

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146155	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2024
NAME OF PROVIDER OR SUPPLIER Park Place Christian Community		STREET ADDRESS, CITY, STATE, ZIP CODE 1150 Euclid Avenue 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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15845</p> <p>Based on interview and record review, the facility failed to safely transfer a resident during toileting when a gait belt was not used, and required assistance was not provided. This failure resulted in R1 sustaining an acute comminuted fracture of the left femur due to a fall incident occurred during direct care. This applies to 1 of 3 residents (R1) reviewed for falls in the sample of 3.</p> <p>The findings include:</p> <p>The EMR (Electronic Medical Record) showed R1, a 92-year -old with diagnoses includes dementia, depression, osteopenia, osteoarthritis, stroke, history of breast cancer and pulmonary embolism. R1's surgical history includes right knee replacement. R1 was Covid positive on August 4,2024. R1 was originally admitted to the MMC (Memory Care Center) in the facility on October 11, 2019. R1 was transferred to the skilled section in the facility on September 3, 2024. due to declining condition, multiple falls, and weakness.</p> <p>The incident report log showed R1 had 2 falls for 2 weeks period. The incident report dated September 7, 2024 at 4:40 P.M., showed R1 ended up on the bathroom floor when R1 was getting off the toilet and slid down. The incident report dated September 16, 2024 at 2:00 P.M., showed during toilet assistance by V3 (CNA/Certified Nurse Assistant), R1's was assisted to the floor because R1's knees buckled up during the toilet/transfer assistance. This incident showed R1 had complained of pain to the left lower extremity after the fall. An x-ray was done on same day, with result of acute comminuted impacted supracondylar fracture of the left femur.</p> <p>The progress notes dated 9/16/2024 showed R1 was sent out to the hospital and was admitted due to fracture.</p> <p>On September 20,2024 at 12:14 P.M., V2 (Director of Nursing) said R1's fall on September 7, 2024 was because R1 was left alone in the bathroom as the CNA provided privacy to R1. V2 added R1's fall on September 16,2024 happened when V3 assisted R1 to the toilet, then R1 got weak, and legs buckled up. V2 said V3 assisted R1 to the floor. V2 added R1 then complained of left knee pain after the fall and x-ray was done. V2 said x-ray showed an acute fracture of R1's left femur.</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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On September 20/2024 at 11:15 A.M., V4 (Registered Nurse) said he was the assigned nurse when R1 had a fall on September 16, 2024. V4 said he had also taken care of R1 when R1 was at the MMC. V4 said R1 was transferred to the skilled unit on September 3, 2024 due to R1's decline in level of functioning, was weak due to post Covid infection (August 4,2024). V4 said R1 had been falling at the MMC almost every other day and was then moved to skilled unit for closer supervision and assistance. V4 said when he arrived at the scene when R1 fell on [DATE], R1's knees were bent and R1's feet were caught between the toilet base and the legs of the toilet riser. R1's upper extremity was in upright position and lower extremity in sitting position on the floor, knees bent, and upper body slightly leaned towards the right side. V4 said R1 was assisted back to bed using a total lift mechanical transfer device. V4 said R1 had complained of pain to the left upper knee when touched. V4 said due to R1's declining condition, 2-person assist is required when providing care to ensure safety.</p> <p>On September 20,2024 at 10:38 A.M., V3 said she had assisted R1 to the bathroom on September 16,2024 around 2:00 P.M. V3 said she started assisting R1 in the bathroom from sitting position from the wheelchair. (R1) grabbed the grab bars to pull self-up to standing position. (R1) started to pivot transfer on her own while (V3) was pulling down R1's pants since (R1) had a large bowel movement. During this time, (R1's) legs buckled up, and there was no way to avoid falling to the floor so (V3) eased down (R1) to the floor. (R1's) feet caught in between the toilet base and toilet riser. (R1) complained of left upper leg pain. V3 called (V4) at once and they transferred (R1) to her bed via total lift device. V3 said she did not use gait belt to R1 during toilet transfer. V3 said while she was pulling down R1's pants, R1 had no stability and no assistance since V3 was pulling down R1's pants.