Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		11 0002075	B. WING			C
IL6003875 NAME OF PROVIDER OR SUPPLIER STREET ADD				10/2	26/2024	
IAME OF P	ROVIDER OR SUPPLIER		GEWATER	TATE, ZIP CODE		
SERENIT	Y ESTATES AT MORI	RIS	, IL 60450			
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S 000	Initial Comments		S 000			
	Facility Reported In IL179788	icident of October 17, 2024				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)6)					
	a) The facility a procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall compl The written policies the facility and shall	dvisory physician or the ommittee, and representatives or services in the facility. The ly with the Act and this Part. s shall be followed in operating I be reviewed at least annually documented by written, signed				
	Nursing and Person b) The facility s care and services to practicable physica well-being of the res each resident's con plan. Adequate and care and personal of	General Requirements for nal Care shall provide the necessary o attain or maintain the highes I, mental, and psychological sident, in accordance with nprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal				
ois Depar	tment of Public Health		GNATURE	TITLE		(X6) DATE

If continuation sheet 1 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X) IDENTIFICATION NUMBER: IL 6003875 (X) MULTIFIE CONSTRUCTION A. BULDING: IL 6003875 (X) MULTIFIE CONSTRUCTION A. BULDING: IL 6003875 (X) MULTIFIE CONSTRUCTION B. WIND (X) COMPLETE BULDING: IL 6003875 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2P CODE C IL 6003875 IIIII STATE SATURE STREET STREET STREET STREET ADDRESS, CITY, STATE, 2P CODE SERENTY ESTATES AT MORRS SUMMARY STREENT OF DEFICIENCIES (F2ACH DEFICIENCY WIST BE PRECEDED BY FILL (F2ACH CORRECTION POR ISC. IDENTIFYING INFORMATION) PREVX TAG PREVX TAG PREVX (F2ACH CORRECTION POR ISC. IDENTIFYING INFORMATION) PREVX TAG PREVX TAG PREVX (F2ACH CORRECTION POR ISC. IDENTIFYING INFORMATION) S999 S9999 Continued From page 1 S9999 S999 S999 S999 S999 S011 Care needs of the resident. o) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. do Pursuant to subsection (a), general nursing care shall include, at an imimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All nursing personnel shall evaluate residents uspervision and assistance to prevent accidents. These requirements are not met as evidenced by: Based on interview and record review, the facility failed to provide safe transfer assistance. This applies to 1 resident (R1) of three reviewed for safe transfera. This failure resulted in R1 incurring a acute nondisplaced bilingeloan fracture and a nondisplaced bilingeloan fracture and a nondisplaced bilingeloant fracture and a nondisplaced bilingeloant fracture and a nondispl	Illinois D	epartment of Public	Health			FORM	APPROVE
ILE003875 P. WING 10/26/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1223 EDGEWATER 1223 EDGEWATER 10/26/2024 SERENITY ESTATES AT MORRIS IZ23 EDGEWATER 1223 EDGEWATER 0							
1223 EDGEWATER MORRIS, IL 60450 (x)) D PREFIX TAG SUMMARY STATEMENT OF DEFICIENCE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH ODRECTIVE ACTION SHOULD BE DEFICIENCY) D//// DBM S9999 Continued From page 1 S9999 S9999 S9999 Continued From page 1 S9999 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. S9999 Image: Construct on the supervision and be knowledgeable about his or her residents' respective resident care plan. Image: Construct on the supervision and be knowledgeable about his or her residents' respective resident care plan. Image: Construct on the supervision seven-day-a-week basis: Image: Construct on the supervision seven-day-a-week basis: Image: Construct on the supervision seven-day-a-week basis: Image: Construct on the supervision see that each resident residents environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident resident the residents or see that each resident (R1) of three reviewed for safe transfers. This failure resulted in R1 incurring a cure nondisplaced bimalleolar fracture and a nondispla	IL6003875		B. WING			C 10/26/2024	
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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: Based on interview and record review, the facility failed to provide safe transfer assistance. This applies to 1 resident (R1) of three reviewed for safe transfers. This failure resulted for the distal fibula. Findings include: 1. R1's Medical diagnosis from the electronic record documents R1 as a 83 year old, with diagnoses to include Aphasia, Hemiplegia and Hemiparesis following a Cerebral Infarction. The Final Report to Illinois Department of Public	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
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record documents R1 as a 83 year old, with diagnoses to include Aphasia, Hemiplegia and Hemiparesis following a Cerebral Infarction. The Final Report to Illinois Department of Public		Findings include:					
		record documents diagnoses to includ	R1 as a 83 year old, with le Aphasia, Hemiplegia and				
Health, dated 10/17/2/2024, documents, "On 10/11/2024, The resident was lowered to the ground after becoming weak during a transfer from her electric wheelchair to her bed via pivot transfer. A (mechanical lift) was used to lift the		Health, dated 10/17 10/11/2024, The re- ground after becom from her electric wh	7/2/2024, documents, "On sident was lowered to the ning weak during a transfer neelchair to her bed via pivot				
resident from the floor to the bed after a head to toe assessment revealed no obvious injury and		resident from the flo	oor to the bed after a head to				

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nois Depa	observable abnorm leg/ankle area. The to her right lower ex- morning hours of 11 ER (Emergency Ro back later that morn dislocation noted and as needed. The re- to the right leg with 10/14/2024 Dr order femur/and right kne dislocation indicate to evaluate the resi of X-rays to the right right foot with the re- 10/16/2024 with an bimalleolar fracture fracture of the distar gave orders to send hospital for evaluat bimmalleolus fracture inimimally displaced to the right lower ex- deformity of the right of the right distal hu- elbow series if acut right arm sling was transferred back to with Tylenol ordered The Radiology Res 10/15/2024, docum Tibia and Fibula~ A bimalleolar fracture The Radiology Rep documents under in	ort for R1, dated 10/16/2024, mpression "Right actures through the lateral				

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	risk for falls r/t (rela Gait/balance proble assist to bed from s Hoyer transfer to an wheel chair." On 10/24/2024 at 1 Nursing, stated, "Th the building. She w The one person tra On 10/24/2024 at 2 Practical Nurse, sta worked with (V8, C before. It was her f staffing agency. At made it clear that if and tell us. Everyo with whatever you r believe what she di herself. The transf (R1). (V8, CNA) to transfer from the so leg buckled and (V8 to the floor. She sh with the transfer." On 10/25/2024 at 1 "(R1) is a two perso	21 documents, "The resident is ited to) Deconditioning, ems. Resident will have 2 cna scooter. Will use sit to stand or nd from the bed to motorized 0:45 AM, V2, Director of nat was (V8, CNA) first shift in vill not be back to work here. nsfer was not appropriate." 2:07 PM, V7, Licensed ated, "None of us had never ertified Nurse Aide/CNA) first assignment from the the beginning of the shift, we she needed anything to come ne is more than willing to help need. That why I couldn't d. She transferred (R1) by er is a two person transfer with Id me she was doing a pivot cooter to the bed when (R1's) 8, CNA) lowered the resident nould've asked us to help her 0:53 AM, V11, CNA, stated, on assist for transfer, always. (mechanical) transfer. We elt, the machine and two				
	stated, "Yes I expect transfer procedure. for residents that re	22 PM, V4, Medical Director, to the staff to follow safe That includes two to transfer equire the support. I have V1, Administrator) regarding				

Illinois D	epartment of Public	Health			
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	this."				
	documents under #	fe Resident , dated 10/01/2024, 410. Two staff members must Insferring residents with a			
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iiinois Depai	tment of Public Health				