the shower chair and it rolled away, resulting in her falling. R4 said before the day she fell, she had been using a slide board for transfers and would call for staff assistance. R4 said she had never had a shower and always preferred a bed bath and had not transferred into the shower chair before. R4 said she had no shoes on when she was attempting to transfer into the shower chair. R4 said when she was on the floor her foot was "turned out" and demonstrated by using her hand positioned in a parallel direction. R4 said she is having another surgery on 1/24/23 to remove the metal in her leg. R4 said I have not been able to stand with therapy. R4 said she had "very bad" pain in both legs. R4 said the medication does not stop the pain she feels, but only makes it tolerable, R4 rated the tolerable pain at a 6. R4 said without taking pain medication the pain feels "like a knife going into my leg." On 1/19/23 at 12:03 PM, V13 Licensed Practical Nurse (LPN), said before her fall, R4 required extensive assistance with care. V13 said R4 needed help with peri care, she was 2 person assist with use of the sliding board for transfers. The surveyor asked V13 what is extensive assist and V13 said the resident requires the staff to do more for her. V13 said it means we place our hands on her to complete tasks. V13 said R4 was alert and oriented x 3 and she was able to walk. On 1/19/23 at 12:38 PM, V9 CNA, said I was assigned to R4 on 12/15/22 and was regularly assigned to R4. V9 said "normally, I get her up to stand, it's her exercises, she stands and I time her." V9 said R4 normally used a slide board with 2 persons for transfers. V9 said R4 said "I know I can do it, I want to get out of bed, I want to take a	S9999		

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S9999	<p>Continued From page 5</p> <p>shower." V9 said R4 can stand but she can't maneuver her feet. V9 said when the shower chair was brought into the room, she saw the arm rest could not be lifted to allow for a slide board transfer. V9 said the other CNA was going to get the sit to stand mechanical lift. V9 said as the other CNA was leaving the room, R4 stood up from her bed using her walker. V9 said she was standing in front of the walker, in front of and facing R4. V9 said R4 was becoming agitated and saying get the sliding board. V9 said R4 then lost her balance and V9 said she tried to break R4's fall with her knee. V9 said "I could not hold her." V9 said when transferring a resident the wheels of the chair need to be locked. V9 said she did not use a gait or transfer belt with R4 when assisting her on the sliding board. V9 said when R4 was sitting on the floor she was screaming and V9 saw R4's leg was broken. V9 said she was terminated after R4's fall.</p> <p>On 1/20/23 at 1:29 PM, V10 CNA, said on 12/15/22 she was leaving R4's room to get the lift to stand and transfer R4. V10 said I had not used the lift with R4 before. V10 said I did not see R4 fall, I heard her yelling, I was still in the room. V10 said I turned and saw R4 sitting in a squatting position, not fully on the floor, and V9 was trying to hold her and I told V9 "to drop her, but I meant gently let her down." V10 said "I knew the leg was broke, I saw her bone sticking out." V10 said she was let go after R4's fall "because my back was turned."</p> <p>On 1/19/23 at 1:58 PM, V2 Director of Nursing, said V9 and V10 were terminated for improper resident transfer. V2 said V9 and V10 were both terminated following R4's fall on 12/15/22 because they should have had a gait belt prior to standing R4 up. V2 said gait/transfer belts are in</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>each room. V2 said for transfers on the Shelter Care unit staff use a gait/transfer belt.</p> <p>On 1/20/23 at 11:15 AM, V7 Nurse, said 2 aids were in R4's room when he approached. V7 said R4 requested a shower and when he saw her R4 was in the supine position in bed. V7 said he then left the room. V7 said shortly after seeing R4 in the room he heard his name being called and he came out of the nurses' station to see what was needed. V7 said an aid met him in the hallway to say R4 had fell. V7 said "from my point of view, I saw [R4] in a sitting position, with her leg in an awkward position and some bleeding. V7 said I went to call 911. V7 said the aids only said to him that R4 wanted a shower. V7 said R4 was alert and oriented times 3. V7 said if R4 said that something happened, then that is what happened." V7 said he did not read the witness report the aids wrote. V7 said he submitted the reports with the incident reports. V7 said "a transfer is always done with 2 people and a transfer belt."</p> <p>On 1/20/23 at 12:06 PM, V15 Physical Therapist, said R4 had been on physical therapy caseload with him, in the past. V15 said at the time of therapy evaluation R4 required minimal to moderate assistant to sit up. V15 said the therapy goal for R4 was for R4 to sit up with assist, move side to side in bed, help with supine to sit, and to be able help with transfers. V15 said another goal for R4 was to be able to do sit to stand transfers with supervision. V15 said R4 maxed out, plateaued with therapy. V15 said the therapist who worked with R4 before me trained staff on sliding board transfers with R4. V15 said the training includes making sure wheeled devices are locked properly before transfer. V15 said he has not seen a transfer into a shower chair using</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>a sliding board. V15 said he never transferred R4 into a shower chair with a slide board. V15 said R4's balance standing was "very poor, partly for pain in knees." V15 said R4 was not able to walk due to weakness, R4 could not lift her legs. V15 said R4 needed maximum assistance in addition to verbal cues with hand placement to correct her posterior lean. V15 said a posterior lean is when someone leans back. V15 said R4 had the lean when he was treating her. V15 said R4 can not stand alone.