

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>IL6000343</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>08/14/2023</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALIYA OF OAK LAWN</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6300 WEST 95TH STREET<br/>OAK LAWN, IL 60453</b> |
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| S 000              | Initial Comments<br><br>Complaint Investigation:<br>2395885/IL162113<br>2396416/IL162754  | S 000         |   |                    |
| S9999              | Final Observations<br><br>Statement of Licensure Violations 1 of 2:<br><br>300.610a)<br>300.1210b)<br>300.1210d)5)<br><br>Section 300.610 Resident Care Policies<br><br>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br><br>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each | S9999         | <p><b>Attachment A</b><br/><b>Statement of Licensure Violations</b></p>   |                    |

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| S9999              | <p>Continued From page 1</p> <p>resident to meet the total nursing and personal care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. These Regulations are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to adequately complete skin checks and assess one resident's (R4) foot for signs and symptoms of infection. This failure resulted in R4 sustaining sepsis due to an abscess on the bottom of his Right foot and subsequently requiring debridement to the bottom of the Right foot and to be discharged from the hospital with a wound vacuum.</p> <p>Findings include:</p> <p>R4 was an 83-year-old male who originally admitted to the facility on 1/3/23 and later expired on 3/16/23. R4 has multiple diagnoses including but not limited to the following: osteomyelitis, depression, unsteadiness on feet, sepsis, abscess of Right foot, muscle weakness, subdural hemorrhage, muscle wasting,</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 2</p> <p>myocardial infarction, hyperlipidemia, hypertension (HTN), emphysema, chronic obstruction pulmonary disease (COPD), and coronary artery disease (CAD).</p> <p>R4's Podiatry note dated 2/1/23 states in part but not limited to the following: R4 states currently he is in pain along the Right foot and at time he notices drainage on his socks. Macerated area noted along the second toe head, bottom of the Right good. Purulent drainage noted upon palpation. Temperature was warm from the toes to the shin. Edema is present. Pain on palpation noted along the Right second toe. Due to the infected nature of the abscess present, patient was sent to the emergency department.</p> <p>On 8/2/23 at 1:35PM, V4 (Wound Care Nurse) was interviewed regarding R4's wound. V4 said I started in this role in the middle of February 2023. I was caring for R4 after he was readmitted here. From my understanding, the facility did not have a wound care nurse in place prior to my start date. R4 wanted to come back to the facility after his stay at the hospital. R4 was discharged from the hospital and admitted to another facility. We did not have a wound care nurse here at the time and probably felt as if they could not adequately care for him.</p> <p>At 3:25PM, V18 (Registered Nurse) was consulted due to R4's foot. V18 said R4 was complaining of pain to the bottom of his Right foot during therapy, so a podiatry consult was ordered. He had a callous on the bottom of his Right foot. When V10 (Podiatrist) came in to see him, she sliced away a piece of his skin and puss poured out of his foot. She immediately told me that he needs to go to the hospital. V18 said skin checks are done during shower days but then</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 3</p> <p>some residents have orders for daily or weekly skin checks.</p> <p>On 8/3/23 at 2:39PM, V10 (Podiatrist) was interviewed regarding R4 and evaluation on 2/1/23. V10 said I was told by the staff that I was consulted due to a callous on the bottom of R4's Right foot. R4 told me there was a painful callous on his Right foot. When I saw R4's foot, it was warm in temperature, swelling was present, and it was red in color from his toes all the way up to his ankle. It was a clear and visible infection. It was not a callous. I peeled back the soft skin a bit and pus poured out of the bottom of his foot. He was complaining of pain during this procedure and was clearly uncomfortable. I think that the patient complained about a callous to the staff and the nurse never looked at his foot. I told the nurse on duty that we needed to send him to the emergency room immediately.</p> <p>On 8/8/23 at 12:05PM, V2 (Director of Nursing) was interviewed regarding skin checks within the facility. V2 said her expectation is that the staff is looking at the resident's skin every time they are providing care. However, full skin checks are completed at least two times a week on the resident's scheduled shower days. During this time, they are getting an in-depth observation of the resident's skin including every crevice and under every fold of their skin. Hospital records dated 2/6/23 state in part but not limited to the following: Admitting diagnoses: Right foot abscess and sepsis. Non-healing wound to Right foot, status post irrigation and debridement of Right foot. Magnet Resonance Imaging (MRI) shows ulcer, cellulitis, and osteomyelitis to the Right foot. Edema and myositis noted with fluid collection possibly an abscess. Recommendation for discharge wound vacuum at 125 mm hg and</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 4</p> <p>change three times weekly.</p> <p>Physician Order Sheet for R4 shows resident had order for body audit one time a day for seven days with start date of 1/29/23. Skin checks were requested however no documentation was received.</p> <p>Reviewed shower report for January 2023 shows in part but not limited to the following that R4 had scheduled showers on Wednesdays and Saturdays. R4 received a shower on 01/25/23 as scheduled but did not receive a shower on scheduled day of 1/28/23.</p> <p>Facility policy titled Skin Care Prevention dated 01/2023 states in part but not limited to the following: All residents will receive appropriate care to decrease the risk of skin breakdown. Guideline: Dependent residents will be assessed during care for any changes in skin condition including redness, and this will be reported to the nurse. All residents will be evaluated for changes in their skin condition.</p> <p style="text-align: center;">(A)</p> <p>Statement of Licensure Violations 2 of 2:<br/>300.610a)<br/>300.1210b)<br/>300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 5</p> <p>medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These Regulations are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to follow their policy and procedure regarding fall management and failed to adequately assess one resident (R4) for their risk for falls.</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 6</p> <p>Findings include:</p> <p>R4 was an 83-year-old male who originally admitted to the facility on 1/3/23 and later expired on 3/16/23. R4 has multiple diagnoses including but not limited to the following: osteomyelitis, depression, unsteadiness on feet, sepsis, abscess of Right foot, muscle weakness, subdural hemorrhage, muscle wasting, myocardial infarction, hyperlipidemia, HTN, emphysema, COPD, and CAD.</p> <p>Minimum Data Set (MDS) assessment dated 2/21/23 shows that R4 needed assistance with all Activities of Daily Living (ADL's) and was frequently incontinent of bowel and bladder.</p> <p>Facility Reported Incident dated 1/26/23 states in part but not limited to the following: R4 was observed on the floor close to his bed. Nurse on duty asked patient what happened and R4 stated I was using the urinal by sitting at the edge of the bed and fell on my face. Noted big swelling to forehead, no bleeding noted. Physician notified with order to send R4 to emergency room for Computerized Tomography Scan (CT) of the head.</p> <p>On 8/8/23 at 1:15PM, V23 (Registered Nurse) was interviewed regarding R4's fall. V23 said I was the nurse on duty when R4 fell. I was notified by the Certified Nursing Assistant (CNA) that R4 was on the floor. I rushed to his room and observed him next to his bed on the floor. R4 said he was attempting to use his urinal by sitting on the edge of the bed. He said he was not in any pain and was able to use all of his extremities. I noted some swelling to his forehead and received an order to send him to the hospital. He did not use his call light to ask for help. I educated him to</p> | S9999         |   |                    |

