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 IL6005235 05/15/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14716 S EASTERN AVENUE **LAKEWOOD NRSG & REHAB CENTER** PLAINFIELD, IL 60544 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure and Certification survey S9999 Final Observations S9999 Licensure Violations 300.610a) 300.1210b) 300.1210d)2)5) 300.3240a) Section 300.610 Resident Care Policies 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 Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological Attachment A well-being of the resident, in accordance with

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

care needs of the resident.

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

Electronically Signed

TITLE

Statement of Licensure Violations

(X6) DATE

05/29/19

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The findings include:

sore.

This failure resulted in decline of R91's pressure

This applies to 1 of 7 residents (R91) reviewed for

pressure injury in the sample of 25.

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if loose/soiled.

Alginate to wound bed, apply barrier ointment to wound edges to prevent maceration, and cover with foam dressing daily and PRN (as necessary)

On 05/09/19 at 12:00 PM, V4 (wound nurse) stated that he informed R91's physician on 04/24/19 regarding progressive decline of R91's Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	I .	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:	A. BUILDING				
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NAME OF			0.	05/15/2019			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
LAKEWOOD NRSG & REHAB CENTER 14716 S EASTERN AVENUE							
PLAINFIELD, IL 60544							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ION SHOULD BE COMPLETE THE APPROPRIATE DATE		
\$9999	99 Continued From page 3		S9999			T	
	wound. V4 said that doctor on 04/26/19 treatment order. V4 treatment order in h (Monday) when he is stated that he works the nurses on the flawound treatment what he entered the 04/29/19. V4 further stated that before when seen 2 undermining is develoid the measurement was no tunneling. A treatment order for	t R91 went to the wound (Friday) and had a new said that he received the new said that he ones who do the hen he is not working. V4 said that when he was not on the TAR	w d				
	for R91 showed: - right ischium - clea plus gauze and Mep surrounding tissue.	atment order dated 04/26/19 an with saline, apply Silvader bilex 2 x a day, Skin prep to am alginate daily cover with	ne				
	done with V4. V4 me right ischium wound Length- 7.7 cm, Wid undermining 4.6 cm heavy serosanguine of wound covered by wound covered by covered by clean no edges not attached edges, macerated, s	0 AM, wound observation water as follows: Ith- 5.5 cm, Depth- 2.6 cm, at 12 o'clock direction, with the example of the example	a F		S.		

PRINTED: 06/10/2019

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by the physician. Also on April 27 (Saturday) and April 28 (Sunday) TAR showed that the treatment was not done as ordered by the physician, since

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follow up last week to an outside wound doctor and had the same wound treatment order. V24 was asked regarding the treatment order from outside wound doctor last 04/29/19 which was change from daily to twice a day and that the facility staff were just doing the treatment daily.

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