

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003644	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/22/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER NILES NSG & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 9777 GREENWOOD NILES, IL 60714
--	--

(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 Investigation of Complaint 1890225/IL99459.	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610 a) 300.1010 h) 300.1210 a) 300.1210b) 300.1210c) 300.1210d)2)3)4)A)5 300.3220 f) 300.3240 a) 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 Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five	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

12/29/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003644	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER NILES NSG & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 9777 GREENWOOD NILES, IL 60714
--	--

(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>percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p>	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003644	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/22/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NILES NSG & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 9777 GREENWOOD NILES, IL 60714
---	--

(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>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>2) All treatments and procedures shall be administered as ordered by the physician.</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>4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:</p> <p>A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.</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 300.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003644	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/22/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER NILES NSG & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 9777 GREENWOOD NILES, IL 60714
--	--

(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>new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)</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 Regulations were not met as evidenced by: Based on observation, interview and record review, the facility failed to obtain physician orders, care instructions, and assess a resident's skin following application of a CAM (controled ankle motion boot.)</p> <p>This failure resulted in R1 sustaining a pressure ulcer and wound infection requiring hospitalization and removal of surgically implanted hardware.</p> <p>This applies to 1 of 3 residents (R1) reviewed for improper nursing care and wounds in the sample of 3.</p> <p>The findings include:</p> <p>On January 18, 2018 at 2:00 PM, R1 was in bed sleeping. R1's right ankle was covered by a dressing, and a wound VAC (vacuum assisted closure) was in place.</p> <p>The EMR (Electronic Medical Record) shows R1 was admitted to the facility in February 2016 with multiple diagnoses including diabetes, obesity, chronic kidney disease, schizoaffective disorder,</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003644	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/22/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NILES NSG & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 9777 GREENWOOD NILES, IL 60714
---	--

(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>muscle weakness, and bipolar disorder.</p> <p>R1's MDS (Minimum Data Set) dated January 9, 2018 shows R1 has severe cognitive impairment, requires extensive assistance with bed mobility, transferring, ambulation, dressing, hygiene and toileting. R1 is totally dependent on facility staff for bathing, and is frequently incontinent of bowel and bladder.</p> <p>R1's MDS dated November 21, 2017 showed R1 had moderate cognitive impairment, required extensive assistance with bed mobility, transferring, ambulation, dressing, hygiene and toileting. R1 was totally dependent on facility staff for bathing and was frequently incontinent of bowel and bladder.</p> <p>R1's Braden Scale for predicting pressure ulcer risk, dated November 7, 2017, showed R1 was at moderate risk for pressure ulcer.</p> <p>Nursing progress notes dated October 12, 2017 show R1 fell outside the facility when (V12) (family member) transferred R1 from the wheelchair to the car. R1 was sent to the local hospital and returned the same day with a right ankle fracture.</p> <p>Nursing progress notes dated November 6, 2017 show R1 had surgery at the local hospital and returned to the facility on November 8, 2017.</p> <p>On November 21, 2017, V3 (surgeon) documented: "[R1] is seen in the office today with [family member] present for follow-up of an ORIF (open-reduction, internal fixation) of a bimalleolar ankle fracture to her right ankle. She denies pain or discomfort today. R1 is having difficulty with communication as well secondary to</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003644	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/22/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER
NILES NSG & REHAB CTR

