STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145669	A. BUILDING _____ B. WING _____	**09/14/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ELEVATE CARE WAUKEGAN	**2222 WEST 14TH STREET WAUKEGAN, IL 60085**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0684 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide appropriate treatment and care according to orders, resident's preferences and goals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to document a resident incident and the resident's status following the incident in the medical record. This applies to 1 of 3 residents (R1) assessed for falls/incidents in a sample of 3. The findings include: The facility Incident Investigation Report dated 9/4/20 states, On September 1st, 2020 resident complains of left knee pain. X-ray was ordered and resulted with mild arthritic changes of the knee with acute distal femur fracture An Incident Report (provided by facility only upon request) dated 8/28/20 at 6:15PM states, CNA(Certified Nursing Assistant) on shift reported to the nurse on duty that while they were transferring resident to the bed using a gait belt and two persons assist, the resident started sliding off of the chair. They assisted the resident onto the floor with the help of a gait belt. The resident presented with no injury while she was assisted to the floor. Resident denies hitting her head and denies any pain at the time. CNAs used a {mechanical} lift to get the resident back up on her bed. Two CNAs presented as the time of the transfer with the {mechanical} lift. Resident Description: I could not hold myself up. I started sliding off of the floor. I can't do it. I am fine, leave me alone. The bottom of this form states, Privileged and Confidential- Not part of the Medical Record- Do Not Copy. On 9/10/20 at 10:00AM, V5 (Physical Therapy Assistant) was working with R1 in her bed. R1 was wearing a leg immobilzer on her left leg. R1 was able to move her right leg with some assistance but V5 did not work with R1's left leg. R1 was alert with some confusion and very pleasant. On 9/10/20 at 10:20AM, R1 was asked what happened to her leg. R1 stated, I broke my leg 2 nights ago. I hit it against the wall. I went to surgery here- at the surgery center. I need to go back to work. Can I go back to work? On 9/10/20 at 11:05AM V10 (CNA) stated, We were putting {R1} to bed and her leg gave out so we let her slide to the floor. I believe it was her left leg. We got the nurse before we transferred her to bed with the {mechanical} lift. She was complaining of pain to her leg and the nurse checked her. I didn't notice any signs of injury but she was complaining of pain. On 9/10/20 at 11:45AM V9 (LPN- Licensed Practical Nurse) stated, My CNAs told me that {R1's} knees gave out while they were transferring her and they lowered her to the floor. She was not complaining of pain and there was no visible sign of injury. I called {physician} and he said to just monitor her. Then I guess the next day she complained of left ankle pain but the x-ray was negative. Then she complained of left knee pain and we did an x-ray of her knee. I documented in risk management. {R1} didn't fall so I didn't do a fall report. On 9/10/20 at 12:40PM V3 (Nurse Practitioner) stated, When I saw her {on 8/31/20- 3 days after the incident} she was calm and lying in the bed. Over the weekend the nurse had called and asked to get and x-ray of her ankle. It came back negative. I assessed her left knee and it was a little swollen but she screamed in pain when I touched it. She kept saying that she fell 2 days ago then she said yesterday. She kept pointing at the wall behind her. So I got an x-ray of her left knee. When they got the results they must have notified {physician} because she was sent to the {hospital} had surgery and she returned with an immobilizer several days later. I was later told that 2 CNAs were trying to assist her and she was lowered to the floor. On 9/10/20 at 1:30PM V4 (LPN) stated, I was working in the AM (8/29/20) and {R1} was complaining of pain to her left ankle. I informed V3 and got an order for [REDACTED]. That day she didn't want to get up. That was a new behavior for her. When someone falls we notify the doctor, notify the Director of Nursing and notify the family. We also do an assessment and fill out a fall evaluation form in the computer. I also relay it to the nurses following me and we document for 72 hours after a fall. On 9/10/20 at 10:45AM V2 (Director of Nursing) stated, {V9} put the incident under risk management.(In the computer but not part of the medical record) That is where we put it. He did and incident no injury. R1's progress notes dated 8/31/20 written by V3 state, Patient in bed when seen past noon, asleep; easily awakens. Took only around 20% of her lunch meal. States she is not hungry. Left knee swollen and warm to touch, no redness. Patient screams when touched. Spoken with nurse ordered X-ray left knee. Patient states she fell the other day then she said yesterday. When asked more info patient was pointing to the wall behind her head saying that's where she fell . Discussed with nurse, no reports of fall per nurse. Patient is baseline confused. History is limited d/t psych comorbidities. R1's medical record shows no documentation of the incident on 8/28/20 and no assessment of R1 following the incident on 8/28/20. There is also no documented assessment of R1 on 8/30/20. The facility policy entitled Falls dated 1/1/2015 states, Document all assessment findings and observations, physician and family notifications in the resident's clinical record in accordance with the assessment guidelines.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE