STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145669	A. BUILDING ______ B. WING ______	C 03/03/2020

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

(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) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint Investigation Survey #2011567/IL120569 - No Deficiency #2011609/IL120618 - F607, F610, F689 #2011643/IL120658 - No Deficiency #2011646/IL120662 - No Deficiency	F 000		
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure staff immediately reported a resident's injury of unknown origin for 1 of 1 residents (R2) reviewed for injuries of unknown origin in the sample of 6. The findings include: R2's Care Plan dated January 29, 2020 showed R2 was nonverbal with a tracheostomy in place, severely cognitively impaired, and unable to move his extremities independently related to his diagnoses of subarachnoid hemorrhage, cerebral aneurysm, chronic respiratory failure, and persistent vegetative state.	F 607	Elevate Care Waukegan Plan of Correction F 607 Please accept the following as the facility s credible allegation of compliance. This Plan of correction does not constitute any admission of guilt or liability by the facility and is submitted only in response to the regulatory requirements.	3/9/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 03/11/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 607	Continued From page 1	F 607		

R2's Injury of Unknown Origin report dated February 27, 2020 (untimed) showed R2 was found to have discoloration and swelling to his left shoulder.

R2's hospital Emergency Documentation dated February 27, 2020 at 9:34 PM showed R2 was sent to the hospital for an evaluation due to bruising of his left shoulder/upper arm area. R2's left shoulder radiology findings dated February 27, 2020 at 9:54 PM showed an "acute mildly impacted fracture of the humeral head is identified. There is also a displaced oblique fracture through the proximal humerus..."

On March 2, 2020 at 2:45 PM, V19 Certified Nursing Assistant (CNA) stated, "I took care of (R2) from 11PM on February 26 (2020) until 7 AM on February 27. I don't recall seeing anything wrong with (R2's) shoulder in the beginning, but later in my shift, I did notice some discoloration to his left shoulder." V19 CNA stated she reported the "discoloration" to R2's left shoulder to "the nurse but I don't remember her name."

On March 2, 2020 at 10:25 AM, V4 Registered Nurse (RN) stated he cared for R2 on February 27, 2020 from 7AM-3PM. V4 stated, "I noticed (R2's) left shoulder was swollen and bruised and immediately reported it to (V2 Director of Nursing). That shoulder swelling was new for him and I got no report of an injury or swelling to (R2's) left shoulder from the night nurse that morning."

On March 3, 2020 at 9:00 AM, V1 Administrator and V2 Director of Nursing each stated R2's left shoulder swelling was initially reported to them by

How corrective action will be taken for those affected by the alleged deficient practice:
R2 was re-assessed, sent to the Emergency room for evaluation, x-rays were completed and follow up appt made to orthopedic surgeon. IDPH Initial and Final reportable were completed. Staff/Resident interviews were completed and no concerns were identified.

How will the facility identify other residents having the potential to be affected by the same alleged deficient practice?

All residents of the facility have the potential to be affected by the same alleged deficient practice. No other residents were affected by deficient practice.

The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur:

Inservice included review of Abuse Policy for all staff upon hire, annually and as needed. In addition, staff were in-serviced on reporting all abuse allegations immediately and if they unsure its always better to report. (Attachment #1)

Quality Assurance plans to monitor facility performance to make sure that corrections are achieved and are permanent:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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) COMPLETION DATE
F 607	Continued From page 2 V4 RN and V9 CNA (both day shift employees on February 27, 2020). V1 and V2 each stated they received no reports of R2's left shoulder swelling from V19 CNA or any nursing staff working the night shift (11PM-7AM) on February 26, 2020. On March 2, 2020 at 10:45 AM, V1 Administrator stated staff should notify her immediately of any injuries of unknown origin or abuse allegations. The facility's Abuse Prevention and Reporting policy dated November 28, 2016 showed, "Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, or to an immediate supervisor who must immediately report it to the administrator... If the injury is classified as an "injury of unknown source, " the procedures and time frames for reporting and investigating abuse will be followed."	F 607	A QA Audit tool will be used by Administrator and/or designee to determine level of compliance and need for additional in-service training via daily rounds. Audits will be performed daily for two weeks then weekly x 3 months. (Attachment # 2). The results of the monitoring completed under this plan of correction will be submitted to the QAPI Committee for review and follow up. Completion Date: March 9, 2020	
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all	F 610		3/11/20

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 610

Continued From page 3

investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.
This REQUIREMENT is not met as evidenced by:
Based on interview and record review the facility failed initiate an investigation upon notice of a resident's injury of unknown origin and remove staff from resident care for 1 of 1 residents (R2) reviewed for injuries of unknown origin in the sample of 6.

R2's Care Plan dated January 29, 2020 showed R2 was nonverbal with a tracheostomy in place, severely cognitively impaired, and unable to move his extremities independently related to his diagnoses of subarachnoid hemorrhage, cerebral aneurysm, chronic respiratory failure, and persistent vegetative state.