STREET ADDRESS, CITY, STATE, ZIP CODE
**9777 GREENWOOD
NILES, IL 60714**

(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>change in R1's psychiatric medication. R1 has no complaints today. On examination minimal edema is present to the right ankle. Sutures are intact and skin edges are well coapted and appear to be healed at this time. Neurologic sensation is grossly intact. Vascular status is intact. Plan: [R1] had sutures removed today and a below knee non-weight bearing cast was applied to the right leg. R1 will follow-up with me in two weeks. At this time, a new X-ray will be taken and R1 will be reevaluated. R1 may call with questions or concerns."</p> <p>On December 5, 2017, V3 documented: "On examination, surgical incisions are healed. Small blisters noted near the medial, near the lateral incision. No evidence of infection. Edema is greatly reduced. There is no crepitus or gross instability with range of motion. Muscle strength is 5/5. X-rays were taken today. Distal fibula appears to be healed at this time. Medial malleolus is in good position. No retrograding of hardware or screws. Plan: [R1] was dispensed a CAM walker today. R1 may begin applying weight for transfer to bed and to chairs. R1 is not to be ambulatory at this time. R1 will follow-up with me in 2 to 4 weeks. R1 may call with questions or concerns."</p> <p>Nursing documentation dated December 28, 2017 shows: "[R1] came back from doctor's appointment with order to send out resident to [local hospital] for right ankle ulcer, hardware exposed, gave report to [nurse]. Ambulance called, family notified. Picked up at 2:00 PM."</p> <p>V3's (surgeon) documentation dated December 28, 2017 shows: "R (right) ankle open ulcer, hardware exposed. [R1] to be admitted to [local hospital] today 12/28/17."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003644	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER
NILES NSG & REHAB CTR

STREET ADDRESS, CITY, STATE, ZIP CODE
**9777 GREENWOOD
NILES, IL 60714**

(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>V3's documentation dated December 29, 2017 shows: "[R1] is known to me from an ORIF of a bimalleolar ankle fracture was performed approximately 6 weeks ago. R1 presented to my office for routine post-operative visit and was noted that she had a large ulceration to lateral aspect of her right ankle measuring 3 x 3.5 cm. (centimeters) with exposed hardware. Decision was made to admit [R1] and R1 scheduled for an I&D (incision and drainage) with removal of hardware today. Preoperative diagnoses: open ulceration with infected hardware, right ankle."</p> <p>The facility's progress notes were reviewed for the period December 5, 2017 to December 28, 2017. The facility did not have any documentation to show R1's right lower extremity was assessed, including the surgical incision, during this time period.</p> <p>The facility's Medication Review Report dated December 1 to December 31, 2017 shows: "Order date: December 6, 2017: Wound nurse to wrap R (right) leg due to boot agitated skin around it." The EMR shows this order was discontinued on January 2, 2018. There were no orders for the management of R1's CAM boot, including data for the removal of the boot for circulation check, skin inspection, washing and to remove the boot while sleeping.</p> <p>On December 6, 14, 18, 20 and 28, 2017, V5 (Treatment Nurse) documented, "Left buttock skin tear." V5 did not document assessment of R1's right ankle incision.</p> <p>On January 17, 2018 at 3:55 PM, V5 (Treatment Nurse) said, "I never saw the order to wrap [R1's] right leg in gauze due to irritation by the boot. If I</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003644	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/22/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER NILES NSG & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 9777 GREENWOOD NILES, IL 60714
--	--

(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>knew about it, I would have looked at the ankle. I never looked at [R1's] right leg or ankle incision from December 5 to 28, 2017."</p> <p>On December 7, 2017 V6 (LPN-Licensed Practical Nurse) documented on the Unit Nurse Skin Review, "No skin issues noted this shift." V6 did not document the assessment of, or presence of R1's surgical incision.</p> <p>On December 14, 2017, V6 documented on the Unit Nurse Skin Review, "Left buttock skin tear, new patch applied." V6 did not document the assessment of, or presence of R1's surgical incision.</p> <p>On January 18, 2018 at 10:55 AM, V6 (LPN) said, "The nurse practitioner told me to put in an order for the treatment nurse to see R1 and put gauze on [R1's] leg. The nurse practitioner told me the skin had irritation from the boot. I never removed the boot to see the irritation. I never followed up with the treatment nurse to make sure treatment nurse followed the order. I never removed the [CAM] boot to assess [R1's] skin or R1's surgical incision. The skin assessments I completed in December did not include assessment of [R1's] right ankle. I never saw the surgical site after the cast was removed. I've been a nurse less than one year, and I've never taken care of anyone with a CAM boot before. I know [R1] didn't like the CNAs to touch R1's boot. I never called R1's POA or physician to let them know [R1] was refusing to have R1's boot removed."</p> <p>R1's Skin Check/Shower Worksheets dated December 7, 11, 14, 18, 21, 25, 2017 show R1 refused to have R1's feet checked or to touch the boot during R1's shower. Shower sheets were signed by the CNAs (Certified Nursing Assistant)</p>	S9999		
-------	--	-------	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003644	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/22/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER NILES NSG & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 9777 GREENWOOD NILES, IL 60714
--	--

