

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/09/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CHURCH CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 WEST CENTRAL ROAD ARLINGTON HTS, IL 60005
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S 000	Initial Comments Annual Health Survey Statement of Licensure Violations	S 000		
S9999	Final Observations Annual Health Survey Statement of Licensure Violations 1 of 2 Violations 300.610a) 300.1210a)b) 300.3240a Section 300.610 Resident Care Policies 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.	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/09/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CHURCH CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 WEST CENTRAL ROAD ARLINGTON HTS, IL 60005
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian 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 guardian or representative, as applicable. (Section 3-202.2a of the Act)</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>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/09/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CHURCH CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 WEST CENTRAL ROAD ARLINGTON HTS, IL 60005
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>neglect a resident.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to provide physician-ordered pain medications prior to performing wound care for 1 of 2 residents (R13) reviewed for pain from a sample of 12 residents. This failure resulted in R13 to endure severe pain during wound care treatment for facility-worsened stage 3 Coccyx pressure ulcer and an unstageable sacral pressure ulcer.</p> <p>Findings include:</p> <p>Facility face sheet dated 8/9/18 shows R13's diagnosis listed in part but not limited to Chronic Congestive Heart Failure, Fibromyalgia, and Atrial Fibrillation.</p> <p>10:42 AM 08/07/18 V3 (LPN) asked R13 if she could do the wound care and said that the patient was in pain but she was not given any pain medication prior to wound care. V3 stated she gave Tramadol 25 mg (pain medication) at 10:50 AM and if we (surveyors) could come back in an hour. At 11:57 AM V3 along with V4 (Certified Nurses Aide) started the treatment for the wound dressings on R13's lower extremities. R13 was moaning and groaning and began squirming each time V3 placed the dressing on her wounds. R13's squirming and fidgeting increased each time her dressings were removed and replaced. R13 shouted, "Ow, Ow, Ow, Ow, while V3 was</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/09/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CHURCH CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 WEST CENTRAL ROAD ARLINGTON HTS, IL 60005
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>removing bandages and cleansing and applying ointment to her wounds. V3 stated to R13, "We are almost done, we have one more and we're done." V3 asked R13, "Are you okay?" V13 replied, "Yes."</p> <p>Asked if R13 is okay why she was screaming "Ow", V3 stated, "I don't think she's in pain but I last did a dressing change on her over the weekend and she was also groaning during dressing change and she would try to kick and push my hand away." Asked what she did at that time when R13 exhibited these symptoms, V3 stated, I attempted the treatment later on."</p> <p>Asked if her type of wounds are painful, V3 stated, "I don't think it's painful it's just a sacral stage 2 wound. V3 and V4 continued with the wound treatment and V13 shouted loudly, "Help me please, God Help me" V3 then stated to R13, "It's okay, It's okay it's almost done."</p> <p>R13's physician orders dated 7/23/18 shows Acetaminophen 500 milligrams 2 tablets by mouth two times a day for pain management but does not specifically address giving the pain medication prior to wound treatments.</p> <p>Review of June, July, and August 2018 MARs (medication administration records) for R13 does not show Acetaminophen administered prior to wound treatment.</p> <p>R13's physician order dated 7/31/18 also shows pain medication of Tramadol HCL 50 mg but was only administered on 8/3/18 at 11:16 PM and only provided on 8/7/18 at 10:51 AM during the wound observation when surveyors were present.</p> <p>Review of R13's care plans do not address pain management of her pressure sores.</p> <p>R13's most recent BIMS (Brief Interview for Mental Status) dated 7/31/18 shows "Severe</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHURCH CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 WEST CENTRAL ROAD ARLINGTON HTS, IL 60005
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 4</p> <p>Impairment".</p> <p>08/08/18 at 01:00 PM interview with V5 (Wound Doctor) states, "I would use my judgement If the patient is in excruciating pain. they should be providing pain medication within half an hour prior to conducting wound care. I would say R13 is not reliable source as (R13) is confused. If they are not reliable and exhibits signs of say withdrawal or If they are fighting a nurse back they would be considered in pain. If they are moaning or groaning they are experiencing pain so I would not continue with the wound care and stop."