</p> <p>On 1/20/23 at 12:55 PM, V16 Social Services Director, said I do memory and mood assessment quarterly with the residents. V16 said R4's "memory is ok, she is forgetful, she scores well, she is pretty sharp" on the assessments. V16 said R4 always talks about going back to assisted living, but knows she does not qualify. V16 said R4 was a 2 person transfer.</p> <p>The facility incident report dated 12/15/22 at 9:42 AM notes R4 fell in her room. R4 did not provide her statement related to her fall due to "being in pain - yelling." Incident report notes R4 had 2 staff member with her and was standing using a rollator. Statement written by V7, Nurse, documents, in part, "right leg above ankle broken/turned laterally and skin broken right knee." V7 further documented "upon departure pool of frank blood on carpet."</p> <p>The facility's final incident report for R4 initial date 12/16/22 states on 12/15/22, 2 staff members entered R4's room to transfer resident into a shower chair. R4 became impatient and agitated and attempted to take a step forward using walker without staff assistance. R4's knees buckled while attempting to transfer herself on to the shower chair causing her to sustain a fall.</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>Documented in the portion titled "Final" notes R4 is alert and oriented x3 and able to verbalize needs. R4 sent to the hospital and X-ray showed right tibia and fibula fractures.</p> <p>Witness statement written by V9 regarding R4's fall on 12/15/22 documents R4 wanted to have a shower, V9 explained if R4 did not want to use sit to stand that it would be impossible for her to move and R4 would not have a shower but a bed bath instead. V9 documented she told R4 V10, CNA, would go get the sit to stand lift. V9 documented R4 got anxious and started to move on her own. V9 said R4 became angry and lost her balance. V4 documented she tried to hold R4 up by placing her knee between R4's legs and her arms under R4's arms. V9 said she was unable to hold R4 up because of her weight. V9 documented she placed R4 on the floor.</p> <p>Witness statement written by V10, CNA, for R4's fall on 12/15/22. documents she was in the room to assist with R4's transfer. V10 documented she told R4 she can't use the slide board and that she needed the sit to stand lift. V10 documented R4 said she can stand and transfer herself. V10 documented she was going to get the transfer belt and R4 stood on her own and "that's when the incident occurred."</p> <p>Written statement by V1, Administrator, documents V1 and V2, DON, interviewed R4 on 12/15/22. Statement documents staff helped her and one of the staff members in the room said their back hurt and took a step back from resident while R4 was standing. R4 stated that the other staff member stepped away as well. Additionally, R4 said the shower chair was not locked and she did not have a transfer belt on.</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>According to R4's hospital X-ray of right tibia and fibula R4 sustained a comminuted fracture of the distal tibia without significant displacement. There is a nondisplaced fracture of the distal fibula. Hospital discharge diagnosis signed 12/15/22 notes leg fracture.</p> <p>R4's care plan documents R4 is at risk for falls due to selections are not marked. R4's goal is to not sustain fall related injury. Approaches/interventions state Ensure R4 is wearing appropriate footwear. R4's care plan for Activity of Daily Living includes approach to make sure shoes are comfortable and not slippery. There is no care plan to identify R4's transfer status or ability prior to her fall on 12/15/22.</p> <p>The facility provided copy of Transfer Belt policy review date 3/4/22 states: Any resident who requires minimal assist or more to transfer or ambulate will utilize a transfer belt for resident and employee safety.</p> <p>Procedure: 1. Resident ambulating and transfer status will be determined by an evaluation by an RN/PT/OT/MD/LPN/LVN. The evaluation/assessment will determine what size transfer belt the resident will utilize. The transfer belt will be resident specific. 2. Any resident who requires minimal assist or more to ambulate or transfer must utilize a transfer belt. 6. Residents must wear proper footwear when performing transfers. 10. In part, check that applicable wheels are locked. 11. Staff to transfer all applicable wheel locks are locked.</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>The facility policy for Resident Transfer/Movement policy review date of 11/8/22 states The community is dedicated to providing a safe and healthful working environment for its employees and residents.</p> <p>Procedure:</p> <ol style="list-style-type: none"> 1. This policy applies to assistance with resident movement including resident transfers, both manual transfers and transfers using assistive devices. 