

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145111	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2024
NAME OF PROVIDER OR SUPPLIER Elmhurst Extended Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 East Lake Street Elmhurst, IL 60126	

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)
<p>F 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34410</p> <p>Based on observation interviews and record reviews, the facility failed to readmit a resident after hospitalization . This applies to 1 of 6 residents reviewed (R4) for involuntary discharge in a sample of 6.</p> <p>The Findings include:</p> <p>R4 is a [AGE] year-old female admitted on [DATE] with cognition intact as per the Minimum Data Set (MDS) dated [DATE].</p> <p>A record review on the health status note dated 6/17/24 documents that according to the facility, R4 left the facility against medical advice (AMA) accompanied by daughter/power of attorney (V3).</p> <p>Record review on health status note dated 6/15/24 documents that V3 voiced concerns about the resident vomiting and not eating. The review also documented that the facility notified V6 (R4's attending physician) and obtained orders for laboratory work and diagnostic tests, including urine culture and Kidney Ureter Bladder (KUB) X-ray.</p> <p>On 7/15/24 at 8:30 AM, V3 stated, R4 was not eating. They claim she was eating 75%, but that was not true. She had nausea/vomiting and abdominal pain. R4's roommate's (R6) daughter (V5) witnessed these incidents. The facility ordered a lab, urine culture, and KUB. But R4 continued to have nausea/vomiting and throwing up and had abdominal pain. She was also losing her weight. On 6/17/24, I told V1 that I wanted R4 to transfer to a local hospital. They were not helpful and didn't even offer a wheelchair to get my mom into my car. They gave me the paperwork needed for the hospital transfer. They didn't tell me or give me any paperwork that time that R4 couldn't return. V3 added, When I was in the hospital, V2 (Director of Nursing/DON) called me over the phone and said that R4 couldn't return as I was complaining too much and that R4 was too complicated. I was so disappointed and shocked when she said that, so I hung up and called the police. When the police called the facility, they said they couldn't accept her back as R4 was discharged against medical advice (AMA). My mom stayed in the hospital for a few days, and the diagnostic tests showed that she had a tumor, hernia, and ulcer. The emergency room doctor even hugs me, saying I am my mom's best advocate.</p> <p>On 7/15/24 at 9:00 AM, V5 stated, I visited my mom every day, and she was a roommate with R4. R4 wasn't eating her breakfast. She didn't like it and was drinking only coffee.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review on vitals document that R1 had a weight of 137.4 pounds (lbs) on 5/17/24 and 130.4 lbs on 6/17/24, yielding 5.1% weight loss in one month (critical weight loss if a weight loss).</p> <p>On 7/15/24 at 9:20 AM, V2 (DON) stated, R4 was throwing up for 2-3 days and was complaining of stomach pain. An in-house cardiologist saw her, and the medical director ordered blood work, urine culture, and KUB. But R4 left the facility AMA before the urine culture, and KUB resulted.</p> <p>On 7/15/24 at 9:15 AM, V6 (R4's attending physician) stated, I can't remember the facility calling me on 6/17/24 when R4's daughter wanted to transfer her to the hospital. They should have thoroughly documented whether they contacted me and if there were any orders. Of course, if the daughter were concerned about her mom's condition or wanted to take her mom to the hospital, I would order R4 to be transferred to the local hospital. It is not a discharge against medical advice (AMA).</p> <p>On 7/15/24 at 2:17 PM, V1 (Administrator) stated, We don't have any documentation to show that the physician (MD) was notified when R4's daughter picked up her AMA. Our policy doesn't allow us to readmit a resident once they leave AMA.</p> <p>A record review of clinical progress notes and physician order sheet (POS) indicates that the facility didn't contact MD when V3 picked up R4 on 6/17/24.</p> <p>The facility presented policy on When to Call the Doctor - Protocol revised on 1/5/24 document:</p> <p>I. The physicians caring for residents in the facility want to respond in an appropriate and timely manner to acute changes in a resident's condition as indicated by the nursing staff and to ensure continuity of care.</p> <p>A. The types of conditions which frequently arise are:</p> <p>11. Family concerns</p> <p>A record review of R4's face sheet documents shows that R4 had Medicaid as a primary payer.</p> <p>The facility presented Bed Hold Policy and Procedure Manual (effective date 1/4/24) document:</p> <p>1. Medicaid residents, when properly admitted , have a right to return to the facility to the first available bed after a hospital transfer.</p>		