STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510277	A. BUILDING: _____ B. WING _____	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION LVING BETHLEHEM WOODS VILLAGE	1529 W OGDEN AVE LA GRANGE PARK, IL 60526

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A 000	Initial Comment Annual Licensure Survey	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: Section 295.2000 Residency Requirements - Level 2 a) No individual shall be accepted for residency or remain in residence if the establishment cannot provide or secure appropriate services, if the individual requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 75(a) of the Act) c) A person shall not be accepted for residency if: 3) The person requires total assistance with 2 or more activities of daily living; 4) The person requires the assistance of more than one paid caregiver at any given time with an activity of daily living; 5) The person requires more than minimal assistance in moving to a safe area in an	A2000		

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emergency. For the purpose of this Section, minimal assistance means that the resident is able to respond, with or without assistance, in an emergency to protect themselves, given the staffing and construction of the building;

6) The person has a severe mental illness, which for the purposes of this Section means a condition that is characterized by the presence of a major mental disorder as classified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision DSM-5-TR, where the individual is a person with a substantial disability due to mental illness in the areas of self-maintenance, social functioning, activities of community living and work skills, and the disability specified is expected to be present for a period of not less than one year, but does not mean Alzheimer's disease and other forms of dementia based on organic or physical disorders. Nothing in this Section is meant to prohibit an individual with a diagnosis of depression from living in an establishment so long as the resident is not substantially disabled in the areas of self-maintenance, social functioning, activities of community living, and work skills;

d) A resident with a condition listed in subsection (c) shall have their residency terminated in accordance with Section 295.2010. (Section 75(d) of the Act)

e) Residency shall be terminated in accordance with Section 295.2010 when services available to the resident in the establishment are no longer adequate to meet the needs of the resident. This provision shall not be interpreted

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as limiting the authority of the Department to require the residency termination of individuals. (Section 75(e) of the Act)

These requirement were not met as evidenced by:

Based on record review and interview, the establishment failed to transfer and or discharge one resident (R7) who requires total assistance with 2 or more ADLs (activities of daily living) and who requires more than minimal assistance in moving to a safe area in an emergency out of 7 residents reviewed for ADL assistance.

This failure has the probability to affect all residents who reside in the Assisted Living area of the establishment.

Finding include:

R7 is a 93 year old who moved into the establishment 3/28/24. R7 has diagnoses including urinary retention, UTI (urinary tract infection) and Sepsis. R7 has a history of multiple falls.

The progress notes from April 2024 through August 2024 were reviewed and shows the following related to falls:

-4/10: R7 attempted to walk without his walker, was observed on the floor in a sitting position. Skin tear noted to right middle finger. MD notified, need order for home health to evaluate and treat

At 3:20pm, R7 observed on the floor next to his bed. R7's arm was stuck inside side rail. Left arm and left shoulder bruise noted. R7 able to move arm. POA (power of attorney) notified and side

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rail removed from bed. E1 (Director of Nursing) aware.

-4/12 (9am): nurse called to R7's room by RA (resident aide) at 7am. R7 observed on floor of bedroom next to bed with blanket on the floor under him. R7 attempted to get out of bed without assistance. R7 appears to have slid down from the bed due to the blanket being underneath him.

3pm: 2nd shift RA doing rounds and called nurse to R7's room. R7 observed on the floor of bedroom next to bed. R7 noted with a small skin tear to top of right hand and wound to left browridge was swollen but not bleeding profusely. R7 was laying on his left side and complained of pain to his left hip. 911 activated, R7 sent to the hospital for evaluation and treatment.

8:30pm: R7 admitted to hospital. Diagnoses: Bradycardia, Closed head injury, laceration to the left eyebrow and multiple falls.

4/18: Res returned to facility via EMS at 4pm. Indwelling cath in place. Crystal Home Health seeing R7 and has a caregiver in place from 9am to 9pm. R7 has a pacemaker that was put in place on 4/15/24. Z1 made aware and complained about administrative staff, that they should not have accepted R7 back to AL (assisted living) and needs to be at a SNF (skilled nursing facility). Adminitration is stupid for letting R7 come back. R7's just going to keep falling and eventually R7's going to pull out his catheter. Z1 insisted staff need to convince the POA of finance that R7 needs to go to skilled.

4/22: writer called to apartment at 6:20am by CNA. R7 was observed sitting on the floor next to his bed with his blankets underneath him. R7

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A2000	Continued From page 4 stated, "I just fell out of bed." 5/11/24: R7 activated red help button in his apartment. CNA observed R7 sitting on his chair next to side table with help button on his legs. R7 incontinent of bowel 5/14: observed on floor 6/4: writer called to R7 room, blood noted to R7 peri area and right hand. R7 was pulling on catheter 6/6: writer responded to page at 5:25am, R7 noted alert and oriented x1. Writer contacted Palos NW home health for further instructions and to make aware. Home Health contacted the POA. Writer activated 911. R7 transported to hospital for evaluation and treatment. Admitted to hospital, diagnosis Sepsis Late entry: upon assessment, large amount of amber blood noted in foley, foul smelling loose stool. R7 appeared lethargic and not responding appropriately to staff 6/27/24: R7 returned to facility. Referral for Home Health, 2 person assistance used to transfer R7 from wheelchair to bed. R7 ability to assist with transferring limited due to weakness, R7 unable to bear weight 7/11: during rounds, writer observed R7 on the floor. Asked R7 what happened, R7 stated, "I was getting into my chair" 7/13: increased confusion. 1:45pm: POA made aware. Agreed to have R7 evaluated at hospital. 911 activated to transport via ambulance	A2000		