3. The degree to which a resident can reposition, transfer and/or ambulate will be identified upon admission and ongoing in order to determine the type and amount of assistance needed. 4. Interventions and methods to assist a resident will be communicated to designated direct care staff and included on the resident's individual service plan as applicable. <p>(A)</p> <p>Statement of Licensure Violations (3 of 4)</p> <p>330.720b)</p> <p>Section 330.720 Admission and Discharge Policies</p> <p>(b) No resident determined by professional evaluation to be in need of nursing care shall be admitted to or kept in a sheltered care facility. Neither shall any such resident be kept in a distinct part designated and classified for sheltered care.</p> <p>These requirements were not met as evidenced by:</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>Based on interview and record review the facility failed to follow their move-in policy and conduct an evaluation prior to admission to determine if the residents' needs can be met at the sheltered care facility, and failed to identify the level of care that the residents need. This affects 6 of 6 residents (R4, R5, R6, R7, R8, and R9) reviewed for admission evaluations.</p> <p>Findings include:</p> <p>On 1/25/23 at 9:36 am, V1 (Administrator) said the facility does not have the preadmission evaluation for R4, R5, R6, R7, R8, and R9, and the preadmission evaluation was not completed for R4 R5 R6, R7, R8, and R9. V1 said the facility policy was updated on 1/19/23 to determine that the facility should conduct preadmission screening for the residents. V1 was made aware that the residency agreement denotes that an assessment will be completed to develop a care plan based upon the assessment before admission. V1 restated that the facility did not complete the assessments.</p> <p>On 1/25/23 at 9:36 am, V2 (DON- Director of Nursing) said the facility does not have the preadmission evaluation for R4, R5, R6, R7, R8, and R9 and the preadmission evaluation was not completed for R4, R5, R6, R7, R8, and R9. When asked how you determined that the admission to sheltered care was appropriate for R4, R5, R6, R7, R8, and R9. V2 said the resident hospital records are reviewed and the facility talk to the family about the resident status. V2 was made aware that the residency agreement denotes that an assessment will be completed to develop a care plan based upon the assessment that's completed before admission. V2 restated that the evaluation was not completed. V2 was</p>	S9999		

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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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S9999	<p>Continued From page 12</p> <p>asked how you determine if level of care that's provided in the sheltered care are appropriate for the residents. V2 was asked if sheltered care was for residents that requires maintenance and personal care. V2 said she will have V17 explain it.</p> <p>On 1/25/23 V17 (Executive Director) said the facility has not been completing the preadmission evaluation for the residents. V17 said if the residents do not have any invasive nursing needs like gastric tube, intravenous medications they can be admitted to the sheltered care unit.</p> <p>1. Review of R4 Physician Order Sheet dated 12/1/22 to 12/31/22 denotes certification-I certify that continued care at (blank) level is required. This care plan has been reviewed and renewed until next visit unless noted. No physician signature noted. The level of care that R4 requires is not noted on R4 physician order sheet. R4 care plan denotes current level of care is appropriate considering current physical/social/emotional status. R4 level of care is not noted on her plan of care.</p> <p>R4 residency agreement dated 1/28/2022 denotes in-part services provided by the facility (D) personal assistance- assessment, before admission, you will receive an assessment by community staff and the staff will develop a service plan for you based upon this assessment. Observation- the community, through its staff, in the ordinary course of their daily interaction with you, shall generally observe your physical and mental well-being. The community resident care coordinator will reassess your health status as needed in light of your changing needs 30 days after admission, every 90 days thereafter, and upon re-admission.</p>	S9999		

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S9999	Continued From page 13 2. R5 is an 83 year old male, face sheet shows diagnosis of hypertension, diabetes, myasthenia gravis, depression, heart disease, congestive heart failure, AFIB, dementia, abnormal gait, congestive heart failure, and sleep apnea. Review of R5 Physician Order Sheet dated 1/1/23 to 1/31/23 denotes I certify that continued care at (blank) level is required. This care plan has been reviewed and renewed until next visit unless noted. The level of care that R5 requires is not noted on R5 physician order sheet. R5 care plan dated 5/13/22 denotes current level of care is appropriate considering current physical/social/emotional status. R5 level of care is not noted on his plan of care. R5 residency agreement dated 8/13/2021 denotes in-part services provided by the facility (D) personal assistance- assessment, before admission, you will receive an assessment by community staff and the staff will develop a service plan for you based upon this assessment. Observation- the community, through its staff, in the ordinary course of their daily interaction with you, shall generally observe your physical and mental well-being. The community resident care coordinator will reassess your health status as needed in light of your changing needs 30 days after admission, every 90 days thereafter, and upon re-admission. On 1/20/23 at 11:43 am, V18 and V19, both CNAs, said R5 needs two-person assist for transfers and she uses a mechanical lift for R5. 3. Review of R6 Physician Order Sheet dated	S9999		

