STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003594	A. BUILDING: _____ B. WING _____	C 05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE CHICAGO NORTH	2451 WEST TOUHY AVENUE CHICAGO, IL 60645

(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 Complaint Investigation 2482966/IL171953	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 2 300.690 b) 300.690 c) Section 300.690 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. These requirements were not met as evidenced by:	S9999		

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Based upon record review and interview, the facility failed to notify IDPH (Illinois Department of Public Health) of serious injury for one of four residents (R2) reviewed for falls.

Findings include:

R2's (11/27/23) incident report states resident was found next to the bed, on the floor, lying on his back. 1cm (centimeter) laceration above right eye.

R2's (11/27/23) progress notes state the laceration at the upper side of the right eye was stitched.

On 5/8/24, surveyor requested evidence that IDPH was notified of R2's (11/27/23) fall/laceration at 1:22pm. V1 (Administrator) stated, "It can't be found" and affirmed R2's (11/27/23) serious injury (laceration) was not reported to IDPH.

On 5/8/24 at 1:58pm, surveyor inquired about the regulatory requirement for falls with serious injury. V2 (Director of Nursing) stated, "Falls with serious injuries we consider as reportable. We make a reportable to IDPH within 24 hours for initial, and within 5 days for final."

The incident and accidents policy (reviewed 4/7/19) states an incident/accident report will be completed for: all serious accidents or incidents of residents. The Director of Nursing, Assistant Director of Nursing, or Nursing supervisor must notify the following if an actual injury occurs: The Illinois Department of Public Health, by phone within 24 hours of the occurrence. A narrative summary of the incident is to be sent to the Illinois Department of Public Health within 5 days.

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300.610 a)
300.1210 b)
300.1210 c)
300.1210 d)6)
300.1220 b)3)

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 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

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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.

Section 300.1220 Supervision of Nursing Services

b) The DON shall supervise and oversee the nursing services of the facility, including:

3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

These requirements are not met as evidenced by:

Based upon record review and interview, failed to revise fall prevention interventions; failed to implement appropriate fall prevention interventions; and failed to provide supervision to one of four residents (R2) reviewed for falls. These failures resulted in R2 sustaining a fall, laceration (above the right eye), and stitches.

Findings include:

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R2's diagnoses include but not limited to osteomyelitis, low back pain, unsteadiness on feet, abnormalities of gait/mobility, lack of coordination and weakness.

The facility incident reports affirm R2 fell on 10/2/23, 10/12/23 and 11/27/23.

R2's (1/10/24) BIMS (Brief Interview Mental Status) determined a score of 9 (moderate impairment).

R2's (1/10/24) functional assessment affirms R2 requires substantial/maximal assistance with chair/bed to chair transfer.

R2's care plan includes (6/14/23) Resident is at risk for falls related to deconditioning and gait/balance problems. Interventions: (10/3/23) Resident is encouraged to ask for (as needed) pain medications for increased pain and before transferring to wheelchair. (11/28/23) Staff will ensure bilateral floor mats are in place while resident is in bed. Resident will be evaluated and treated as ordered by PT (physical therapy) and OT (occupational therapy).

R2's (11/27/23) progress notes state resident found on floor next to bed lying on his back. Resident reported he was trying to reach his phone charger and slid out of the bed. Resident noted to have small 1 cm (centimeter) laceration above his right eye. Resident transported to ER (Emergency Room) for further evaluation. Resident was brought back to the facility, the laceration at the upper side of the right eye was stitched.

R2's (11/27/23) incident report affirms resident

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was found next to bed on the floor lying on his back. No witnesses found.

On 5/8/24 at 1:58pm, surveyor inquired about R2's fall risk assessment prior to falling in the facility. V2 (Director of Nursing) reviewed R2's electronic medical record and stated, "I see that there's an assessment 9/11 (2023) the score was 26 (moderate fall risk)." Surveyor inquired what fall prevention intervention was implemented post R2's (10/2/23) fall. V2 responded, "Is encouraged to ask for PRN (as needed) medication for increase pain before transferring to wheelchair on 10/3/23". Surveyor inquired what fall prevention intervention was implemented post R2's (10/12/23) fall. V2 replied, "I haven't seen really an entry for 10/12" and affirmed R2's care plan was not revised on or about 10/12/23. Surveyor inquired about staff requirements if a resident falls. V2 stated, "They (staff) need to update the care plan." Surveyor inquired about R2's (11/27/23) fall/injury. V2 (Director of Nursing) responded, "According to the note here resident found next to bed on floor lying on his back has small 1 centimeter laceration above eye. Resident was reaching for phone charger and slipped out of bed." Surveyor inquired what fall prevention interventions were implemented post (11/27/24) fall. V2 replied, "11/28 it's says (R2) will be treated with PT (Physical Therapy) and OT (Occupational Therapy) as ordered. Will ensure bilateral floor mats are in place while (R2) is in bed." Surveyor inquired if staff supervision was included on R2's fall prevention interventions . V2 stated, "I didn't see that."

