STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145111	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elmhurst Extended Care Center	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)
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. 20042 Based on interview and record review the facility staff failed to immediately notify the nurse when a resident had a change in condition and could no longer stand and/or bear weight on her leg after a transfer. This resulted in a delay in care and treatment for R1 who had a hip dislocation. This applies to 1 of 3 residents (R1) reviewed for change in condition in the sample of 3. The findings include: The Incident Report for R1 dated 2/1/25 showed, R1 complained of pain in her left leg and stated her left leg got twisted when she was being transferred after her shower. The nurse assessed R1's left leg and noted it was swollen and had poor alignment. R1 was sent to the hospital. On 2/25/25 at 11:07 AM, R1 was sitting in a wheelchair in the dining room for an activity. R1 had an abductor pillow between her legs that was not properly placed. The abductor pillow did not line up on each side with her legs. The abductor pillow was crooked and the straps were not securely in place. R1 stated she had the pillow because she had hip surgery. R1 was questioned regarding an incident in the shower that occurred on 2/1/25. R1 stated she was in the shower, standing, and there was one CNA (Certified Nursing Assistant) with her. R1 stated her leg slid and twisted. R1 stated she could not stand up after her shower and she had a lot of hip pain. On 2/25/25 at 11:24 AM, V4 RN (Registered Nurse) stated, she told V5 CNA to give R1 a shower because V3 (R1's brother/POA - power of attorney) requested it. V4 stated the shower was between 2:30 PM - 3:30 PM. V4 stated it was the end of her shift so she left. V4 stated R1 said her leg was twisted or something during the transfer in the shower room. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145111	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elmhurst Extended Care Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/25/25 at 11:47 AM, V5 CNA stated she took R1 into the shower room and had R1 stand up at the grab bar in the shower room. V5 was asked if she applied a transfer belt around R1. V5 stated she had a transfer belt on R1. V5 stated she transferred R1 from her wheelchair to a shower chair alone. V5 stated she told R1 to grab the bar on the wall in the shower room. V5 stated she did R1's shower and put her clothes on her. V5 stated she asked R1 to stand and R1 stated she couldn't stand so she didn't try to stand her. V5 stated she called V7 CNA to help her transfer R1. V5 stated V7 helped transfer R1 to her wheelchair. V5 stated R1 was taken to her room and sat in her wheelchair for a few minutes and then was transferred to bed. V5 stated she never told the nurse that R1 couldn't stand after her shower because V4 RN had already left. V5 stated she did not tell V8 RN, the oncoming nurse, that R1 could not stand after her shower. V5 stated she didn't tell the nurse that R1 couldn't stand because sometimes residents just say that because they don't want to stand. V5 stated she told V8 RN that R1 had pain. On 2/25/25 at 3:17 PM, V8 RN stated, she worked 2/1/25 on the 3:00 PM - 11:00 PM shift. V8 stated she did not know R1 had a shower and the CNA did not notify her that R1 had a change in condition. V8 stated she was passing medication between 4:00 PM - 6:00 PM and heard R1 shouting. V8 stated R1 does that to get attention so she did not check on her and asked the CNA to go and see what R1 needed. The CNA stated R1 had pain so she went in and R1 said her leg was hurting. R1 told her she took a shower and when she was transferred her leg flipped or twisted and she was in pain. V3 (R1's brother) was sitting in the room and he said R1's foot did not look properly aligned. V8 stated she looked at R1's foot and it was turned in. She also noted swelling and a sore to her heel. V8 looked at her phone and the messages to the physician. V8 stated she contacted the doctor at 5:58 PM and at 6:09 PM she received an order from the doctor to get an X-ray. The X-ray couldn't be done right away. V8 stated she medicated R1 for pain. At 8:47 PM she notified the doctor the x-ray could not be done until the next day. V8 stated she received an order to send R1 to the hospital. V8 stated R1 went to the hospital at 9:15 PM. On 2/25/25 at 1:50 PM, V1 (Administrator) stated the CNA should have reported R1's change in condition to the nurse so she could take further intervention and contact the medical doctor. On 2/25/25 at 2:17 PM, V13 NP (Nurse Practitioner) stated when R1 had a change in condition with her shower the first thing the CNA should have done was contact the nurse so the nurse could assess the resident. V13 stated she would expect the nurse to be notified right away and did not know why anyone would wait to notify the nurse. V13 stated notifying the nurse is important so the nurse can find out why there is a change and then contact them (physician/NP). V13 stated waiting longer than an hour to send a resident out is too long. V13 stated it was important to send the resident out right away to make sure nothing else going on and so the situation did not become worse. On 2/25/25 at 2:25 PM, V2 DON (Director of Nursing) stated, the CNA should have called for the nurse and informed her of what's going on. V2 stated that have been done right away. V2 stated there was a delay in care. V2 it was a big span of time and a lot could happen during that time. The Face Sheet dated 2/25/25 for R1 showed diagnoses including left femur fracture, joint replacement surgery, dislocation of left hip prosthesis, osteoporosis without current pathological fracture, osteoarthritis, abnormalities of gait and mobility, hypertension, hyperlipidemia, morbid obesity, bipolar disorder, schizphrenia, and major depressive disorder. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145111	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elmhurst Extended Care Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Facility's Ethic's - Patient's Change of Condition policy (1/10/25) showed, if patient's condition should change suddenly, it is the obligation of the charge nurse to notify the attending physician and responsible family member of the patient's condition change. The policy does not show any time frames for staff notification to the nurse or the nurse's time frame for notification to a provider.