

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/04/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145860	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/04/2021
NAME OF PROVIDER OR SUPPLIER GROVE OF SKOKIE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 9000 LA VERGNE AVENUE SKOKIE, IL 60077	
(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	F 000		
F 689 SS=G	<p>Facility reported Incident of 2/15/2021/IL131317- F689 cited</p> <p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§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</p> <p>§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 interview and record review the facility failed to ensure a resident was transferred using the appropriate transfer mechanism according to the care plan for 1 of 4 residents (R1) reviewed for falls and transfers.</p> <p>This failure resulting in R1 falling to the floor and sustaining a right femur fracture.</p> <p>Findings include:</p> <p>The facility's investigation report dated 2/16/2021 for R1 indicates "around 7:00pm resident was alert and oriented X 3 was being transferred to the shower chair by 2 CNAs (Certified Nursing Assistants) when resident became restless mid transfer and needed to be lowered down to the floor for safety. Resident Complained of pain in the right leg the next day and was sent to local ER (Emergency Room) for treatment and evaluation. At around 3:30pm received report from local ER nurse that resident had an acute Rt</p>	F 689	<p>Grove of Skokie</p> <p>Plan of Correction</p> <p>The following plan of correction constitutes the facilities allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. The statements made on the plan of correction are not an admission to, and does not constitute an agreement with the alleged deficiencies herein. We respectfully submit that these deficiencies do not exist. To remain in compliance with all State and Federal regulations, the facility has taken or will take the actions set forth in the following plan of correction. F689 G</p> <p>The corrective actions that were accomplished for those residents to have</p>	3/5/21

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

TITLE

(X6) DATE

Electronically Signed

03/26/2021

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.

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F 689	<p>Continued From page 1 (Right) femur fracture."</p> <p>R1's Nursing Progress Note created 2/16/2021, effective 2/15/2021 indicates "Vital Signs (T/R/P/BP/SpO2): 1915 BP=133/77 P=18 T=97.5 R-18 SPO2-96% RA. Incident Summary: At around 1900, resident was being transferred to the shower chair by 2 CNA's when noted anxious mid transfer. Resident was safely lowered to the floor for safety. Head to toe assessment done by charge nurse and no visible signs of injury noted. Resident was mechanical lifted back to bed by 4 CNA's. No pain noted at that time. No changes in ROM (Range of Motion)."</p> <p>R1's X-Ray of hip/tibia/fibula/toe/femur and Knee on 2/16/2021 at 1:58PM indicates that there is an acute comminuted fracture of the metaphysis of the distal right femur.</p> <p>Care Plan dated 12/20/2020 indicates "R1 is at high risk for falls related to dx: multiple sclerosis. R1 has fracture on the left lower leg s/p fall. Interventions: R1's transfer program will be continued/updated. R1 is mechanical lift - 2 person assistance for transfer from bed to chair and vice versa."</p> <p>On 3/3/2021 at 3:47 PM, V2 (Director of Nursing/DON) stated "My understanding was that in evening the R1 was going to be transferred to the shower chair, to be taken to the shower room, she (R1) wanted to shower that day, this happened around 7PM. R1 was V6's (CNA) patient, V6 asked V3 (CNA) to help her to put R1 in the shower chair. During the transfer by V3 and V6, R1 is extended assist, sometimes she helps a little, that day, I think she was restless and didn't help at all. Mid transfer she (R1) became</p>	F 689	<p>been affected by the practice are: R1 no longer resides at this facility.</p> <p>How other residents of the facility were identified to potentially be affected by the practice are: All residents were re-assessed for transfers and the identified residents requiring transfer assistance have the potential to be affected by this alleged practice.</p> <p>The facility has taken the following measures to ensure that the problem has been corrected and will not recur by: All residents were re-assessed for transfers All care plans were updated for the residents identified that require assistance with transfers An audit was conducted to ensure all residents have a confidential transfer status placed in their rooms for staff identification and this is an ongoing monitoring system and will be updated as needed Staff were re-education on but not limited to the facility policy and procedure on transfers.</p> <p>Quality Assurance plans and monitoring practices that have been implemented to make sure corrections are achieved and are permanent are: DON/Designee will conduct an audit twice a week for the first month then monthly thereafter to ensure that the transfer policy and procedure is being followed. All Identified trends will be reviewed by the</p>		

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F 689	<p>Continued From page 2</p> <p>total assistance, so they (V3, V6) lowered her gently to the floor for safety. They called for help, my understanding is that 4 CNAs mechanically lifted her back to the bed."</p> <p>On 3/4/2021 at 12:52PM, V5 (Physical Therapy Assistant) said that R1 uses assistance from at least 2 persons, R1 uses a scooter for locomotion. R1 was progressing from when she was admitted to the facility, "she was total assistance, however it is correct that the care plan reflects that she is to use mechanical lift for transfers."</p> <p>Facility's Policy "Fall Occurrence: revised August 5.2020 indicates "It is the policy of the facility to ensure that residents are assessed for risk for fall and interventions are put in place to prevent them from falling."</p> <p>Facility's Safe Resident Handling Program indicates that resident transfer status will be review via care-plan time frame and on an as needed basis."</p>	F 689	<p>QAPI committee and a plan will be discussed until compliance is met.</p> <p>Date of Completion: 3/5/21</p>		