</p> <p>08/09/18 Interview with V2 (Director of Nursing) at 10:01 AM states, "Previously to last three days (R13) was in no pain. I'd go in with another person to do wound care and we've had continuous conversation with her and I ask how is your pain today and she says no. We have not medicated (R13) prior to wound care because it was not necessary. It wasn't necessary because she'd say she was not in pain. Asked if R13 was cognitively intact, V2 stated, "Yes she is." Facility assessment of her cognition however, dated 7/31/18 shows R13 has severe cognitive impairment. Asked what the facility relies on to interpret pain for confused residents, V2 stated, "Our general protocol is to ask if they are in pain as soon as we enter a room. If they are not reliable and are confused, there are nonverbal signs such as grimacing, moaning, calling out,. Sometimes (R13) will physically move your hand away if she's in pain or she'll cry out"</p> <p>8/9/18 interview with V6 (Medical Director) at 11:24 AM states, "People with pressure sores have pain especially hospice patients. I recommend prior to dressing changes patients be</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHURCH CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 WEST CENTRAL ROAD ARLINGTON HTS, IL 60005
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>pre-medicated for pain. Dementia residents give non verbal cues of pain such as wincing during dressing change, fidgeting can also be a sign.</p> <p>Policy and procedure dated 6/27/02 titled "Pain Risk Review and Management Program" states in part but not limited to, "To provide a consistent method for the review, planning, development and evaluation of a pain management plan of care. The treatment plan is guided by the needs of the resident and may include medication, pain psychology, interventional procedures, referrals to other medical specialists or non-medical interventions; Pain is an unpleasant sensory and emotional experience arising from actual or potential tissue damage or described in terms of such damage; Pain is whatever the experiencing person says it is, existing whenever he/she says it does; Treat pain as a "fifth vital sign"; Observe resident for indicators of pain. Indicators include but not limited to: Moaning, crying, and other vocalizations; wincing or frowning and other facial expressions; body posture such as guarding or protecting an area of the body, or lying very still. Residents with dementia and cannot verbalize they are feeling pain; should be reviewed for symptoms of pain. Symptoms can be manifested by particular behaviors such as calling out for help, pained facial expressions, striking out at anyone who tries to move them or touch a body part, rocking motion."</p> <p>(B)</p> <p>2 of 2 Violations</p> <p>300.610a)</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/09/2018
NAME OF PROVIDER OR SUPPLIER CHURCH CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 WEST CENTRAL ROAD ARLINGTON HTS, IL 60005		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 6</p> <p>300.1210b) 300.1210d)5) 300.3240a)</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 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>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHURCH CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 WEST CENTRAL ROAD ARLINGTON HTS, IL 60005
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 7</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to follow its policy and procedure on skin and wound care; failed to ensure that a pressure sore did not increase in</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/09/2018
NAME OF PROVIDER OR SUPPLIER CHURCH CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 WEST CENTRAL ROAD ARLINGTON HTS, IL 60005		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 8</p> <p>size and failed to ensure proper functioning of low air loss mattress for one (R13) of two residents in the sample of 12 reviewed for pressure ulcers. These deficient practices resulted in worsening of R13's Stage 2 pressure ulcer on the sacral area to become unstageable pressure ulcer and also caused R13's skin excoriations on the coccyx to develop into Stage 3 pressure ulcer.</p> <p>Findings include:</p> <p>R13 is a 101 year - old, female, admitted into the facility on 6/4/18 with diagnosis of Cognitive Communication Deficit; Legal Blindness; Unspecified Hearing Loss; Generalized Muscle Weakness and Difficulty in Walking, Not Elsewhere Classified.. Per facility's census report, R13 was transferred to the local hospital on 7/23/18 and was readmitted back into the facility on 7/31/18.</p> <p>R13's MDS (Minimum Data Set) dated 7/23/18 documented: Discharge Sec. C - has short-term memory problem and is cognitively moderately impaired for cognitive skills for daily decision making Sec. M - Has 1 Stage 2 Pressure Ulcer</p> <p>R13's PROGRESS NOTES documented: 7/31/18: Admission Progress Notes documented R13 was discharged from the local hospital and was readmitted back into the facility 8/1/18: Admission Progress Notes documented: sacral wound 5 cm x 2 cm x 0.1 cm; coccyx open wound 1 cm x 1.7 cm x 0.1 cm 8/2/18 : Skin/Wound note documented sacral wound 5.0 cm x 2.0 cm x 0.1 cm. Pressure Stage 2; Coccyx open wound 1.0 cm x 1.7 cm x 0.1 cm part of the buttock excoriation-not pressure in</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHURCH CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 WEST CENTRAL ROAD ARLINGTON HTS, IL 60005
