(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6002836	B. WING 0		04/2	5/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	-
ELMS, T	HE		ELYN AVEN , IL 61455	UE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Health Surv	rey				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations				
	1 of 2					
	300.661					
	Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.					
	BUSINESS OPERA (225 ILCS 46/) Hea Check Act. (225 ILCS 46/15) Sec. 15. Definition "Initiate" means obtous applicant, or emploon number, demograped and an authorization Health or its design fingerprint-based or transmitting this information of Publis searches on certain limitation the Illinois Department of Correct Engine, the Departs Search Engine, the	ons. In this Act: taining from a student, yee his or her social security hics, a disclosure statement, n for the Department of Public				

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

05/10/24 **Electronically Signed** 

TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			71. BOILDING.			
		IL6002836	B. WING		04/2	5/2024
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ELMS, T	HE		ELYN AVEN , IL  61455	UE		
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\$9999	Sex Offender Public Excluded Individual website of the Heal of Inspector General has been adjudicate prison inmate, or defined by rule; and or employee's finger transmitted electron Police.  This requirement is Based on interview failed to complete the website checks pricate a work schedule for (V13/Certified Nursiv15/CNA, V16/Mair V18/CNA, and V19 care worker backgrotential to affect a facility.  Findings Include:  The facility's Abuse (undated) document of this policy is to a all that is within its of mistreatment, no residents. This will pre-employment so include criminal bacreferences."	c Registry, and the List of Is and Entities database on the Ith and Human Services Office al to determine if the applicant ed a sex offender, has been a as committed Medicare or conducting similar searches as d having the student, applicant, erprints collected and nically to the Illinois State  and record review, the facility he required background or to a new employee starting r 7 of 10 Employees sing Assistant/CNA, V14/CNA, Itenance, V17/Cook, Index of the Illinois State Ill 68 residents living in the life and Neglect Prevention Policy ints, "Procedure: The purpose soure that (the facility) is doing control to prevent occurrences eglect, or abuse of our be done by: Conducting creening of employees; to ckground verification and	S9999			
	V15/CNA, V16/Mai	ntenance, V17/Cook, A employee files do not contain				

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IL6002836  B. WING		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
ELMS, THE    1212 MACOMB, IL 18455   MACOMB, IL 184			IL6002836	B. WING		04/	25/2024
CAS   DESCRIPTION   CASH   C	NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
CAJID   SLIMMARY STATEMENT OF DEFCIENCIES   PRESENT OF CORRECTION   CONTRICT OF CONTRICT ON CONTRICT OF CONTRICT OF CONTRICT ON CONTRICT	ELMS, T	HE			JE		
evidence of the facility obtaining background checks of these residents since admission to the facility.  On 4-23-24 at 11:22 AM, V20 (Director of Business and Personnel) stated, "I am in charge of performing the new employee background checks." V20 verified (the facility) does not have record of V13/CNA, V14/CNA, V15/CNA, V15/Maintenance, V17/Cook, V18/CNA, V19/NA following checks: Illinois Sex Offender; Department of Corrections Sex Offender; Department of Corrections Sex Offender; Department of Corrections Fugitive Search; National Sex Offender; and Health and Human Services Office of the Inspector General.  (C)  2 of 2  300.610 a) 300.1210 b) 300.1210 d)2) 300.1210 d)5) 300.1220 b)3)  Section 300.610 Resident Care Policies and procedures governing all services provided by the facility. The written policies and procedures governing all services provided by the facility. The written policies and procedures governing of at least the	PRÉFIX	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	COMPLETE
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	S9999	evidence of the fac checks of these restacility.  On 4-23-24 at 11:2: Business and Persof performing the nichecks." V20 verifit record of V13/CNA V16/Maintenance, V19/CNA following Department of Corruppertment	esident Care Policies shall have written policies and Health and Human he Inspector General.				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6002836	B. WING 04/		04/2	5/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 0-172	0,202-
			ELYN AVEN	•		
ELMS, T	HE	MACOMB	, IL 61455			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 3	S9999			
		be reviewed at least annually documented by written, signed of the meeting.				
	Nursing and Person b) The facility care and services to practicable physical well-being of the releash resident's complan. Adequate and care and personal cresident to meet the care needs of the red) Pursuant to nursing care shall in following and shall seven-day-a-week 2) All treat be administered as 5) A regulate treat pressure sore: breakdown shall be seven-day-a-week enters the facility with develop pressure sore: clinical condition desores were unavoid pressure sores shall services to promote and prevent new processure sores shall be seven-day-a-week enters the facility with develop pressure sores shall be sores were unavoid pressure sores shall services to promote and prevent new processure sores shall be serviced to processure sores shall be serviced to processure sores shall be serviced to processure sores shall be served to processure sores shall b	shall provide the necessary of attain or maintain the highest of attain or maintain the highest of a training and psychological sident, in accordance with a prehensive resident care properly supervised nursing care shall be provided to each of total nursing and personal esident.  Subsection (a), general anclude, at a minimum, the property of a training and personal esident.				

