

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007868 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 03/27/2023 |
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| NAME OF PROVIDER OR SUPPLIER ELEVATE CARE SOUTH HOLLAND | STREET ADDRESS, CITY, STATE, ZIP CODE 16300 WAUSAU STREET SOUTH HOLLAND, IL 60473 |
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| (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 |
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| S 000 | Initial Comments Complaint Investigation 2391997/IL157339 Facility Reported Incident of March 3, 2023 IL157770 | S 000 | | |
| S9999 | Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)6) 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 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 | S9999 | Attachment A Statement of Licensure Violations | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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| S9999 | <p>Continued From page 1</p> <p>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>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident was transferred in a manner to prevent injury for 1 of 3 residents reviewed for falls in the sample of 13. This failure resulted in R2 sustaining a laceration requiring sutures.</p> <p>The findings include:</p> <p>R2's Minimum Data Set, dated 12/10/23, shows R2 is cognitively intact and requires two person extensive assistance for transfers.</p> <p>R2's Care Plan, dated 12/19/22, shows "(R2) requires extensive staff assist with transfers.....Transfers: mechanical lift."</p> <p>The facility's Final Incident Report to IDPH, dated 3/10/23, shows "on 3/3/23, (R2) bumped her leg on the wheelchair.....laceration to right leg....sent to the ER...returned from the hospital with 8</p> | S9999 | | |
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| S9999 | <p>Continued From page 2</p> <p>sutures to the right leg."</p> <p>R2's Progress Note, dated 3/3/23 at 11:46 AM, shows " laceration observed to right lateral calf during transfer to wheelchair, are noted with adipose tissue present with laceration 2.6 cm x 4.0 cm x 2.2 cm with serosanguineous drainage present; area cleansed with normal saline, pat dry, applied 6 steri-strips wand cover with dry dressing prior to transfer to ER."</p> <p>R2's Progress Note, dated 3/3/23 at 9:36 PM, shows "patient received alert and oriented times three. Right lower extremity (RLE) has 8 nylon sutures. There is a small amount of serosanguineous drainage on the dressing, x-ray of RLE negative. Patient given tetanus-diphtheria vaccine in ER."</p> <p>On 3/24/23 at 10:00 AM, R2's right lower leg, just below the knee, contained a healing laceration with steri strips about two inches in length. R2 stated, "She was helping me into the wheelchair, there was a gizmo sticking out that cut my leg and kept cutting me as I sat down. It was about two inches. I got 8 stitches. It was something that was sticking out on the wheelchair, I'm not sure what it was but it hurt! I went out to the hospital and got stitches. They usually use the mechanical lift. I'm unable to stand, my legs give out. That time she didn't, we were in a hurry. They should use the mechanical lift, I don't want anyone to get hurt."</p> <p>On 3/24/23 at 10:10 AM, V5, Certified Nursing Assistant (CNA), stated "(R2) transfers with a mechanical lift and two people. I transferred her from the bed to the wheelchair by myself with a turn and pivot. When she sat down something caught her leg and cut her. I'm not sure what it</p> | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>was, something sticking out of the area where the leg rest goes. I reported it right away to the nurse, she was bleeding a lot. She got sent out to the hospital. (R2) is supposed to be a two person, mechanical lift. It was my mistake, I got a suspension for it."</p> <p>On 3/24/23 at 12:11 PM, V8, Unit Manager, said R2 was transferred from the bed to the wheelchair, and her leg caught on the brake of the wheelchair and cut it. V8 said R2 is supposed to be a mechanical lift transfer and the CNA transferred R2 by herself.</p> <p>On 3/24/23 at 11:40 AM, V6, Therapy Director, said if a resident is care planned as a mechanical lift for transfers, staff should transfer the resident accordingly. V6 said based on assessment by therapy, the care plan shows the safest method to transfer the resident.</p> <p>The facility's Transfers-Manual Gait Belt and Mechanical Lifts Policy dated 1-19-18 shows "In order to protect the safety and well-being of the staff and residents, and to promote quality care, this facility will use mechanical lifting devices for the lifting and movement of residents....mechanical lifting devices shall be used for any resident needing a two person assist."</p> <p>(B)</p> | S9999 | | |
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