(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>and nurses caring for R1. The facility did not have documentation to show R1's physician or POA (Power of Attorney) were notified of R1's refusal to remove the CAM boot or that the staff was unable to do a skin assessment of R1's right ankle from December 5 to December 28, 2017.</p> <p>R1's care plan dated October 13, 2017 shows: "Resident has a fx (fracture) of the R bimalleolar ankle fracture. Goals: Resident's fx will heal w/o (without) complications thru next review. Next review date 1/13/2018. Interventions: Observe and check circulation by palpating distal pulses of the affected area or limb. Assess for s/s (signs and symptoms) of infection. Monitor for s/s of irritation and/or breakdown around fracture/surgical site."</p> <p>R1's care plan dated June 20, 2017 and updated December 6, 2017 for refusal of care shows: "The resident exhibits the symptoms of resisting care which is related to psychiatric illness, severe mental illness. Approaches/Interventions: Resident signed contract stating she will comply with meds, shower schedule and psychosocial groups.Staff to notify POAHC (Power of Attorney for Health Care) for education and resident rights."</p> <p>On January 18, 2018 at 9:15 AM, V2 (DON-Director of Nursing) said, "When a resident comes back from a doctor's appointment, physician orders and documentation should be checked. The nurse should call the physician if they need clarification or orders. Physician documentation and orders from [R1's] physician visit on December 5, 2017 were not requested from the physician until December 28, 2017. We did not know [R1's] weight-bearing status, when the CAM boot should be removed, or condition of</p>	S9999		
-------	---	-------	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003644	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/22/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER NILES NSG & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 9777 GREENWOOD NILES, IL 60714
--	--

(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>R1's surgical incision after R1's physician visit on December 5, 2017. It wasn't until after R1 had to go back to the hospital, on December 28, 2017, that we requested the records from R1's physician visits in November 2017 and December 5, 2017. On December 6, 2017, [V6] put in an order for the treatment nurse to see [R1] due to irritation from the boot. [V6] did not put the order into the system correctly, so the order never made it to the TAR (treatment administration record), and the wound nurse never saw the order, so the order was never carried out and [R1's] right leg was never seen or treated by the wound nurse between December 6, 2017 and December 28, 2017."</p> <p>On January 18, 2018 at 12:11 PM, V3 (surgeon) said, "The point of using a CAM walker boot is to remove it during sleeping, showering and cleaning. When [R1] returned to the facility with something new on R1's right leg on December 5, 2017, and they weren't sure how to care for [R1] with a CAM boot, I would have expected them to call me and clarify. When [R1] came into the office on December 28, 2017, we could smell a bad odor coming from R1's CAM boot before we even opened it. R1 was not wearing any sock or gauze around R1's ankle, and R1's ankle was rubbing on the boot. There was a pressure ulcer on R1's right ankle, caused by the boot. There was a large opening, and the hardware was exposed. It was not something I had expected. [R1's] surgical incision did not dehis. R1's other health conditions did not cause the wound to open, it was pressure. R1's incision was completely healed on R1's previous visit. Unfortunately, because of the ulcer and the infection that developed, [R1] had to endure a second surgery, and I had to remove the plate and screws I had put in to heal R1's fracture. I</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003644	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/22/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER NILES NSG & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 9777 GREENWOOD NILES, IL 60714
--	--