R2's initial Injury of Unknown Origin report dated February 27, 2020 (untimed) showed R2 was found to have discoloration and swelling to his left shoulder.

R2's hospital Emergency Documentation dated February 27, 2020 at 9:34 PM showed R2 was sent to the hospital for an evaluation due to bruising of his left shoulder/upper arm area. R2's left shoulder radiology findings dated February 27, 2020 at 9:54 PM showed an "acute mildly impacted fracture of the humeral head is identified. There is also a displaced oblique fracture through the proximal humerus..."

On March 2, 2020 at 10:45 AM, V1 Administrator

F 610

Elevate Care Waukegan

Plan of Correction

F 610

Please accept the following as the facility s credible allegation of compliance. This Plan of correction does not constitute any admission of guilt or liability by the facility and is submitted only in response to the regulatory requirements.

How corrective action will be taken for those affected by the alleged deficient practice:
R2 was reassessed and administrator notified of injury of unknown origin. IDPH initial and final reportable were complete, family and MD notified.
V19 was suspended pending outcome of investigation.

How will the facility identify other residents having the potential to be affected by the same alleged deficient practice?

All residents of the facility have the

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F 610 Continued From page 4

stated any abuse allegations or injuries of unknown origin should be reported to her immediately by staff so she can begin an investigation. V1 stated, "I would then start my investigation which includes interviewing staff and deciding if anyone (staff) needs to be suspended pending my investigation and then send the initial report to the State within 2 hours..." V1 stated, "(R2's) injury of unknown origin was reported to me on February 27, 2020. I have not interviewed any staff about what happened to him yet. I was going to start my interviews today. I don't even have a timeline yet as to when this might have happened to (R2) because I haven't looked at the nursing schedule to see who was working with (R2) on February 25 and 26. I haven't interviewed any staff to see any staff need to be suspended."

The facility's Abuse Prevention and Reporting policy dated November 28, 2016 showed, "Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, or to an immediate supervisor who must immediately report it to the administrator... If the injury is classified as an "injury of unknown source, " the procedures and time frames for reporting and investigating abuse will be followed...Upon learning of the report, the administrator or designee shall initiate an incident investigation...The investigator will, at a minimum, attempt to interview the person who reported the incident, anyone likely to have direct knowledge of the incident and the resident..."

F 610

potential to be affected by the same alleged deficient practice. No other residents were affected by deficient practice.

The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur:

Inservice included review of Abuse Policy for all staff upon hire, annually and as needed. In addition, staff were instructed to notify a supervisor of any abuse/injuries of unknown origin immediately and if unsure report to Administrator and they will make the determination. (Attachment #1)

Quality Assurance plans to monitor facility performance to make sure that corrections are achieved and are permanent:

A QA Audit tool will be used by Administrator and/or designee to determine level of compliance and need for additional in-service training via weekly rounds. Audits will be performed daily x 2 weeks then weekly for four weeks (Attachment # 2).

The results of the monitoring completed under this plan of correction will be submitted to the QAPI Committee including the medical director for review monthly and will be presented with process of investigation and the materials

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 610	Continued From page 5	F 610	used. Completion Date: March 11, 2020	
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to turn and reposition a resident (R2) in a safe manner to avoid injury. This failure contributed to a fracture of R2's left upper arm (humerus). This applies to 1 of 3 residents (R2) reviewed for safety and supervision in the sample of 6. The findings include: R2's care plan dated January 29, 2020 showed R2 was nonverbal with a tracheostomy in place and is severely cognitively impaired. R2 is unable to move his extremities independently related to his diagnoses of subarachnoid hemorrhage, cerebral aneurysm, chronic respiratory failure, and persistent vegetative state. The care plan also showed R2 required "total assistance of 2 staff" for bed mobility and transfers as well as "use caution during transfers and bed mobility to	F 689	Elevate Care Waukegan Plan of Correction F 689- Free of Accidents Hazards & Supervision Please accept the following as the facility s credible allegation of compliance. This Plan of correction does not constitute any admission of guilt or liability by the facility and is submitted only in response to the regulatory requirements. How corrective action will be taken for those affected by the alleged deficient practice: (V19) was re-in serviced regarding turning and repositioning residents who are a two-person assist must be turned and repositioned regarding the resident s	3/9/20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 689	Continued From page 6 prevent striking arms, legs, and hands against any sharp or hard surface." R2's resident assessment dated January 13, 2020 showed R2 was totally dependent on "2+ persons" for bed mobility. R2's Injury of Unknown Origin report dated February 27, 2020 (untimed) showed R2 was found to have discoloration and swelling to his left shoulder. R2's hospital Emergency Documentation dated February 27, 2020 at 9:34 PM showed R2 was sent to the hospital for an evaluation due to bruising of his left shoulder/upper arm area. R2's left shoulder radiology findings dated February 27, 2020 at 9:57 PM showed, "1. Acute mildy impacted fracture of left humeral neck. 2. Acute mildly displaced oblique fracture through the proximal left humeral diaphysis..." On March 2, 2020 at 9:20 AM, R2 was lying in bed with a splint under his left upper arm that was wrapped with cotton padding and an elastic wrap. R2's left shoulder was swollen with areas of scattered purple bruising noted across and around R2's left shoulder and left upper arm. R2's eyes remained closed with no voluntary or involuntary movement noted of R2's extremities. On March 2, 2020 at 12:00 PM, V6, V7, V8 and V9 Certified Nursing Assistants (CNA) were interviewed and they all stated R2 does not move at all without assistance and he requires 2 staff to reposition him in bed. V6 CNA stated, "We haven't gotten (R2) out of bed in months per his family's request. We need two people to reposition him and we bathe him in bed."	F 689	needs/care plan. All nursing staff were in-serviced on those residents who need two person assist for turning and repositioning were turned with a two person assist. R2 was re-assessed and resident is turned and repositioned with a 2 person assist at all times. How will the facility identify other residents having the potential to be affected by the same alleged deficient practice? All residents who need assist of two persons for turning and repositioning have the potential to be affected by the same alleged deficient practice. The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur: All staff were in-serviced regarding turning and repositioning according to resident s needs/care plan. (Attachment #1) Quality Assurance plans to monitor facility performance to make sure that corrections are achieved and are permanent: A QA Audit tool will be utilized by the Director of Nursing or designee will perform daily observations of different shifts to determine level of compliance. Concerns will be discussed among the members, a plan of action is devised, and the past plans of actions evaluated by Quality Assurance Committee. This Audit tool will be used weekly x 3 months to ensure appropriate provision of	

