

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014682	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/09/2020
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NAME OF PROVIDER OR SUPPLIER LEXINGTON OF ORLAND PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 14601 SOUTH JOHN HUMPHREY DR ORLAND PARK, IL 60462
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violation: 1 of 1 Violation</p> <p>2075179/ II124440 2074071/ II123262 2072699/ II121810 2072368/ II121448</p> <p>300.1210a) 300.1210b) 300.1210d)3)5) 300.3240a)</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>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	
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Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

09/22/20

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S9999	<p>Continued From page 1</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>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</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,</p>	S9999		

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S9999	<p>Continued From page 2 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. (A, B) (Section 2-107 of the Act)</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to identify a Pressure Injury for an incontinent resident at increased risk for pressure injury. The facility also failed to monitor and provide weekly wound documentation for 2 of 4 residents (R1 and R2) reviewed for pressure injury. .</p> <p>As a result of this failure, R2 was initially discovered with a stage 4 Sacral pressure injury exposing the bone, with slough and undermining.</p> <p>The Findings Include:</p> <p>1). The Face Sheet documents that R2 was admitted on 2/27/20 without any pressure wounds. Care Plan dated 3/6/20 said R2 was at risk for altered skin integrity due to impaired mobility and incontinence and listed as an intervention to monitor skin daily during care. R2 also had care plans dated 3/6/20 for incontinence of bowel and bladder and required extensive assistance with activity of daily living skills due to</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>immobility. Physician Progress Notes were reviewed from 3/1/20 to 6/20, it says R2 was admitted for short term rehab following a fall which resulted in a back fracture.</p> <p>The Facility Wound Care Assessment dated 4/1/2020 says a stage 4 sacral wound was discovered on this day. The measurements were as follow; 3.0 cm in length by 3.60 cm in width by .8 cm in depth with sloughing and bone exposure.</p> <p>The Wound Care Doctors Notes (Initial Wound Evaluation and Management Summary) dated 4/3/2020 says R2 was seen for a stage 4 sacral wound of one day duration measuring 4 cm in length by 4 cm in width by .9 cm in depth with undermining of 1.5cm by 12 o' clock and 30 percent slough with bone exposure. On this day the large wound was debrided.</p> <p>On 9/1/20 at 9:02AM, V7(Wound Care Nurse) said it is a problem to initially discover a stage 4 sacral wound with bone exposure on a resident who is incontinent of bowel and bladder.</p> <p>On 9/3/20 at 10:06AM, V20(Wound Care Physician) said he saw R2 for the first time on 4/3/20 and she had a stage 4 sacral wound exposing the bone with slough and undermining. V20 said the facility did not provide a good explanation for discovering a wound of this size and depth on an incontinent resident. " There is no good explanation."</p> <p>2). The Face Sheet documents that R1 was admitted on 6/13/2018 with the following pertinent diagnosis: Chronic kidney disease, dementia, metabolic encephalopathy and diabetes.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Progress Note dated 1/29/20 says " R1, was re-admitted from the hospital on 1/28/20 and has the following diagnosis: right shoulder pain, right hip pain, high blood pressure, diabetes mellitus, weakness... Head to toe skin assessment was done. Left knee scab/lower leg scab, Discoloration to the bilateral bottom foot. Right heel Deep tissue injury and stage 2 pressure ulcer to the coccyx area. Resident is susceptible to skin breakdown related to co-morbidities and decreased mobility. Family called... Staff will continue to monitor."</p> <p>Weekly Wound Assessments were reviewed and documentation showed the right heel was assessed on 1/29/20 and then on 2/23/20. This was more than 3 weeks and the wound deteriorated. The Pelvic region wounds were assessed on 1/28, 1/29 and 2/28/20, again more than 3 weeks and the pelvic wound deteriorated.</p> <p>On 2/28/20 the Wound Care Doctors Notes (Initial Wound Evaluation and Management Summary) were reviewed. The notes document multiple wounds: site 1 unstageable sacral necrosis, site 2 left ischium unstageable necrosis and site 3 unstageable deep tissue injury to the left heel. There was no documentation about a right heel wound.</p> <p>Progress Notes dated 3/2/2020 states R1 was hospitalized and returned on 3/11/2020 with wound decline. Progress Notes review from 3/11/20 to 3/22/20 states, R1 returned on hospice, the wounds continued to decline and R1 expired on 3/22/20.</p> <p>Care Plan dated 2/5/20 for skin alteration stage 2 pressure ulcer and deep tissue injury was reviewed. Interventions included: treatment as</p>	S9999		
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S9999	Continued From page 5 ordered, weekly documentation and monitor skin daily and report changes. On 9/1/2020 at 9:02AM, Z7(Wound Care Nurse) said weekly documentation is done on all residents wounds. On 9/4/20 at 12Noon , V7 said this is all the documentation they have for R1. (B)	S9999		