

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER GROVE OF ELMHURST, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 127 WEST DIVERSEY ELMHURST, IL 60126		
(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 Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 300.2420j) 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	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

06/04/25

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER GROVE OF ELMHURST, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 127 WEST DIVERSEY ELMHURST, IL 60126		
(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
S9999	<p>Continued From page 1</p> <p>care needs of the resident.</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>Section 300.2420 Equipment and Supplies</p> <p>j) A sufficient quantity of resident care equipment of satisfactory design and in good condition to carry out established resident care procedures shall be provided. Resident care equipment shall include at a minimum the following: wheelchairs with brakes, walkers, metal bedside rails, bedpans, urinals, emesis basins, wash basins, footstools, metal commodes, over-the-lap tables, foot cradles, footboards, under-the-mattress bed boards, trapeze frames, transfer boards, parallel bars, and reciprocal pulleys.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident's wheelchair was in safe repair to prevent injuries. The failure resulted in R340 sustaining an L shaped laceration on her right lower leg when she bumped her right leg and scraped it on the uncapped right front wheel connector. R340 was sent to the hospital and received 11 sutures for</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER GROVE OF ELMHURST, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 127 WEST DIVERSEY ELMHURST, IL 60126		
(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
S9999	<p>Continued From page 2</p> <p>the laceration on her right leg.</p> <p>This applies to 1 out of 1 (R340) resident reviewed for accidents in the sample of 33.</p> <p>The findings include:</p> <p>On 5/20/2025 at 10:36 AM, R340 was in her room with a soiled dressing on her right lower leg. R340 said on 5/18/2025 at around 5:00 AM, she was in the bathroom and when she was transferring from her wheelchair to the toilet, the skin on her right leg caught on the uncapped right front wheel connector of her wheelchair. She said she was bleeding so much that she was sent to the hospital and she has 11 stitches on her right leg.</p> <p>R340's Progress Notes from the Emergency Department of the local hospital dated 5/18/2025 documents R340 said she sustained laceration because her leg got caught on her wheelchair. Length of laceration is 7 cm (centimeters). Wound was closed with eleven stitches.</p> <p>On 5/21/2025 and 5/22/2025, the right front wheel connector on R340's wheelchair was uncapped.</p> <p>On 5/22/2025 at 1:21 PM, V22 (LPN-Licensed Practical Nurse) said around 5:00 AM, he noticed R340's call light was on. V22 stated he noted blood. V22 said R340 told him she bumped into her wheelchair from transferring from toilet to wheelchair. V22 said R340's wound was gaping and bleeding profusely and he immediately provided wound treatment. V22 said R340's wheelchair had nothing "sticking out" but said he did not notice the uncapped right front wheel connector of R340's wheelchair.</p> <p>On 5/22/2025 at 9:45 AM, V19 (Rehab Director)</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER GROVE OF ELMHURST, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 127 WEST DIVERSEY ELMHURST, IL 60126		
(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
S9999	<p>Continued From page 3</p> <p>checked R340's wheelchair. R340 told V19 that she got caught on the uncapped right front wheel connector, was sent to the hospital and got 11 stitches. V19 said the wheelchair's part where resident was claiming she hit her leg on was supposed to be capped.</p> <p>On 5/22/2025 at 9:57 AM, V20 (NP-Nurse Practitioner) said the uncapped right front wheel connector can be the reason of the laceration because she hit her leg on it. She said R340 might not have the laceration if the wheelchair was kept in good and safe repair.</p> <p>On 5/22/2025 at 1:11 PM, V3 (DON-Director of Nursing) said she expects her staff to inform her of any medical equipment in disrepair including the wheelchair. She said medical equipment should be in good, safe repair to prevent injuries.</p> <p>Facility's Maintenance Policy adopted 1/2/16 and reviewed and revised on 8/16/24 documents it is the facility's policy to maintain equipment and the building environment.</p> <p>(B)</p>	S9999		