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| S9999  | <p>Continued From page 7</p> <p>always use his call light when he needs assistance. He was alert and oriented to person and place however he had moment of confusion. I remember him being weak and unstable. He needed assistance with majority of his (ADLs).</p> <p>Hospital records dated 1/28/23 state in part but not limited to the following: R4 sustained a fall in his room, striking his Right forehead on the concrete floor and was transferred to the hospital for further evaluation. R4 has a relatively noticeable bruise and swelling to his Right forehead/temple area. R4 has been found to have an intracranial bleed on CT scan. R4 related that he has had a number of falls recently.</p> <p>Requested fall risk assessments for R4 however, did not receive throughout the course of the survey.</p> <p>On 8/8/23 at 2:13PM, V2 (Director of Nursing) said we should be doing fall risk assessments upon admission, after a fall, and quarterly. I do not believe these were done prior to me starting at the facility in 02/2023. R4 was at risk for falls when he admitted here, I believe he had falls at home prior to coming to our facility.</p> <p>On 8/10/23 as 1:41PM, V2 was interviewed again regarding falls. V2 said a fall risk assessment is done upon admission in order to identify residents that are at risk for falls. They are done after a fall as well to identify the cognitive status of residents and identify any new interventions that may be appropriate for this resident. The care plan is updated with any new interventions and reviewed to see if the interventions that we currently had in place are still appropriate.</p> <p>R4 care plan dated 1/4/23 states in part but not</p> | S9999  |   |   |



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| S9999              | <p>Continued From page 8</p> <p>limited to the following R4 is at risk for falls due to new environment, need for assistance with ADLs, weakness, and COVID-19. Goal: Minimize risk for falls. Intervention: Provide assist to transfer and ambulate as needed.</p> <p>Facility policy titled Fall Prevention and Management dated 02/2023 states in part but not limited to the following: The facility will identify and evaluate those residents at risk for falls, plan for preventive strategies, and facilitate as safe an environment as possible. Upon admission: A fall risk evaluation will be completed on admission, readmission, quarterly, significant changes, and after each fall.</p> <p>(No Violation)</p> | S9999         |   |                    |