

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145307	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/02/2024
NAME OF PROVIDER OR SUPPLIER Grove of Lagrange Park, The		STREET ADDRESS, CITY, STATE, ZIP CODE 701 North Lagrange Road LA Grange Park, IL 60526	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>20042</p> <p>Based on observation, interview, and record review the facility failed to provide nail care for 2 of 3 residents (R2, R3) reviewed for activities of daily living in the sample of 5.</p> <p>The findings include:</p> <p>1. On 11/2/24 at 10:29 AM, R2 was lying on her back in bed with a hospital type gown on. R2's hands were contracted; the left hand was contracted more than the right. R2's fingernails were long and appeared dirty with something under the nails. R2 stated she would like her nails cut because she likes them short. R2 stated she had a stroke and her left hand doesn't open on its own. R2 stated she can't cut her nails herself.</p> <p>On 11/2/24 at 11:31 AM, V7 (Licensed Practical Nurse, LPN) stated the restorative CNA (Certified Nursing Assistant) or CNAs cut residents nails. The nurse cuts residents nails and toenails of residents that are diabetic. V7 stated residents can be seen by a podiatrist depending on their insurance. The nurse will send a request to social services, they will check the insurance and then add the resident to the podiatry list to be seen.</p> <p>On 11/2/24 at 2:39 PM, V2 (Director of Nursing, DON) stated nail care is done at the time of the resident showers. V2 stated there is no documentation to show that nail care is provided; they just know that it is done.</p> <p>On 11/2/24 at 3:07 PM, V9 (CNA) stated residents get showers three times per week. V9 stated on shower days the CNA providing the resident's shower will trim their nails. V9 stated the CNAs don't cut residents toenails.</p> <p>The Face Sheet dated 11/2/24 for R2 showed diagnoses including hemiplegia and hemiparesis of left side, anemia, protein-calorie malnutrition, insomnia, cerebral infarction, subarachnoid hemorrhage, orthostatic hypotension, and acute kidney failure.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Care Plan dated 8/26/24 for R2 showed, R2 has an ADL (activities of daily living) self care performance deficit and impaired mobility related to history of fall, orthostatic hypotension, cerebral infarction, muscle wasting and atrophy, abnormalities of gait and mobility, lack of coordination, insomnia, hemiplegia affecting left dominant side. Personal hygiene/oral care: R2 requires extensive assist of 1 staff with personal hygiene and oral care. R2's care plan also showed Bathing: I would like staff to check nail length and trim and clean on bath day and as necessary. Please report any changes to the nurse.</p> <p>2. On 11/2/24 at 11:01 AM, R3 was lying on his side in bed with his legs hanging over the side of the bed. R3's fingernails were long and appeared dirty. R3's toenails were long and he had flaky dry skin to his feet. V5 (R3's POA, power of attorney) was at bedside and stated that he told the facility staff 2-3 days ago that R3 needed his nails cut and still has not been done. V6 (R3's family member) stated they were told that the facility doesn't trim/cut toenails and he needs it done.</p> <p>On 11/2/24 at 11:51 AM, V8 (RN, registered Nurse) stated nail care is done with the resident's showers. V8 stated CNA will tell the nurse if the resident refuses and the nurse will do the nail care. V8 stated if the resident is diabetic the nurse does the nail care.</p> <p>On 11/2/24 at 3:23 PM, V10 (CNA) stated everyone does nail care for residents. The nail care is done on showers days and can be done as needed. V10 stated most people don't chart that nail care has been done but can type a note in point of care that it was done.</p> <p>The Face Sheet dated 11/2/24 for R3 showed diagnoses including chronic obstructive pulmonary disease, pneumonia, hypoxemia, anxiety disorder, type 2 diabetes mellitus, protein calorie malnutrition, hypertension, paroxysmal atrial fibrillation, chronic respiratory failure, low back pain, dysphagia, solitary pulmonary nodule, congestive heart failure, mitral and aortic valve insufficiency, and atherosclerotic heart disease.</p> <p>The Care Plan dated 9/19/24 for R3 showed, R3 has an ADL self care performance deficit and impaired mobility related to chronic obstructive pulmonary disease, chronic respiratory failure, diabetes mellitus, hypertension, low back pain. R3's care plan also showed Bathing: I would like staff to check nail length and trim and clean on bath day and as necessary. Please report any changes to the nurse.</p> <p>The facility's Nail Care policy (8/1/24) showed, The purpose of this procedure are to clean the nail bed, keep nails trimmed, and prevent infections. Nursing staff shall check the residents for nail care which includes cleaning and regular trimming. Proper nail care can aid in prevention of skin problems around the nail bed. Unless otherwise permitted, do not trim the nails of diabetic residents or residents with circulatory impairments. Refer to podiatrist for further interventions as indicated. Refer to podiatrist for podiatric care and trimming of toenails. Document procedure.</p>		