

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145779	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/25/2024
NAME OF PROVIDER OR SUPPLIER Elevate Care Palos Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 12550 South Ridgeland Avenue Palos Heights, IL 60463	

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 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>34069</p> <p>Based on interview and record review the facility failed to ensure a proper blood draw from a resident with limb precautions. This failure affected 1 resident (R1) of 3 reviewed for laboratory services.</p> <p>Findings include:</p> <p>On 10-22-24 at 9:55 AM, V8 (Concerned Party) said 3rd Party Company came to facility and drew blood from R1's wrong arm despite the right arm precaution bracelet and sign at head of the bed. V8 said POA was present and POA told V2 (Director of Nursing) and primary nurse. V8 said V2 and primary nurse said they were not aware of lab coming to draw labs on 10-10-24. V8 said R1's arm was swollen as a result of the incorrect blood draw.</p> <p>On 10-24-24 at 9:29 AM, V1 (Administrator) said V2 reported the incorrect blood draw to him. V1 said V1 and V2 went to R1's room and visualized limb R1's alert signage above the bed and R1's limb alert bracelet.</p> <p>On 10-23-24 at 10:23 AM, V2 (Director of Nursing) said R1 had a bracelet and sign above the bed indicating right arm precautions (no blood draws and blood pressures). V2 said all staff was aware because of bracelet, sign, physician orders, and possible CNA tasks (computer charting). V2 said lab tech came to draw labs from R1's right arm despite right arm precautions. V2 said R1's family said R1's arm was already swollen. V2 said she did not notice any additional swelling to R1's arm after the blood draw. V2 said it would be best practice for lab tech to get minimal report (precautions) from the nurse. V2 said she encourage staff to engage lab tech if they have any questions. Family made concern of improper lab draw. DON notified MD and received order for Doppler study to right arm. V2 called 3rd party lab and the 3rd party lab liaison came to facility to meet R1 and family. V2 said liaison verified R1's bracelet and limb alert sign above bed.</p> <p>On 10-22-24 at 10:20 AM, V3 (Licensed Practical Nurse) said she was aware of no blood draws or blood pressures to R1's right arm. V3 said this was charted in resident record, stated in communication report, wrist band stating right arm restriction, and sign found in the resident room. V3 said family was present and would be able to remind staff. V3 said she recalls R1's right arm swollen after the blood draw. V3 said she does not recall R1 complaining of pain. V3 said she is not aware of any further issue.</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 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10-22-24 at 10:57 AM, V4 (Licensed Practical Nurse) said she was aware of R1's right arm restriction because she admitted R1 with orders for right arm precautions, V4 saw R1's bracelet, and facility made sign indicating right limb precaution. V4 said she did not work when R1 blood was drawn. V4 said she is not aware of any adverse reaction after blood draw and did not notice any changes. V4 said R1 should have no blood draws from right arm because it is ordered and stated by bracelet and sign in R1's room. V4 said the phlebotomist or lab technicians should check with primary nurse if they have any questions.</p> <p>On 10-23-24 at 1:52 PM, V8 (Director of Phlebotomy Services) said on 10-11-24 she was made aware of a blood draw on R1's wrong side. V8 said the usual phlebotomist was not on duty and a covering phlebotomist drew blood from R1's wrong (right) side. V9 said phlebotomist told V8 that he did not see R1's bracelet or any sign above R1's bed. V8 said lab account manager came to facility and verified R1 had a right arm precaution sign above R1's bed. V8 said phlebotomist was re-educated on policy of communication with staff.</p> <p>On 10-23-24 at 2:12 PM, V9 (Registered Nurse) said residents will come with bracelet (limb precaution) from the hospital and the facility would not remove the bracelet. V9 said she was the admitting nurse and became aware of limb precautions from the family who instructed no blood draw or blood pressures to R1's right arm. V9 said she did not know phlebotomist was at the facility to draw blood. V9 said R1's family made concern of improper blood draw. V9 said V1 and V2 spoke with R1's family. V9 said she assessed R1 with no new findings. V9 said MD gave orders for Doppler study and there was no findings and no change in R1's arm swelling.</p> <p>Physician Order Summary documents Right Limb precaution: NO B/P, blood draw in right arm.</p> <p>Laboratory Services form dated 10-12-24 documents: This is a record that serves as written proof of completion of training. Tech has been retrained on verifying draw site before completing the draw. As well as communicating with staff members when he has questions.</p> <p>R1's Alteration in Hematological Status Care Plan documents: Interventions: Monitor and document vital signs B/P only to legs. Blood draws to left arm only.</p> <p>Phlebotomy General Guidelines Policies and Procedures (dated 9-15-22) documents: Introduction: Phlebotomists play a critical role in the collection of blood samples. This requires using skillful techniques in communication and correct site selection for collecting the samples.</p>		