

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145967	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/20/2024
NAME OF PROVIDER OR SUPPLIER  Elevate Care Country Club Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  18200 South Cicero Avenue Country Club Hills, IL 60478	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>35119</p> <p>Based on interview and record review the facility failed to prevent a pressure injury from developing for an at-risk resident for 1 of 3 residents (R4) reviewed for pressure in the sample of 8.</p> <p>The findings include:</p> <p>R4's Admission Skin Check done on 8/15/24 shows R4 had a right above the knee wound and no other wounds were documented.</p> <p>R4's Shower sheet dated 8/27/24 shows open sore with the coccyx area circled on the diagram.</p> <p>On 9/20/24 at 11:05 AM, V12 Wound Coordinator Licensed Practical Nurse stated R4 had a full body assessment done on admission and only had a surgical wound due to right above the knee amputation. V12 stated R4 was alert and oriented to person and place and was incontinent. V12 stated R4 was assessed as a risk for pressure due to his reduced mobility and incontinence. V12 stated on 8/27/24 R4 was found to have a pressure injury to his coccyx. V12 stated initially it was assessed at a Stage 2 but when the wound physician assessed it one week later, it was a Stage 3. V12 stated R4 not being turned and repositioned or not having incontinence care provided could cause a wound to develop.</p> <p>On 9/20/24 at 10:17 AM, V4 Certified Nursing Assistant stated R4 did not like being wet and would call and let you know when he needed to be changed. V4 stated R4 would complain to her about night shift not changing him. V4 stated R4 didn't like to be wet at all. V4 stated R4 had no wounds other than his surgical knee. V4 stated she was off for the weekend and when she came back the next week R4 had a wound on his bottom and she reported it to the nurse.</p> <p>R4's Wound Assessment on 8/28/24 shows facility acquired, pressure, Stage 2 to coccyx with measurements 2.50 x 4.50 x 0.10 cm with 70% pale pink non-granulating skin and serous exudate.</p> <p>R4's Wound Physician Note dated 9/4/24 shows Stage 3 pressure injury to coccyx full thickness 2.2 x 1.3 x 0.2 cm with moderate serous exudate.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R4's Care Plan shows R4 has an amputation above the right knee with intervention to change position frequently to prevent respiratory complications, prevent dependent edema and skin pressure areas. This same care plan shows R4 is at risk for alteration in skin integrity due to alzheimer's/dementia, arteriosclerosis/atherosclerosis, diabetes, fragile skin, incontinence of bowel, incontinence of urine, limited joint mobility, muscle wasting, and peripheral vascular disease with interventions to keep skin folds clean and dry and moisture barrier cream/ointment after each incontinence episode.</p>		