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F 689	Continued From page 7	F 689	safety (Attachment # 2).	

Continued From page 7

On March 2, 2020 at 12:10 PM, V9 stated, "I took care of (R2) on the day shift on February 26th (2020). We never got him out of bed and it took 2 of us to roll him. He didn't have any swelling or bruising to his left shoulder then."

On March 2, 2020 at 2:45 PM, V19 CNA stated, "I took care of (R2) from 11:00 PM on February 26 (2020) until 7:00 AM on February 27. I don't recall seeing anything wrong with (R2's) shoulder in the beginning, but later in my shift, I did notice some discoloration to his left shoulder." V19 stated she told the "night nurse" about R2's left shoulder "discoloration", but V19 was unable to recall the nurse's name. When V19 CNA was asked which staff member assisted her in repositioning R2 during the night shift on February 26, V19 CNA replied, "I repositioned him myself every 2 hours. I am not sure how many times that was." When V19 CNA was asked if she usually repositions R2 in bed, by herself, V19 stated, "Yes, I can do it."

On March 2, 2020 at 10:25 AM, V4 Registered Nurse (RN) stated he cared for R2 on February 27, 2020 from 7:00 AM-3:00 PM. V4 stated, "I noticed (R2's) left shoulder was swollen and bruised and immediately reported it to (V2 Director of Nursing) and (V3 Nurse Practitioner/NP). That shoulder swelling was new for him and I got no report of an injury or swelling to (R2's) left shoulder from the night nurse that morning. We ordered an X-ray right away."

On March 2, 2020 at 11:20 AM, V3 Nurse Practitioner stated, "I was asked to see (R2) on

Provider's Plan of Correction (F 689):

safety (Attachment # 2).

The results of the monitoring completed under this plan of correction will be submitted to the QAPI Committee for review and follow up monthly x 3 months or as needed.

Completion Date: March 9, 2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 689	Continued From page 8	F 689		

February 27, 2020 because of the swelling to his left shoulder. Upon examinination, (R2's) left shoulder and upper arm was swollen with bruising noted to his left shoulder and armpit area so I ordered a STAT (immediate) X-ray of his shoulder. The X-ray showed a fracture but I believe (R2) has some bone density disease. (R2) has never had a fracture like this before. I have never seen him move his arms or legs at all. Usually some force has to be applied to cause a fracture like this (impacted, displaced) even if the resident has some type of bone density disease. I don't know what happened to him."

On March 2, 2020 at 1:10 PM, V10 Family of R2 stated, "(R2) hasn't gotten out of bed in years. We stopped getting him up years ago. I got a call from (V2 Director of Nursing) and she told me his shoulder fracture happened because he has brittle bones and has been in the nursing home for 5 years. My concern is that something happened when they were moving him in bed because he doesn't move himself at all. They are supposed to reposition him with 2 people and they usually have just one person roll him because they are always short staffed. I have seen this happen many times when visiting (R2)."

On March 3, 2020 at 2:10 PM, V21 Orthopedic Physician Assistant stated, "(R2) is osteopenic. With that said, it would take some type of force applied to (R2's) left shoulder to have caused the fracture. That force could have easily been from just from repositioning him in bed." V21 stated he would refer to and follow the facility's assessments and recommendations completed on that resident to ensure that resident was transferred and repositioned in a safe manner.