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 9</p> <p>nature.</p> <p>8/6/18: Skin/ Wound Note documented V8 (Podiatrist) here for wound care and evaluation of all lower extremity wounds.</p> <p>8/7/18: Health Care Practitioner Note documented reassessment of sacral wound to view for changes from 8/6/18. Yesterday's excoriation was so red, the sacral wound looked unchanged from when seen previously by V2 (Director of Nurses). Today when the buttocks and sacrum was viewed, the excoriation was much less red and the sacral area appears as an unstageable wound.</p> <p>R13's POS (Physician Order Sheet) documented: 8/7/18 Sacral wound: cleanse with normal saline, apply Calazinc and foam dressing PRN (and daily-active order) as needed for when necessary. 7/31/18: Cleanse coccyx wound with NS (normal saline) and Calazinc cover with foam dressing every evening shift. 7/31/18: Bilateral buttocks excoriations cleanse with NS (normal saline), calazinc and apply foam dressing every evening shift.</p> <p>R13's Care Plan dated 8/6/18 documented "Excoriated buttock and a DTI (deep tissue injury) on the right posterior hip and a coccyx wound: Interventions - Treatment to coccyx wound cleanse with NS/apply foam dressing, change daily and PRN." There were no other interventions documented on R13's care plan addressing her (R13) pressure ulcer on the sacrum.</p> <p>On 08/06/18 at 2:16 PM, R13 was observed in bed, on low air loss (LAL) mattress. The mattress was covered with a fitted sheet. On top of the fitted sheet, an underpad and a blanket folded in</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/09/2018
NAME OF PROVIDER OR SUPPLIER CHURCH CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 WEST CENTRAL ROAD ARLINGTON HTS, IL 60005		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 10</p> <p>halves were also placed. R13 was wearing an incontinent brief.</p> <p>On 8/7/18 at 9:35 AM, R13 was again observed in bed, on LAL mattress. The mattress was covered with a fitted sheet. On top of the fitted sheet, an underpad and a blanket folded in halves were also placed. R13 was wearing an incontinent brief.</p> <p>At 11:57 AM, R13 was observed in bed, awake, watching television. On LAL mattress., The mattress was covered with fitted sheet. A white blanket folded into halves was covering the fitted sheet. An underpad was placed under R13's lower back. R13 was wearing an incontinent brief.</p> <p>V4 (Certified Nurse Assistant, CNA) was asked regarding the use of linens for low air loss mattresses. V4 stated, "The process for bed-making is: Fitting sheet, pad, the resident, flat sheet and blanket." V4 was also asked regarding interventions on R13's pressure sore. V4 stated, "Repositioning her (R13) every two hours and report any unusual skin changes to nurse."</p> <p>At 12:34 PM, wound care observation on R13's sacral area was made provided by V3 (Licensed Practical Nurse, LPN) assisted by V4. V3 stated that R13's sacral wound is Stage 2 and was present upon readmission from hospital. V3 also stated, "we do weekly skin checks and daily also and reposition her (R13) every two hours while in bed." During wound care, it was observed that R13's sacral area has a black colored tissue at the center and redness at the surrounding areas. V3 stated that black colored area was DTI (Deep Tissue Injury) and stated that the sacrum is a pressure ulcer and is Unstageable. V3 with</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/09/2018
NAME OF PROVIDER OR SUPPLIER CHURCH CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 1200 WEST CENTRAL ROAD ARLINGTON HTS, IL 60005		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	Continued From page 11 gloved hands started cleansing R13's sacral pressure wound with normal saline. V3 removed gloves and washed hands. V3 donned new pair of gloves, took a moderate amount of Calazinc cream from the small medicine cup and applied it on R13's sacral wound using gloved fingers, then took another small amount of Calazinc cream from the same medicine cup with the same gloved fingers and applied it again on R13's sacral wound. At this time, V3 removed gloves, washed hands and donned new pair of gloves again and applied a foam dressing on R13's sacral wound. Subsequently, V3 removed gloves, washed hands and donned new gloves again and started to clean R13's skin excoriations on the coccyx and to the lower buttocks. V3 stated that the wound on R13's coccyx and lower buttocks are excoriations. V3 after cleansing R13's coccyx and lower buttocks excoriations, removed her (V3) gloves and donned new gloves. V3 took a moderate amount of Calazinc cream from the small medicine cup and applied it on R13's coccyx and lower buttocks. V3 took the Calazinc cream from the same medicine cup used previously on R13's sacral wound. On 08/08/18 at 12:52 PM: V5 (Wound Care Physician) was interviewed regarding R13's pressure ulcer on the sacrum. V5 stated, "I saw her wound today, the wound on the sacral area is Unstageable now and looked worst based on the measurements. There is the presence of a scar tissue, a necrotic tissue in the sacrum." V5 was also asked on interventions in preventing further deterioration of pressure ulcer. V5 further stated, "repositioning and the use of foam dressings helps prevent wound decline and when using a low air loss mattress, the use of multiple padding can cause shear and trauma on the skin."	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHURCH CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 WEST CENTRAL ROAD ARLINGTON HTS, IL 60005