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		IL6002836	B. WING		04/	25/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
ELMS, T	HE		DELYN AVENU 3, IL 61455	JE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
S9999	needs and goals to orders, and personal Personnel, represe nursing, activities, or modalities as are of be involved in the plan. The plan shareviewed and modificated as indicated. The plan shall be remonths.  These requirements.  Based on observation review, the facility for implement pressure we pressure relieving or physician-ordered to injury for one of two	be accomplished, physician's al care and nursing needs. Inting other services such as dietary, and such other redered by the physician, shall reparation of the resident care all be in writing and shall be fied in keeping with the care do by the resident's condition. Eviewed at least every three as are not met as evidenced by:  on, interview, and record alled to develop and the relieving interventions to ound development, develop a sare plan, and implement a reatment for a deep tissue or residents (R31) reviewed for				
	28. These failures painful, unstageable a deep tissue injury Findings include: The facility's Suppodated 9/2013, docupurpose of this proof for the assessment reducing relieving diskin breakdown. Prresident's care plant	essure ulcers in the sample of resulted in R31 developing a eright heel pressure ulcer and to the left great toe.  The surface Guidelines policy, ments, "Purpose: The cedure is to provide guidelines of appropriate pressure levices for residents at risk for eparation: 1. Review the to assess for any special nt. Steps in the Procedure:				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6002836	B. WING		04/2	25/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ELMS, T	HE		ELYN AVEN , IL 61455	UE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 5	S9999			
	ulcer risk scale suc determine need for pressure-relieving of The facility's Preven	ntion of Pressure Injuries				
	policy, dated 4/2020, documents, "Purpose: The purpose of this procedure is to provide information regarding identification of pressure injury risk factors and interventions for specific risk factors. Preparation: Review the resident's care plan and identify the risk factors as well as					
	those considered m Assess the residen hours) for existing p Repeat the risk ass changes in condition	esigned to reduce or eliminate nodifiable. Risk Assessment: 1. It on admission (within eight pressure injury risk factors. essment weekly and upon any n. 2. Use a standardized pening tool to determine and				
	pressure injury screening tool to determine and document risk factors. Skin Assessment:  1.Conduct a comprehensive skin assessment up (or soon after) admission, with each risk assessment, as indicated according to the resident's risk factors, and prior to discharge.  Device-Related Pressure Injuries: 1.Review and select medical devices with consideration to the					
	shape, its application device. 2.Monitor reof pressure-related	ssue damage, including size, on an ability to secure the egular for comfort and signed injury. Monitoring: 2. Review and strategies for effectiveness s."				
	3/15/2024, docume orthopedics for a rigbe placed in a facili					
	R31's Admission R	ecord documents R31 was				

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admitted on 3/15/2024. This same form

