**FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6006829 11/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 323 OAKRIDGE AVENUE OAKRIDGE HEALTHCARE CENTER HILLSIDE, IL 60162 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S 000 Initial Comments S 000 Annual Licensure and Certification Survey Complaint Survey # 1890219 / IL 00099448 # 1894183 / IL 00103738 # 1890462 / IL 00099712 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210a) 300.1210b) 300.1210c) 3001210d)5) 300.3240a) Section 300.610 Resident Care Policies The facility shall have written policies and a) 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 Attachment A by this committee, documented by written, signed and dated minutes of the meeting. Statement of Licensure Violations Section 300.1210 General Requirements for

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Nursing and Personal Care

TITLE

(X6) DATE

11/30/18

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PRINTED: 12/12/2018 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_ B. WING IL6006829 11/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 323 OAKRIDGE AVENUE OAKRIDGE HEALTHCARE CENTER HILLSIDE, IL 60162 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE **PRÉFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's quardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's quardian or representative, as applicable. (Section 3-202.2a of the Act) 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

Illinois Department of Public Health

care and personal care shall be provided to each resident to meet the total nursing and personal

Each direct care-giving staff shall review and be knowledgeable about his or her residents'

Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour,

A regular program to prevent and treat

pressure sores, heat rashes or other skin

care needs of the resident.

respective resident care plan.

seven-day-a-week basis:

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6006829 11/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 323 OAKRIDGE AVENUE OAKRIDGE HEALTHCARE CENTER HILLSIDE, IL 60162 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 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. Section 300.3240 Abuse and Neglect An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These requirements were not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that a pressure sore did not increase in size/decline and failed to ensure proper functioning of low air loss mattress for one (R22) of two residents reviewed for pressure ulcers in the sample of 18. These deficient practices resulted in worsening and reopening of R22's Stage 3 pressure ulcer on the right buttock. Findings include: R22 is a 75 year - old, female, admitted into the facility on 10/31/11 with diagnoses of Unspecified Injury at T11-T12 Level of Thoracic Spinal Cord. Subsequent Encounter and Paraplegia, Complete. Per facility's census report, R22's last hospitalization was July 2017.

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S9999 Continued From page 3  R22's MDS (Minimum Data Set) dated 8/27/2018 documented: Sec. C - BIMS (Brief Interview for Mental Status) score of 15 which means cognitively intact cognition. Sec. G - total dependence from two persons physical assist during transfer; total dependence from one person physical assist during dressing and bathing; extensive assistance from one person physical assist during hygiene Sec. H - incontinent of bowel and bladder Sec. M + M0300: has one Stage 3 Pressure Ulcer Sec. M1200: Skin and Ulcer Treatments - pressure reducing device for chair, pressure reducing device for bed, turning/repositioning program, pressure ulcer care  R22's Wound MD (Medical Doctor) notes: 10/25/18: Right Buttock Stage III Pressure Ulcer 1cm (centimeter) x 1.8cm x 0.4cm Dressing instruction: Clean with normal saline, topical application calcium alginate, cover with foam dressing, anchorage and zinc oxide in periwound area everday and PRN (when necessary) Prevention: bed off-loading; pressure areas check 9/5/18: Right Buttock Stage III Pressure Ulcer - healed Prevention: bed off-loading; pressure areas		OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY		
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		IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION		COMPLETED	
IL6006829			B. WING			11/01/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
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	8/30/18: Right Butto 8/23/18: Right butto 0.1cm 5/10/18: Right butto 0.1cm 5/3/18: Right buttoo 0.1cm R22's POS (Physici	an Order Sheet) documented:					
	(NSS) normal saling calcium alginate an dressing every day until healed.  On 10/29/18 at 11:4	open area to right buttock with a solution, pat dry, apply d cover with dry or foam and PRN (when necessary)					
	The LAL is covered	AL (low air loss ) mattress. with a fitted sheet. R22 had I on lower back. R22 was ent brief.			Par.		
	in bed, on LAL matt with a fitted sheet. A was observed place An underpad was a blanket. R22 was w	AM, R22 was observed lying ress. The LAL was covered white blanket folded into 4s and on top of the fitted sheet. Iso placed on top of the folded earing an incontinent brief. The underpad, the folded d sheet.					
	performed by V20 (I During wound care open, there was red the periwound was V21 (Certified Nurse regarding layers to I V21 stated that the	d care observation on R22 Licensed Practical Nurse). observation, wound appeared liness in the surrounding area, intact. e Aide, CNA) was asked be put on the special mattress LAL mattress should be I sheet and an underpad.					

Illinois Department of Public Health

6DNW11

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Illinois Department of Public Health

Facility's policy titled "Prevention of Pressure Wounds", dated January 2017 documented in part: General Guidelines: 4. Pressure injuries are

6DNW11

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