

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003412	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/14/2023
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NAME OF PROVIDER OR SUPPLIER GROVE OF NORTHBROOK,THE	STREET ADDRESS, CITY, STATE, ZIP CODE 263 SKOKIE BOULEVARD NORTHBROOK, IL 60062
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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
S 000	Initial Comments Facility Reported Incident of July 26, 2023 IL162643	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210 b) 300.1210 c) 300.1210 d)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 and assistance to prevent accidents. These requirements are not met as evidenced by:	S9999	<p>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	<p>Continued From page 1</p> <p>Based on interviews and record reviews, the facility failed to use the proper equipment when providing incontinence care. This affected one of three residents (R11) reviewed for safety during care. This failure resulted in the use of a sit to stand device while providing incontinence care, contributing to R1 falling and sustaining a right shoulder fracture.</p> <p>Findings include:</p> <p>R11's MDS (Minimum Data Set), dated 7/7/23, notes R11's BIMS (Brief Interview for Mental Status) score is 15 out of 15. R11 is totally dependent on two persons physical assistance with transfers. R11 requires extensive assistance of two persons physical assistance with toileting. Functional limitation in range of motion notes impairment in both upper and lower extremities.</p> <p>R11's restorative assessment, dated 7/3/23, notes R11 with limitation in range of motion (flexion and extension) of both shoulders and both knees.</p> <p>R11's ADL (activities of daily living) care plan, initiated 4/26/2017, notes R11 has an ADL self-care performance deficit related to impaired balance. R11 has history of falls, limited balance and gait is unsteady, and limited mobility. On 4/22/2021, use mechanical lift (sit to stand) for transfers was added. The focus of this care plan was updated on 2/19/2022 to include discontinue sit to stand lift device now and use full mechanical lift device due to bilateral shoulder pain.</p> <p>R11's incontinence care plan, initiated 4/26/2017, notes R11 displays total bowel/bladder</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>incontinence related to impaired mobility. R11 is unable to stand without staff interventions. R11 with obesity, weakness, and easily gets tired. The focus of this care plan was updated on 8/1/23 to discontinue use of mechanical lift (sit to stand) due to shoulder injury, limited range of motion especially of right shoulder.</p> <p>R11's falls care plan, initiated 4/26/2017, notes R11 is at high risk for falls related to incontinence, muscle weakness, lack of coordination, and unable to stand without staff interventions.</p> <p>On 12/1/23 at 1:10 PM, R11 who was assessed to be alert and oriented x 3, stated she is not able to bear weight on her legs. R11 stated V36, CNA (Certified Nursing Assistant) was using sit to stand lift device, and R11 fell hitting right upper arm and shoulder on floor.</p> <p>On 12/1/23 at 11:55 AM, V27 (Rehabilitation Director) stated R11 was seen by skilled therapy from February to March 2023. V27 stated at the time R11 was discharged from skilled therapy, it was recommended R11 use full mechanical lift device.</p> <p>On 12/1/23 at 1:20 PM, V8 (Restorative Nurse) stated R11 likes staff to use sit to stand lift device when providing incontinence care. V8 stated R11 was assessed and is appropriate for full mechanical lift device, not the sit to stand lift device. V8 stated residents have to be able to bear weight in order to use the sit to stand lift device. V8 stated R11 let go of the bar on the lift device with R11's right hand, and the CNAs lowered R11 to the floor. V8 stated V8 has educated R11 and staff regarding transferring R11 with full mechanical lift device for safety reasons. V8 stated the fall was due to a</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>judgment error of staff to use sit to stand rather than full mechanical lift device.</p> <p>On 12/5/23, V36, CNA (Certified Nursing Assistant) stated V36 was providing incontinence care using the sit to stand lift device, R11 started to slide, and V36 and another CNA lowered R11 onto the floor. V36 stated when R11 is sitting in the wheelchair, the sit to stand lift device is used for incontinence care.</p> <p>R11's physical therapy discharge note, dated 3/21/23, notes R11's functional assessment for transfers with sit to stand - not applicable, chair/bed to chair transfer - dependent, toilet transfer - dependent. R11's mobility function score is 3 out of 12.</p> <p>R11's occupational therapy discharge note, dated 3/27/23, notes R11's functional assessment for toileting hygiene - dependent. R11's mobility function score is 0 out of 12.</p> <p>R11's hospital record, dated 7/27/23, notes, "(R11) presented to the emergency room with complaints of right shoulder and elbow pain. (R11) has history of chronic right shoulder pain. (R11) reported last night she was being assisted in transfer with CNA using lift device and (R11) was standing with lift, then fell landing on her right shoulder. (R11) complained of increased right shoulder pain. X-rays done at facility reports possible humeral neck fracture. (R11) with bilateral lower leg lymphedema. Right shoulder x-ray shows comminuted fracture of the proximal humerus. Right elbow x-ray shows questionable impaction fracture of the right radial neck."</p> <p>The manufacturer's instructions for use of sit to</p>	S9999		

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S9999	Continued From page 4 stand lift device includes, but is not limited to, individuals must be able to support the majority of their own weight, otherwise injury can occur. (B)	S9999		