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED	
		IL6002836	B. WING		04/:	25/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ELMS, T	HE		DELYN AVEN B, IL 61455	UE		
(X4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORF	RECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETE DATE
S9999	Continued From pa	ge 6	S9999			
	to, diagnoses: Fract Neck of Right Femiliary Generalized Muscle Walking, Repeated R31's MDS (Minimudated 3/22/24, documents. This same a	s the following, but not limited cture of Unspecified Part of ur, Unsteadiness on Feet, we Weakness, Difficulty in Falls, and Hypertension.  The Data Set) Assessment, uments R31 is cognitively assessment documents R31 tance for bed mobility and				
	dated 3/15/24, docu wounds upon admis a right hip repair ind documents R31's in	eadmission Assessment, uments R31 did not have any ssion to the facility, except for cision. This same assessment nitial Braden scale for skin of 15, indicating R31 is at risk sure ulcers.				
	to indicate R1 was development with p interventions, after skin integrity asses	tted, 4/9/24, was not updated at a high risk of pressure ulcer ressure relieving R1's initial Braden scale for sment, dated 3/15/24, t risk for pressure ulcer				
	and signed by V23/ "(R31) seen today f (R31's) right heel. large stage two PI ( heel presenting as two pressure ulcer Initial Exam, Wound 6cm x 0cm. Treatm Recommend bilatel protector) to right h	agement note, dated 3/19/24, Wound Physician documents, for reports of a large blister to Upon assessment (R31) has a pressure injury) to her right a serous-filled blister. Stage to the right heel, Progress: d Size: 6cm (centimeters) x tent orders updated 3/19. ral offloading bootie (heel eel and floating heels with . (R31) had a recent hip				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6002836	B. WING		04/2	5/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ELMS, T	HE		DELYN AVEN B, IL 61455	UE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 7	S9999			
	fracture. Encourag	ge nutrition as appropriate."				
	and signed by V23/ "(R31) seen today for (Pressure Injury) to presenting as a sere rupted and is now Ulcer to the right he Wound Size: 5cm (Treatment orders ut 4/2, (R31's) wound with unstable eschaplease only cleanse saline) when using to continue bilatera right heel and floati bed. (R31) had a re Nutritional consult results.	agement note, dated 4/2/24, /Wound Physician documents, for large stage two PI of her right heel previously rous-filled blister that has a open. Unstageable Pressure reel, Progress: Deteriorating, (Centimeter) x 6cm x 0.1cm. (Centimeter) x 6cm x 0.1cm. (Indicated 4/2. Upon assessment bed is covered completely ar, treatment orders updated. In the wound with NS (normal Santyl products. Recommend of offloading (heel protector) to fing heels with pillows while in the ecent Right Hip Fracture. The recommended if not already age high calorie high protein				
	and signed by V23/ "Unstageable Press Wound Size: 3cm x Plan: Apply (Collag with (gauze roll)." 7 DTI (Deep Tissue II Etiology: Pressure, Size: 1cm x 1.5cm (Povidone-iodine) 1 day. Treatment ord a new PI to R31's Is assessment 4/16/2 bilateral offloading 1 heels with pillows w R31's TAR (Treatm	nent Administration Record),				
		oes not document a treatment				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
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ELMS, T	HE		ELYN AVEN , IL 61455	UE		
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S9999	order to R31's left of 4/24/24.  On 4/22/24 from 9: was sitting in her was groomed and on nonskid socks applheel was resting dir foot was resting dir foot was resting dir R31 stated, "Prior to I was getting aroun breaking my right had to be admitted just broke my left hassistance with every my sores after I adpretty bad, especial dressing."  On 4/24/24 from 10 was sitting in her was sitting in her wapplied to both feet directly on her wheleft foot was resting pedal.  On 4/24/24 at 12:03 lifted R31's right footheel. R31's right her that was soft and modor. V27 stated, "(Collagenase) to Rapplying R31's right treatment, R31 was area was extremely given R31 Tylenol at treatment so it wou wound care. V27 the	great toe from 4/16/24 to  53 AM through 10:03AM, R31 heelchair in her room. R31 dressed appropriately with ied to both feet. R31's right rectly on the floor. R31's left ectly on her wheelchair pedal. o coming back to (this facility) d great. I ended up falling and ip and had to get surgery and at (the facility) for therapy.I ip last month. I require erything now. That is why I got mitted here. My right heel hurts Illy when the staff changes my  0:50 AM through 11:00AM, R31 heelchair with non-skid socks a. R31's right heel was resting elchairs foot pedal, and R31's ig directly on her other foot  3 PM, V27/Registered Nurse of and assessed R31's right heel had a golf-ball sized area hushy. The area was black in We (the facility) are applying 31's right heel wound bed and huze roll)." While V27 was theel pressure ulcer is crying out in pain stating the or painful. V27 stated she had for minutes prior to the wound lid lessen the pain during R31's hen assessed R31's left great to had a black dime sized	\$9999			

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STATEMENT OF I		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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NAME OF PROVI	DER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ELMS, THE		1212 MAD MACOMB	ELYN AVEN	UE		
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area cent app  On A Nurrimpi prio hee injui deverit with Brace press  On a state and sust always The the press Phy tissu by p  On A Previous Always and the press on the press of the press on the press on the press of the press	ter. V27 stated, lying (Povidone- 4/24/24 at 10:05 sing stated, "We lement any presert to (R31) devel I pressure ulcerry. (R31's) right elopment was control the land left gooded." V3/Assisfied that R31's pressure relieved assure ulcer development was caused by tained a right hip ays be offloaded are commendation (heel protectors pressure ulcers from sician also stated in jury was avoressure.  4/25/24 at 11:00 ventionist verified adine to be appling the processed of the side of the side of the processed of the side o	mall pinpoint area open in the "We (the facility) are currently riodine) to the area."  5AM, V3/Assistant Director of the (the facility) did not esure relieving interventions oping a facility acquired right or left great toe deep tissue heel and left great toe wound aused by pressure. (R31's) reat toe should always be estant Director of Nursing also olan of care was not updated ing interventions after R31's sted R31 was at risk for	S9999	BELLICITY STATES OF THE PROPERTY OF THE PROPER		

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Illinois Department of Public Health STATE FORM

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	CLIA (X2) MULTIPLE CONSTRUCTION ER: A. BUILDING:		(X3) DATE COMI	SURVEY PLETED
		IL6002836	B. WING		04/2	25/2024
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ELMS, T	HE		ADELYN AVEN B, IL 61455	UE		
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