Illinois D	epartment of Public	Health				FFROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED C 01/07/2025	
		IL6008270				
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
BRIA OF	ELMWOOD PARK		ST GRAND			
			D PARK, IL			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Facility Reported Ir 12/9/2024/IL18282					
S9999	Final Observations		S9999			
	Statement of Licen	sure Violations:				
	300.610a) 300.1210b)5) 300.1210d)6)					
	Section 300.610 R	esident Care Policies				
	procedures govern facility. The written be formulated by a Committee consist administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shall	advisory physician or the committee, and representatives er 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				
	Section 300.1210 Nursing and Person	General Requirements for nal Care				
	and services to atta practicable physica well-being of the re each resident's com plan. Adequate and	provide the necessary care ain or maintain the highest 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				
Inois Depar	tment of Public Health	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		X6) DATE
	ically Signed					01/14/25
	M		6899	PQRJ11	If continuati	on sheet 1 of

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	
		IL6008270	B. WING		01/0) 7/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
BRIA OF	ELMWOOD PARK		ST GRAND A				
(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 APPRO DEFICIENCY)	DBE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 1	S9999				
	care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:						
	5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.						
	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:						
	assure that the resi as free of accident I nursing personnel s	ecautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see eceives adequate supervision revent accidents.					
	These regulations v	vere not met as evidenced by:					
	failed to follow their keeping the base in when lowering/trans mechanical lift. This residents (R3) revie mechanical lift for tr	and record review, the facility mechanical lift policy by not the widest/opened position sferring a resident with the a affected one of three wed for safety when using the ansfers. This failure resulted and hard on the floor sustaining mematoma.					
	Findings include:						
llinois Denar	and need for assistant plan initiated on 11/	with morbid (severe) obesity ance with personal care. Care 15/2024 documents: R3 has ifer related to decrease					

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If continuation sheet 2 of 4

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
		IL6008270	B. WING			C 01/07/2025	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DRESS, CITY, ST	TATE, ZIP CODE			
BRIA OF	ELMWOOD PARK		ST GRAND AV DD PARK, IL (6				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From pa	age 2	S9999				
	mechanical lift for t 11/18/2024 docume weakness/ discomf affected area/ poor from impaired cogr Nursing note dated the chair while two	omorbidities. R3 is a ransfers. Care plan initiated on ents: R3 is at risk for falls fort when moving/ spasm of motivation/ inactivity resulting nition/neurological deficit. I 12/9/24 documents R3 fell on certified nursing assistance he chair. R3 hit his head on					
	removed from bed not enough space i dialysis chair. V4 sa R3 to the hallway o his dialysis chair. R mechanical lift with we lowered R3 to th as he was being low hands inside of the was moving around top heavy. R3 and his head hard on th	PM, V4 (cna) said, R3 was via mechanical lift. There was in R3's room to put R3 into his aid, V5 (cna) and herself rolled in the lift in order to put R3 in t3 was in the sling on the his hand in his lap. V4 said, he chair. R3 started to fidget wered. R3 did not keep his sling or on his lap. R3 hands d like he was nervous. R3 was his chair fell backwards. R3 hit he floor. The mechanical lift hen R3 was being lowered to					
	was on the floor with mechanical lift sling V2 said, she could on the left or right s dialysis chair. R3's maybe by three inc chair. R3 was asse on his back, denied of his head and der pillow was place un	M, V2 (don) said, she saw R3 th his body inside the g with the machine on his side. not recall if the machine was side of R3. R3's buttock was in head was on the ground hes above the back of the ssed on the ground. R3 was I pain, reported hitting the back nied loss of consciousness. A oder R3's head for comfort. 911 hergency medical techs					

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If continuation sheet 3 of 4