On 5/14/24 at 2:13pm, surveyor inquired about fall prevention. V20 (Medical Director) stated, "If I label them (residents) as a fall risk, I try to put measures in place to prevent the fall. For every

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single fall they (staff) call, and we implement something." Surveyor inquired about potential harm to a resident that sustains an unwitnessed fall. V20 responded, "You can have a subdural hematoma, head trauma, visceral injuries, or fractures. Falls can cause many potential injuries."

The fall prevention program (revised 11/29/22) states the program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary. The fall prevention program includes the following components: Care Plan addresses each fall, interventions are changed with each fall, as appropriate. Safety interventions will be implemented for each resident identified at risk. The resident will be checked approximately every two hours, or as according to the care plan, to assure they are in a safe position. The frequency of safety monitoring will be determined by the resident's risk factors and the plan of care.

(B)

2 of 2

300.610 a)
300.1210 b)
300.1210 d)2)

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

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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 resident to meet the total nursing and personal care needs of the resident.
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:
2) All treatments and procedures shall be administered as ordered by the physician.

These requirements are not met as evidenced by:

Based upon interview and record review, the facility failed to ensure that 1:1 feeding assistance was provided to three of three residents (R2, R3, R4) reviewed for nutrition. These failures resulted in R2 sustaining significant weight loss.

Findings include:

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1. R2's (11/22/23) physician orders state weigh upon admission and weekly x4 for 5 weeks (end date: 12/28/24). R2 was discharged from the facility 1/10/24.

R2's (1/10/24) BIMS (Brief Interview Mental Status) determined a score of 9 (moderate impairment).

R2's (1/10/24) functional assessment affirms resident requires supervision or touching assistance with eating.

R2's (5/2/23) admission weight was 202.1# (pounds).

R2's (12/18/23) progress note states writer received a call from resident's parents requesting resident be put on "feeder" list for assistance due to unsteadiness of hand while eating. IDT (Interdepartmental Team) made aware.

R2's (1/9/24) dietary assessment states weight 144# (pounds). IBW (Ideal Body Weight) 190#. Weight over 1, 3, and 6 months is as follows: 12/1/23- 160.6#; 10/3/23 - 176# ; 7/23/23 - 187#. Significant weight loss at 1, 3, and 6 months is unplanned and likely related to poor oral intake at mealtimes. Continue 1:1 feeding assistance to maximize oral intake.

R2's weights are as follows:
5/2/23 (Admission): 202.1#
7/23/23: 187#; 15.1# weight loss; -7.5%
10/3/23: 176#; 26.1# weight loss; -12.9%
12/1/23: 160.6#; 41.5# weight loss; -20.5%
1/9/24: 144# 58.1# weight loss; -28.7%

R2's (January 2024) documentation survey report

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affirms "eating" assistance for 20 out of 29 meals was not documented. On 1/1/24 (breakfast & lunch) and 1/5/24 (dinner) setup or clean us\p assistance was documented. .

On 5/8/24 at 11:20am, surveyor inquired if R2 was able to feed himself. V16 (Social Service) stated, "I know he would drink on his own, but I don't recall." Surveyor inquired if R2's family requested R2 receive feeding assistance. V16 responded, "December 18th is when I received a call from the mother; she wanted the resident to be put on the feeding list due to unsteadiness of his hand while eating." Surveyor inquired if feeding assistance was provided to R2. V16 replied, "I don't know."

On 5/8/24 at 3:13pm, surveyor inquired what blank spaces on the documentation survey report indicate. V18 (Restorative Aide) responded, "They haven't been done that day."

On 5/14/24 at 2:23pm, surveyor inquired about potential harm to a resident that sustains significant weight loss. V20 (Medical Director) stated, in part, "Malnutrition."

The dietary policy (revised 10/17/19) states residents identified at nutritional risk may be weighed weekly or bi-weekly as per physician order or IDT recommendation. Weekly weights may be discontinued if the resident's weight has remained stable for four consecutive weeks or as determined by the IDT, Dietician, or the Physician.

2.R3's diagnoses include quadriplegia.

R3's (4/19/24) dietary assessment includes 1:1 feeding assistance.

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S9999	Continued From page 10 R3's (April 2024) Documentation Survey Report states resident will eat all meals with one-person total assist as tolerated, however, 49 of 90 meals were not documented. 3. R4's diagnoses include quadriplegia. R4's (4/19/24) dietary assessment includes 1:1 feeding assistance. R4's (April 2024) Documentation Survey Report affirms "eating" assistance for 51 of 90 meals were not documented. The restorative nursing program (revised 1/4/19) includes but is not limited to eating and swallowing. Develop an individualized restorative program as appropriate based on the assessment information. (B)	S9999		