

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007892</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/11/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>RESURRECTION PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>1001 NORTH GREENWOOD AVENUE</b> <b>PARK RIDGE, IL 60068</b>		
(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	<p>Initial Comments</p> <p>Facility Reported Incident of 5/23/25/IL193802</p> <p>S9999 Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210c) 300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p>	S 000  S9999		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

## TITLE

(X6) DATE

Electronically Signed

06/19/25

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S9999	<p>Continued From page 1</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>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:</p> <p>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.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview, and record review the facility failed to ensure resident safety by failure to provide 2 persons assist when transferring resident using a mechanical lift. This affected one resident (R1) of three residents reviewed for falls. This failure resulted in resident (R1) falling from mechanical lift and sustaining a left displaced femoral neck fracture.</p> <p>Findings include:</p> <p>R1 was admitted on 2/01/25 with diagnosis listed in part but not limited to Displaced fracture of base of neck of left femur, unspecified osteoarthritis, encounter for other specified surgical aftercare, hypothyroidism, hemiplegia, unspecified affecting left nondominant side, unspecified dementia, unspecified severity without behavioral</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>disturbance, difficulty in walking, unspecified fall, subsequent encounter. Admission/Baseline care plan dated 2/14/23 indicated at risk for falls with interventions monitor residents' position when changing in bed, falling star program. ADL care plan dated 2/17/22 indicates requires assistance partial to substantial assist with Activities of Daily Living due to decreased strength and endurance, decrease balance, decrease mobility, unsteady gait, h/o Left sided weakness, CVA's, Dementia interventions include transfer with mechanical lift and 2 persons assist. Admission functional mobility assessment dated 4/11/25 indicated that he needs Dependent assistance with chair/bed-to-chair transfer, sit to stand, toilet transfer.</p> <p>On 6/11/25 at 12:35 PM, R1 observed in dining room, in wheelchair, proper footwear in place, R1 said he does not recall what happened when he fell on 5/23/25.</p> <p>On 6/11/25 at 12:42PM, V8 (Certified Nurse Aide) said she was the certified nurse aide assigned to R1 and was transferring him to bed using the mechanical lift. V8 said she noticed that R1's left foot was not on the base of mechanical lift, and she bent over to place it on the base when R1 let go from the grab bar with his right hand and slid off to the floor. V8 said she assisted R1 back to the bed. V8 said she was the only certified nurse aide in the room with R1. V8 said she is aware that R1 is a two person assist and that when using any mechanical lift two-person assist is also required. V8 said that the other staff were busy and could not get any help.</p> <p>On 6/11/25 at 1:09PM, V9 (Registered Nurse) said</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>he saw call light on and went to R1's room and saw R1 in bed already. V9 asked V8 if she needed any help because the call light was on and V8 said that R1 was a little restless and had assisted R1 to bed. V9 said he assessed R1, and no injuries noted. R1 denied any pain. V9 said V8 was the only certified nurse aide in the room.</p> <p>On 6/11/25 at 1:49PM, V10 (Restorative Nurse) said she is familiar with R1 and R1 is a two person assist with activities of daily living and transfers. When using any Mechanical lift machine for transfers staff should be a two person assist. V10 said it is the facility policy when using a mechanical lift that two-person assist is implemented. V10 said all staff gets training prior to working the floor with residents upon hire and agency staff is trained as well.</p> <p>On 6/11/25 at 3:07PM, V11 (Evening Registered Nurse Supervisor) said V9 had called him to assess R1 after R1 falling. V11 said, "When I entered the room, R1 was already in bed and no injuries were observed. R1 denied pain. R1 is somewhat confused." V11 said V8 told him R1 had slid off the mechanical lift and had assisted him back to bed, V8 was the only one transferring R1. V11 said when transferring with a mechanical lift the staff are supposed to have a two person assist.