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S9999	Continued From page 14 1/1/23 to 1/31/23 denotes I certify that continued care at (blank) level is required. This care plan has been reviewed and renewed until next visit unless noted. No physician signature noted. The level of care that R6 requires is not noted on R6 physician order sheet. R6 care plan denotes current level of care is appropriate considering current physical/social/ emotional status. R6 level of care is not noted on the plan of care. R6 residency agreement dated 6/22/2022 denotes in-part services provided by the facility (D) personal assistance- assessment, before admission, you will receive an assessment by community staff and the staff will develop a service plan for you based upon this assessment. Observation- the community, through its staff, in the ordinary course of their daily interaction with you, shall generally observe your physical and mental well-being. The community resident care coordinator will reassess your health status as needed in light of your changing needs 30 days after admission, every 90 days thereafter, and upon re-admission. On 1/20/23 at 11:18 am, V18 said R6 needs two-person assist for transfers and she uses a mechanical lift for R6. 4. R7 is an 89 year old female, R7 face sheet shows in-part R7 has diagnosis of repeated falls, lack of coordination, difficulty walking, cognitive deficits, hypertension, obstructive sleep apnea. Review of R7 Physician Order Sheet dated 1/1/23 to 1/31/23 denotes I certify that continued care at (blank) level is required. This care plan has been reviewed and renewed until next visit unless noted. The level of care that R7 requires is not noted on R7 physician order sheet. R7 care plan dated 5/7/22 denotes current level of care is appropriate considering current physical/social/	S9999		

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S9999	<p>Continued From page 15</p> <p>emotional status.</p> <p>R7 level of care is not noted on his plan of care. R7 residency agreement dated 10/28/2021 denotes in-part services provided by the facility (D) personal assistance- assessment, before admission, you will receive an assessment by community staff and the staff will develop a service plan for you based upon this assessment. Observation- the community, through its staff, in the ordinary course of their daily interaction with you, shall generally observe your physical and mental well-being. The community resident care coordinator will reassess your health status as needed in light of your changing needs 30 days after admission, every 90 days thereafter, and upon re-admission.</p> <p>On 1/20/23 at 11:18 am, V18 said R7 needs two-person assist for transfers and she uses a mechanical lift for R7.</p> <p>5. R8 is an 83 year old male, R8 Physician Order Sheet shows in-part R8 has diagnosis of prostate cancer metastatic to bones, history of falls, generalized muscle weakness, alzheimer's disease, dementia without behavior disturbance, mood disturbance, anxiety, and psychotic disturbance. Review of R8 Physician Order Sheet dated 1/1/23 to 1/31/23 denotes I certify that continued care at (blank) level is required. This care plan has been reviewed and renewed until next visit unless noted. The level of care that R8 requires is not noted on R8 physician order sheet. R8's care plan denotes current level of care is appropriate considering current physical/social/ emotional status.</p> <p>R8 level of care is not noted on his plan of care.</p> <p>R8 residency agreement dated 11/30/2022 denotes in-part services provided by the facility</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>(D) personal assistance- assessment, before admission, you will receive an assessment by community staff and the staff will develop a service plan for you based upon this assessment. Observation- the community, through its staff, in the ordinary course of their daily interaction with you, shall generally observe your physical and mental well-being. The community resident care coordinator will reassess your health status as needed in light of your changing needs 30 days after admission, every 90 days thereafter, and upon re-admission.</p> <p>On 1/20/23 at 11:43am V17 said R8 needs two-person assist for transfers and she uses a mechanical lift for R8.</p> <p>6. R9 is an 88 year old female, R9 POS shows in-part R9 has diagnosis of multiple sclerosis, scoliosis of spine, history of falls, insomnia, osteoporosis, apraxia and gait instability. Review of R9 Physician Order Sheet dated 1/1/23 to 1/31/23 denotes I certify that continued care at (blank) level is required. This care plan has been reviewed and renewed until next visit unless noted. No physician signature noted. R9 POS shows orders for hospice D/T (due to) multiple sclerosis. The level of care that R9 requires is not noted on R9 physician order sheet. R9 care plan denotes current level of care is appropriate considering current physical/social/ emotional status.