	Illinois Department of Public Health								
ILEGOB270 B. WNG O1107/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE T733 WEST GRAND AVENUE Comparing the control of the conto of the control of the con	STATEMENT OF DEFICIENCIES (X1								
T33 WEST GRAND AVENUE LLMWOOD PARK T33 WEST GRAND AVENUE LLMWOOD PARK, LL 60707 PREFIX SUMMARY STATEMENT OF DEFICIENCE (EACH DEFICIENCY MUST HE PRECEDED BY FULL) D PREFIX PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE ACTION SHOULD BE CROSS-REFERENCE COMPLETE DEFICIENCY S9999 Continued From page 3 fire department. It took seven people to get R3 off the ground. V2 said, the root cause of the fail was when R3 took his sime out of the sing, once his buttock hit the chair and attempted to scool/push himself backwards while holding on to the sides of the chair, R3 was scooling left and right resulting in his chair failing backwards when staff was lowering him. S9999 On 1/2/Z5 at 1:55PM, V5 (cna) said, R3 was scared and envous to go onto the mechanical lift, R3 kep1 jumping back. R3 was heavy. V5 said, as V4 and herseff were lowering R3 jumped a few times and R3 fell. The mechanical lift fell with R3, R3 hit the floor. V5 said, she cart recall if the legs on the lift were opened or closed. On 1/7/Z5 at 3:16pm, V2 (don) said, she expect her staff to follow the mechanical lift fell with R3, R3 hit the floor. V5 said, she expect her staff to follow the mechanical lift policy. Hospital paperwork dated 10/2024 documents: During lifting or lowering, whenever possible, always keep the base of the lift in the widest position. Mechanical lift policy dated 10/2024 documents: Spread the legs of the machine around the chair or under the bed. (A)			IL6008270	B. WING		-	-		
T33 YEST GRAND AVENUE PREDVIDERS ZIMMOD PARK, IL 60707 PAGE DEFICIENCY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST LEF PRECEDED BY FULL) P PREVUE CONTINUES TERMENT OF DEFICIENCIES (EACH DEPICIENCY MUST LEF PRECEDED BY FULL) P S9999 Continued From page 3 fire department. It took seven people to get R3 off the ground. V2 said, the root cause of the fail was when R3 took his sams out of the sing, once his buttock hit the chair and attempted to scouplush himself backwards while holding on to the sides of the chair. R3 was scooling left and right resulting in his chair failing backwards when staff was lowering him. S9999 On 1/2/25 at 1:55PM, V5 (cna) said, R3 was scared and nervous to go onto the mechanical lift. R3 kept jumping back. R3 was heavy. V5 said, as V4 and herseff were lowering R3 down to the chair, positioning his body in the chair, R3 jumped a few times and R3 left. The mechanical lift fiell with R3. R3 hit the floor. V5 said, she expect her staft to follow the mechanical if the legs on the lift were opened or closed. In 17/25 bat 3:16pm, V2 (don) said, she expect her staft to follow the mechanical if policy, whenever possible, always keep the base of the lift in the widest position. Mechanical lift policy dated 10/2024 documents: During lifting or lowering, whenever possible, always keep the base of the machine around the chair or under the bed. Imbed base macus and heas an acute subdural hematine. (A) Mechanical lift policy dated 10/2024 documents: Spread the legs of the machine around the chair or under the bed. Imbethematin diffiell (A) <td></td> <td></td> <td>STREET AD</td> <td>DRESS. CITY.</td> <td>STATE, ZIP CODE</td> <td></td> <td></td>			STREET AD	DRESS. CITY.	STATE, ZIP CODE				
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fire department. It took seven people to get R3 off the ground. V2 said, the root cause of the fall was when R3 took his arms out of the sling, once his buttock hit the chair and attempted to scoot/push himself backwards while holding on to the sides of the chair. R3 was scooting left and right resulting in his chair falling backwards when staff was towering him. On 1/2/25 at 1:S5PM, V5 (cna) said, R3 was scared and nervous to go onto the mechanical lift. R3 kept jumping back. R3 was heavy. V5 said, as V4 and herself were lowering R3 down to the chair, positioning his body in the chair, R3 jumped a few limes and R3 fell. The mechanical lift fell with R3. R3 hit the floor. V5 said, she can't recall if the legs on the lift were opened or closed. On 17//25 at 3:16pm, V2 (don) said, she expect her staff to follow the mechanical lift folicy. Hospital paperwork dated 12/10/24 documents R3 presents after a fall with closed head trauma and has an acute subdural hematoma. Mechanical lift owner's manual documents: During lifting or lowering, whenever possible, always keep the base off the lift in the widest position. (A)	PRÉFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE		
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