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 12</p> <p>R13's Wound Evaluation & Management Summary dated 8/8/18 documented: Stage 2 Pressure Wound Sacrum : wound size - 2.2 cm x 1.3 cm x 0.1 cm.; Wound progress: Deteriorated. Stage 3 Pressure Wound Coccyx : wound size - 8.5 cm x 4.2 cm. x 0.1 cm.</p> <p>On 08/09/18 at 10:01 AM, V2 was asked regarding R13's pressure ulcer. V2 stated, "For residents who are at risk to develop pressure ulcers and those residents with pressure ulcers, we use the low air loss mattresses on them. We encouraged staff to put a bottom sheet. The bottom sheet is a fitted sheet. This is what I educated to my staff for residents using low air loss mattresses because for every layers on the mattress, it reduces the effectiveness of the mattress itself." V2 further stated, "We do positioning every two hours while in bed and every 1 to 2 hours when in chair, we provide supplements and vitamins. We make sure that skin care is provided - dressings or Calazinc application or depends on physician's orders. We will be having in-servicing from the wound company regarding wounds, treatment and prevention but they have not come in yet. I also encouraged staff to notify any skin changes and nurses to do weekly skin assessment and total body assessment and records it electronically. The Wound Physician is required to see the residents with pressure ulcers on a weekly basis and do measurements. "</p> <p>On 08/09/2018 at 10:54 AM, V2 was asked regarding the wound evaluation notes related to pressure ulcer on R13's sacrum. V2 stated that V5 made a mistake in the way the wound was categorized. V2 also added that the wound notes cannot be corrected but an addendum can be</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/09/2018
NAME OF PROVIDER OR SUPPLIER CHURCH CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 WEST CENTRAL ROAD ARLINGTON HTS, IL 60005		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 13</p> <p>done. V2 also added that the previous wound on R13's coccyx are which was part of the excoriation is now categorized as Stage 3.</p> <p>A wound progress note on R13's sacral wound which was electronically signed by V5 documented: Date of Service: Date 8/8/2018 Note: Sacral wound previously eval as Stage 2, upon re-eval on 8/8/18 the wound is Unstageable now. Category: Active</p> <p>R13's progress notes dated 8/8/18 documented in part: Sacrum Unstageable: 2.2 x 1.3 x 1 cm. Coccyx Stage 3 pressure: 8.5 x 4.2 x .1 cm inclusive of all areas and surrounding peri wound.</p> <p>There were no documented Wound Progress notes on R13 for the week of 7/31/18 to 8/3/18. V2 stated that R13 was not seen by the wound doctor that week of 7/31 to 8/3/18. V2 mentioned that V7 (Wound Physician) who is the wound specialist seeing R13 for her (R13) pressure ulcers was in a conference that week. V8 seen R13 last week after readmission for other multiple wounds on her (R13) lower extremities but not on her (R13) sacrum and coccyx pressure ulcers.</p> <p>On 08/09/18 at 11:26 AM, V6 (Medical Director) was interviewed regarding pressure ulcers. V6 mentioned about ways in the prevention and management of pressure ulcers. V6 stated, "Facility needs to follow their wound care policy, the provision of wound dressing changes and its policy and the use of air mattresses and a wound physician who comes to the facility to assess the wounds of the residents."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHURCH CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 WEST CENTRAL ROAD ARLINGTON HTS, IL 60005
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 14</p> <p>Facility's policy titled "Skin and Wound Management Program Overview" dated 09/27/01 stated in part but not limited to: 1.0 Purpose: The resident does not develop pressure ulcers unless clinically unavoidable and the facility provides care and services to: promote the healing process of pressure ulcers that are present.</p> <p>Facility's policy titled "Clean Dressing Change Technique" dated 06/01/07 stated in part but not limited to: "2.0 Fundamental Information: Clean technique is the standard technique used for wound management, unless sterile technique is specifically ordered. It involves the use of clean gloves, preventing contamination of supplies, and maintaining a clean rather than sterile environment."</p> <p>Facility's policy titled "General Principles of Skin Management - Palliative Wound Care" dated 03/10/15 documented in part but not limited to: 1.0 Palliative Wound Care: The goals of palliative wound care includes: preserve and maintain skin integrity; prevent further deterioration of existing wounds.</p> <p>Manufacturer's Guidelines on the low air loss mattress currently used by R13 stated: Recommended Linen Based upon the patients specific needs, the following may be utilized: Draw or slide sheet to aid in positioning and to further minimize friction and shearing Incontinence barrier pad for patients incontinent of urine and/or stool, and patients with heavily draining wounds Top sheet, blanket and/or bedspread as needed for patient comfort</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001754	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHURCH CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 WEST CENTRAL ROAD ARLINGTON HTS, IL 60005
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	Continued From page 15 Minimal padding between the patient and the surface to provide optimum performance (B)	S9999		
-------	---	-------	--	--