</p> <p>R9 level of care is not noted on the plan of care. R9 care plan denotes level of care is appropriate considering current physical/social/ emotional status. There is not a specific level of care noted on R9 plan of care.</p> <p>R9 residency agreement dated 2/09/2020 denotes in-part services provided by the facility (D) personal assistance- assessment, before</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>admission, you will receive an assessment by community staff and the staff will develop a service plan for you based upon this assessment. Observation- the community, through its staff, in the ordinary course of their daily interaction with you, shall generally observe your physical and mental well-being. The community resident care coordinator will reassess your health status as needed in light of your changing needs 30 days after admission, every 90 days thereafter, and upon re-admission.</p> <p>On 1/20/23 at 11:18 am, V18 said R9 needs two-person assist for manual transfers, and that R9 is weak and cannot stand independently.</p> <p>Facility sheltered care move-in policy with last review date of 1/19/23 denotes in-part the community will follow the procedures below when moving in new residents. All state specific regulations apply, residents must be 62 years of age or older. Exceptions may be made by the CEO/Designee. Residents will be evaluated in person by the Director of Nursing, Executive Director, or designee prior to move-in. Resident must be examined by a physician prior to the date of move in or per state regulations. The Director of Nursing/ designee will complete the preliminary evaluation using the SLC evaluation tool. Based upon this evaluation the community (Executive Director, Director of Nursing, Memory Care Director) will determine if the resident needs can be met in the community. Pre move-in review process: The Director of Nursing or designee will evaluate a resident prior to the day of move-in in order to develop a service plan and educate staff to resident needs. If the resident being evaluated is a referral for memory care, the memory care Director should attend the evaluation with the DON.</p>	S9999		

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S9999	<p>Continued From page 18</p> <p>Request was made to review the facility SLC evaluation tool, V1 said the facility does not have an evaluation tool that they use for conducting evaluations prior to admission for the sheltered care unit.</p> <p>During this survey the facility failed to provide written policy for admission to include the categories of residents that can and can not be admitted to the sheltered care facility. Initially V2 said residents that use a hooyer mechanical lift for transfer can be admitted to the sheltered care unit, on 1/25/23 V2 said that was not correct and that a resident that requires a hooyer mechanical lift can reside on the sheltered care unit.</p> <p>(B)</p> <p>Statement of Licensure Violations (4 of 4)</p> <p>330.1110a)</p> <p>Section 330.1110 Medical Care Policies</p> <p>a) The facility shall have a written program of medical services approved in writing by the advisory physician that reflects the philosophy of care provided, the policies relating to this and the procedures for implementation of the services. The program shall include the entire complex of services provided by the facility and the arrangements to effect transfer to other facilities as promptly as needed. The written program of medical services shall be followed in the operation of the facility.</p> <p>These requirements were not met as evidenced</p>	S9999		

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S9999	<p>Continued From page 19</p> <p>by:</p> <p>Based on interview and record review the facility failed to provide written program for the medical services that are provided in the sheltered care, failed to provide the policies for implementing medical services that are provided by the sheltered care, this affects 6 of 6 residents (R4, R5, R6, R7, R8, and R9) reviewed for medical services and has the potential to affect all 23 residents that reside in the sheltered care facility.</p> <p>Findings include:</p> <p>On 1/25/23 at 2:18 pm, V1 (Administrator) said the facility does not have a policy for the specific medical services that's provided in the shelter unit. V1 said whatever the resident lease agreement shows that's what provided. V1 was asked if the facility had policies related to the procedures for implementing the medical services listed in the residency agreement. V1 said "no".</p> <p>On 1/25/23 at 2:18 pm, V20 (Medical Director) said he was the medical director for the sheltered care and he attends the QAPI meetings, V20 said his focus is on quality of care and issue of quality care. V20 said the facility should have policies for the medical services provided at the sheltered care and procedures for implementing the medical care.</p> <p>R4, R5, R6, R7, R8, R9 reviewed for medical services and policies for implementing medical services at the sheltered care.</p> <p>During this survey request was made to review the written programs of medical services provided at the sheltered care and policies for the procedures for implementing the programs at the</p>	S9999		

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S9999	Continued From page 20 sheltered care. During this survey the written programs for medical services provided and policies and procedures for implementing the medical services not presented. (C)	S9999		