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A2000	Continued From page 5 7/14: R7 returned, diagnosis of UTI (urinary tract infection), placed on antibiotic 8/11: emesis x1, blood noted in foley, BM x1, strong profound odor, sent out 911, also altered mental status. R7 admitted to hospital in ICU (intensive care unit). Admitting diagnosis Infection, Sepsis. The service plan dated 8/2/24 shows R7 needs total assistance in evacuation, bathing, toileting, transferring, hygiene, dressing, mobility and activities. Only 1 fall assessment was noted in R7's record dated 3/14/24. A score of 16-35 indicates moderate risk. R7 scored 18. On 8/23/24 at 1:15pm via telephone E2 (executive director) stated, "there were alot of family dynamics going on within R7's family. I and E1 (director of nursing) were gone over the weekend and when they came back Monday morning R7 had a different bed. The siderail was removed immediately that Monday so another incident wouldn't happen. We spoke with the hospital social worker who said R7 would not be returning and would be admitted to a skilled nursing facility E1 could not explain why interventions were not put in place to address R7's multiple falls and fall with injury.	A2000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by:	A2040		

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A2040	Continued From page 6 Section 295.2040 Disaster Preparedness - Repeat Violation, Level 3 a) For the purpose of this Section, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the establishment. b) Each establishment shall: 1) Have a written plan for protection of all persons in the event of disasters, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan shall address the physical and cognitive needs of residents and include special staff response, including the procedures needed to ensure the safety of any resident. The plan shall be amended or revised whenever any resident with unusual needs is admitted. The plan shall also: 2) Instruct all personnel employed on the premises in the use of fire extinguishers. 3) Post a diagram of the evacuation route and ensure that all personnel employed on the premises are aware of the route. 4) Ensure that there is a means of notification to the establishment when the National Weather Service issues a tornado or severe thunderstorm warning covering the area in which the establishment is located. The	A2040		

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A2040	Continued From page 7 notification mechanism must be other than commercial radio or television. Notification measures include being within range of local tornado warning sirens, an operable National Oceanic and Atmospheric Administration weather radio in the establishment, or arrangements with local public safety agencies (police, fire, ESDA) to be notified if a warning is issued. 5) Orient each resident to the emergency and evacuation plans within 10 days after the resident's arrival. Orientation shall include assisting residents in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative. c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to: 1) Ensure that all personnel on all shifts are trained to perform assigned tasks; 2) Ensure that all personnel on all shifts are familiar with the use of the fire fighting equipment in the facility; 3) Evaluate the effectiveness of disaster plans, procedures and training. d) The establishment shall conduct a tornado drill on each shift during February of each year for employees. e) Drills shall include residents, establishment personnel, and other persons in the establishment.	A2040		

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A2040	Continued From page 8 f) Drills shall include making a general announcement throughout the establishment that a drill is being conducted or sounding an emergency alarm. Drills may be announced in advance to residents. g) Drills shall involve the actual evacuation of residents to an assembly point as specified in the emergency plan and shall provide residents with experience using various means of escape. If an establishment has an evacuation capability classification of impractical, those residents who cannot meaningfully assist in their own evacuation or who have special health problems shall not be required to participate in the drill; however, other requirements of the Life Safety Code will apply. h) A written evaluation of each drill shall be submitted to the establishment manager and shall be maintained for one year from the date of the drill. The evaluation shall include the date and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation. This requirement was not met as evidenced by: Based on record review and interview the establishment failed to ensure that 8 out of 8 newly hired employees reviewed for orientation completed training and are familiar with the use of fire extinguishers in the establishment. This failure has the probability to affect future newly hired employees. Findings include:	A2040		

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A2040	Continued From page 9 On 8/20/24 at 10:30am, surveyor reviewed personnel files of 8 newly hired employees with E11 (business office manager). There was no documentation to show E1 (housekeeper), E2 (activity assistant), E3 (nursing assistant), E4 (nursing assistant), E5 (activity assistant), E6 (CNA/certified nurse aide), E7 (housekeeper) and E8 (LPN/licensed practical nurse) received and completed fire extinguisher or fire safety training.. E11 said she would check to see if the fire safety/fire extinguisher training is included in the disaster preparedness training. E11 said that the person responsible for new employee training left 2 weeks ago. At 10:55am, E10 (director of nursing) stated, "I don't see fire safety assigned. Usually that training is done during orientation." At 2:50pm E11 stated, "those employees were not assigned to fire extinguisher training. It came up for the annual training but not for orientation. Fire safety shows up but not sure if it includes fire extinguisher training. Let me check." At 3:15pm, E11 stated, "the description under Disaster Preparedness doesn't address fire extinguisher training."	A2040		
A4040	Section 295.4040 Communicable Disease Policies This Regulation is not met as evidenced by: Section 295.4040 Communicable Disease Policies - Level 2 a) The establishment shall meet the Control	A4040		