</p> <p>On 6/11/25 at 3:15PM, V2 (Director of Nursing) said her expectations of staff are to follow the residents care plan for fall interventions. V2 said that when using a mechanical lift, the standard of care should be a two person assist. The staff is trained during orientation prior to start of working the floor. The interventions are in the resident's</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>profile the CNAs and nurses can access them. They also have the Kardex at the nurse's station for the transfer status.</p> <p>On 6/11/25 at 3:20PM, V1 (Administrator) said her expectations when staff is using a mechanical lift should always be a two person assist per facility policy. V1 said she was unaware that only one certified nurse aide was transferring R1, V1 said she knew about the fall incident.</p> <p>R1's fall incident documented by V11 (Evening Registered Nurse Supervisor) on 5/23/25 at 9:30PM indicated: V8 (Agency Certified Nurse Aide) reported to the nurse that the resident was assisted to bed and at that time V8 instructed the resident to use the grab bar to help him ease himself down to the bed. V8 observed the residents' left foot was on the floor. V8 was unable to give support to put the resident back into bed. Assessment at the time of the fall indicated no injury. The staff monitored resident post-fall for any injuries. No signs of injury and no complaints of any pain until 5/24/25, when resident complained of pain to his left hip. X-ray to hip and pelvis showed a fracture to the left femoral neck. Resident was transferred to the hospital for further evaluation. His vital signs at the time of discharge were observed as follows: BP 160/78 mmHg, pulse 72 bpm, temp 97.5 F, RR 18 breaths/min, and O2 sat rate at 94% on room air.</p> <p>R1 fall incident initial report was sent to IDPH on 5/25/25 at 5:19PM. Final report was submitted to IDPH on 5/30/25 at 3:33PM indicated: On 5/23/2025 a CNA reported to the nurse that R1 was put to bed, and at that time the CNA instructed the resident to use the grab bar to help</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>him ease himself down to the bed. The CNA observed R1's right hand had let go of the grab bar, which caused the resident to slide off of the bed. The CNA observed his left foot was on the floor. CNA was able to give support to put the resident back into bed. Assessment at the time of the fall indicated no injury. The staff monitored the resident post-fall for any signs of injuries. No signs of injury and no complaint of any pain until 05/24-/2025, when R1 complained of pain to his left hip. X-ray to hip and pelvis showed a fracture to the left femoral neck. R1 was transferred to the hospital for further evaluation. His vital signs at the time of discharge were as follows: BP 160/78 mmHG, pulse 72bpm, temperature 97.5F, respiratory rate 18 breaths/min, and oxygen saturation rate 94% on room air.</p> <p>R1's hospital emergency department records dated 5/25/25 to 5/30/25 discharge summary indicated: Left femoral neck fracture, surgical intervention on 5/27/25, no weight bearing to lower left extremity. Patient had called his wife and said that he was dropped into his bed and then after that was complaining of hip pain. Due to dementia, he is a poor historian. Per wife patient has been non ambulatory at the nursing home, they use a mechanical lift for mobility in and out of bed. Patient was discharged to nursing home facility on 5/30/25 for skilled therapy.</p> <p>Facility Policy on Mechanical Lifts revised 1/2024. Policy Statement- It is the policy of Ascension Living to use mechanical lift(s) according to current standards of practice and keeping with manufacturer's guidelines.</p> <p>B. The use of the mechanical equipment is considered either as a full body lift or sit to stand</p>		S9999		

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S9999	<p>Continued From page 6</p> <p>lift that aids the resident and associate in transfer and/or care procedures.</p> <p>G. Education shall be provided on the proper use of the assistive mechanical lifting equipment prior to the use.</p> <p>Facility Policy on Falls revised 1/2024.</p> <p>Purpose-To prevent and/or reduce the number of falls by providing an individualized, person-centered care approach with Communities managing fall risk through the process of assessment, planning, implementation, and evaluation (APIE).</p> <p>B. Residents who are at risk for falls will have an individualized care plan developed which identifies interventions to reduce fall risk.</p> <p>Facility Policy on Fall Prevention revised 7/2023.</p> <p>Policy Statement- The intent of this policy is to provide an environment that is free from accidents hazards, over which there is control, and provide supervision and intervention to residents to prevent avoidable accidents.</p> <p>(A)</p>	S9999		