(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>had intended for the hardware to remain in place forever."</p> <p>On January 29, 2018, at 9:17 AM, V2 (DON) said, "I would define neglect as the failure to provide proper nursing care. R1 had a care plan in place dated October 13, 2017 for R1's right bimalleolar ankle fracture. The care plan was updated on November 22, 2017, and December 6, 2017. The interventions show R1's surgical site should have been monitored for signs and symptoms of infection or skin breakdown around the surgical site. There is no documentation to show the staff followed the care plan interventions. R1's care plan for refusing care that was initiated on June 20, 2017 and updated on December 6, 2017 shows R1's POA should be notified if R1 resists care. There is no documentation in the medical record to show R1's POA or physician were notified of R1's repeated refusals for staff to touch R1's boot and assess R1's right ankle. I believe the situation with R1's skin breakdown and lack of skin assessment began with the wrong transcription of the order on December 6, 2017. The order to have R1 seen by the wound care nurse and to wrap R1's right leg with gauze never made it to the TAR so it was never done. Also, we never received the documentation from R1's physician after R1's visit on December 5, 2017 when R1 had the cast removed and the CAM boot was applied."</p> <p>On January 29, 2018 at 10:00 AM, V1 (Administrator) said, "I would define neglect as the failure to provide, or willful withholding of, adequate medical care, mental health treatment, psychiatric rehabilitation, personal care, or assistance with activities of daily living that is necessary to avoid physical harm, mental anguish, or mental illness of a resident. There</p>	S9999		
-------	--	-------	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003644	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/22/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER NILES NSG & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 9777 GREENWOOD NILES, IL 60714
--	--

(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 11</p> <p>were multiple failures by multiple staff members other than [V6] (LPN). Restorative and other nurses also failed. This failure wasn't brought to my attention by the nursing staff, but came to light when transportation was ordered to take [R1] to the local hospital. I order the transportation, so that's how I found out about it. It was a holiday, and [V2] was on vacation, and we probably let our guard down."</p> <p>On January 29, 2018 at 10:31 AM, V9 (Medical Director) said, "[R1] has multiple medical problems including diabetes, obesity, ESRD (end-stage renal disease) and is difficult to manage due to R1's mental problems. The facility staff should have made sure [R1's] wound looked intact and provided appropriate wound care. I would expect the staff to follow the care plan for her care. I am [R1's] primary care physician, but I do have physician extenders who also see [R1]. I was not personally notified of [R1] resisting or refusing care by facility staff. I would have expected the staff to follow through with the order to wrap [R1's] leg in gauze and be seen by the treatment nurse. The staff should have followed through on care plan interventions and should have assessed R1's wound."</p> <p>The facility's Abuse Policy revised September 6, 2017 shows: "This facility will not tolerate resident abuse or mistreatment or crimes against a resident by anyone, including staff members, other residents, consultants, volunteers, and staff of other agencies, family members, legal guardians, friends or other individuals. For the purposes of this policy, and to assist staff members in recognizing abuse, the following definitions shall pertain: ...8. Neglect/Mistreatment: Means the failure to provide, or willful withholding of, adequate</p>	S9999		
-------	--	-------	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003644	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/22/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER NILES NSG & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 9777 GREENWOOD NILES, IL 60714
--	--

(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>medical care, mental health treatment, psychiatric rehabilitation, personal care, or assistance with activities of daily living that is necessary to avoid physical harm, mental anguish, or mental illness of a resident."</p> <p>The facility's policy entitled Risk and Skin Assessment dated May 19, 2017 shows: "Policy: Intact skin is the body's first line of defense. It is the policy of this facility to assess all residents for factors that place them at risk for developing pressure injuries. It is also the policy of this facility to monitor the skin integrity of our residents for the development of wounds or other skin conditions. These assessments will begin upon admission and continue throughout the resident's stay in our facility. Procedure: II. All residents will have a visual inspection of their skin. A. A complete head-to-toe skin check is completed by the licensed nurse upon admission. B. Skin checks are completed weekly by the nurse. C. Skin check is completed on each shower day by nursing assistant staff. 1. Shower sheet may be used to document the skin check. D. The nursing assistant visually inspects the skin daily and with care. 1. If an area is identified, the nurse is notified and the Stop and Watch tool may be used to communicate this information. 2. Appropriate measures will be instituted."</p> <p>The facility's policy entitled Change in Resident's Condition or Status dated June 26, 2011 shows: "1. The nurse will notify the resident's attending physician when: The resident repeatedly refuses treatment or medications."</p> <p>(A)</p>	S9999		
-------	---	-------	--	--