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A4040	Continued From page 10 of Communicable Diseases Code (77 Ill. Adm. Code 690). b) The establishment shall not knowingly admit a person with a communicable, contagious, or infectious disease, as defined in the Control of Communicable Diseases Code. A resident who is suspected of or diagnosed as having any such disease shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the establishment believes that it cannot provide the necessary infection control measures, it shall initiate residency termination pursuant to Section 80 of the Act. c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The establishment shall furnish all pertinent information relating to such occurrences. In addition, the establishment shall also inform the Department of all incidents of scabies and other skin infestations. This requirement was not met as evidenced by: Based on record review and interview, the establishment failed to inform the department (Illinois Department of Public Health)of a skin infestation of scabies involving 4 residents (R1, R3, R5, R6). These 4 residents reside in the Assisted Living area of the establishment. The establishment also failed to investigate, track and document this skin infestation. These failures have the probability to affect all residents residing in Assisted Living.	A4040		

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A4040	Continued From page 11	A4040		

Findings include:

1. R1 is a 93 year old resident who moved into the establishment 2/27/24 and resides in assisted living. R1 has diagnoses including Anxiety, HTN, Atrial-Fibrillation and Osteoporosis.

The progress note dated 7/6/24 shows R1 seated in a chair, no complaint of itching verbalized but observed occasionally scratching. Remains in isolation. The progress note dated 8/5/24 shows R1 continues to present rash to back and torso. Call to Z1 for scabies treatment. New orders, isolation x 7 days.

The physician's order dated 8/5/24 shows to administer Ivermectin 0.2mg/kg po dose and repeat in 2 weeks 8/5/24, Triamcinolone cream 0.1% to rash until clear and Zyrtec10mg po (by mouth) daily as needed.

2. R3 is a 90 y/o who moved into the establishment 5/24/24.

The physician's order dated 6/6/24 shows to begin Ivermectin 3mg - 5 tabs today, then repeat in 5 weeks 6/17/24, Permethrin cream 5%, apply to neck/toe, rinse off in the AM, repeat in one week.

The progress note dated 6/7/24 shows R3 in contact isolation due to scabies.

3. R5 is a 93 year old resident who moved into the establishment on 1/15/24.

The progress notes dated 8/3/24 show R5 showered with RA (resident assistant) assistance.

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R2 has blood in her incontinent brief, denied pain or discomfort. Denied having hemorrhoids. R5 complained of itchiness and has rash all over her torso area, appears to be little dots spots rashes. Z3 made aware. Z3 will call doctor tomorrow to get an appointment.

On 8/4/24 family took R5 to urgent care for evaluation for rash and bleeding. R5 returned at 7:45pm with a diagnosis of scabies and a prescription for Permethrin treatment. R5 was placed in contact isolation.

The progress note dated 8/13/24 shows R5 received the 2nd dose of Permethrin cream on 8/12/24. E10 (director of nursing) aware and R5 no longer on contact isolation.

4. R6 is a 85 year old resident who moved into the establishment 1/17/24.

The progress note dated 8/4/24 shows R6 complained of itching all over his body. Rash that appears like doted noted all over arms and torso area. E10 (director of nursing) made aware. At 9:05pm home health was called and made aware of R6's rash. Home health nurse to come to establishment the next date. On 8/5/24 R6 was seen by home health nurse. Received new order for scabies treatment. On 8/6/24, nurse received order for Betamethasone 0.05% ointment for itchy skin twice a day as needed. R6 remains in isolation. As of 8/10/24, R6 remained in isolation.

On 8/20/24 at 4:00pm E10 (director of nursing) stated, "the nurse let me know that R3 had scabies. R3 returned back from the dermatologist appointment, the wife and daughter told us. R3 had a rash on his torso and arms. No I don't have tracking but I can develop one if you want me to."

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A4040	Continued From page 13 On 8/21/24 at 1:05pm via telephone E10 stated, "for R5, her family took her to urgent care due to the itching and rash. The doctor at urgent care diagnosed R5 and prescribed treatment. I don't know if R5 followed up with her primary doctor. I'll have to check on that. R1 was discovered with the same rash and itching after R5. The nurse who was made aware by the caregiver, told the doctor about the symptoms that R5 had that were the same for R1. That's how R1 was prescribed treatment. The same with R6. R6 had the rash and itching and was prescribed the same treatment for scabies." When asked if this information was reported to the department, E10 stated, "reported to the department? No I didn't. I didn't know I was supposed to report that. I don't have tracking documented. It was the same time frame. I'm not sure how this got started. No one in else in AL (assisted living) or anyone in MC (memory care) showed symptoms. The families of the residents didn't report having symptoms. No staff either."	A4040		