</p> <p>On September 20,2024 at 12:44 P.M., V8 (RN/MDS/Care Plan) said R1 requires total assistance for lower body dressing, totally dependent from staff for toilet use, and required substantial assistance for transfer.</p> <p>On September 20,2024 at 2:50 P.M., V5 (CNA) said R1's functional level varies, sometimes R1 resist care and assistance of 2 person was required for safety.</p> <p>On September 20,2024 at 1:10 P.M., V9 (Occupational Therapist) said she had provided occupational treatment to R1 on September 6, 9, 10 and 13, 2024. V9 said R1's functional level varies and is unpredictable. V9 said at times R1 requires 75 % to 100 %, was totally dependent from staff then there were times R1 requires 25 % assistance. V9 added if a task is given one at a time to R1, then 1 person assist is okay since the assistance was focus on a single task, but if 2 or more tasks were provided at the same time, then 2 persons plus assistance was required for R1 to be safe during provision of care. V9 said when R1 was doing pivot transfer and V3 was pulling down R1's pants, V3 was doing assistance for undressing, and a transfer assistance task was not provided. V9 said, One task should be provided at a time with 1-person assist, and with 2 tasks being provided at same time, 2 persons assists were required. Also do not undress during pivot transfer.</p> <p>On September 22,2024 at 12:15 P.M., V2 said transfer belt/gait belt is a must to use when transferring a resident. V2 said 2 person assistance was required when 2 tasks of care is being provided at the same time.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On September 20,2024 at 2:27 P.M., V10 (R1's Primary Physician) said she was notified on September 16, 2024 when R1 sustained a fall, landed on knees, and R1's knees were swollen. V10 said R1 sustained acute fracture of the left upper leg (femur) due to the fall incident occurred September 16.2024.</p> <p>The MDS (Minimum Data Set) dated September 9, 2024 showed R1's cognition was moderately impaired with BIMS (Brief Interview Mental Status) score of 8/15. The MDS also showed R1's functional level assessment as follows:</p> <ul style="list-style-type: none"> -functional limitation in range of motion on both sides for both upper and lower extremities -dependent for toilet hygiene (the ability to maintain perineal hygiene, adjust clothes before and after voiding, or having a bowel movement) -dependent for lower dressing (ability to dress/undress below the waist) -dependent from sit to stand (ability to come from to a standing position from sitting position in a chair/wheelchair) -dependent for toilet transfer (the ability to get on and off a toilet or commode) <p>The MDS code were as follows:</p> <ul style="list-style-type: none"> -substantial/maximal assistance: Helper dose MORE THAN HALF the effort. Helper holds or lifts trunk, or limbs and provides more than half the effort. -dependent: Helper does ALL the effort. Resident does none of the effort to comply the activity. The assistance of 2 or more helpers is required for the resident to complete the activity. <p>The care plan dated September 3,2024 showed R1 requires total assistance for lower body dressing, totally dependent from staff for toilet use, and required substantial assistance for transfer.</p> <p>The fall risk assessment dated [DATE] showed R1 was a high risk for fall.</p> <p>The progress notes dated September 20, 2024 showed R1 returned to the facility at 6:30 P.M. R1 was also placed on hospice care. On September 21, 2024 at 10:30 A.M. R1 was observed lying in her bed. R1 was lethargic and barely responsive. R1's left lower extremity was moderately swollen.</p> <p>The facility policy for Lifts and Safe Client Movement Program with review date of September 2024, showed:</p> <p>POLICY: is committed to providing safe care maximizes clients' quality of life while maintaining a safe work environment for employees. The Safe Client Movement Program includes client movement equipment, employee training, client plan of care and a culture of safety approach to safety in the work environment.</p> <p>6. When a client is being assisted with a transfer and another ADL task is needed a client also needs assistance with such as dressing/undressing</p> <p>(continued on next page)</p>		

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F 0689 Level of Harm - Actual harm Residents Affected - Few	The facility policy for Gait Transfer Belt with review date of May 2024, showed: IMPORTANT POINTS: 2. Gait belt use is mandatory with all residents who need assistance in ambulation and /or transfer.		