STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR LINCOLNSHIRE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 Certification and Licensure	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b) 300.1210d)5) 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. Section 300.1210 General Requirements for Nursing and Personal Care 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	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR LINCOLNSHIRE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 1	S9999		

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)
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.
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:
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.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These Requirements are not met as evidenced

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR LINCOLNSHIRE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 2	S9999		

by:

Based on observation, interview, and record review the facility failed to prevent the development of a pressure injury. The facility failed to implement interventions to reduce pressure to a resident's stage 4 pressure injury and for a resident who is high risk for a pressure injury. This failure resulted in harm by the worsening of a pressure injury and osteomyelitis (R39).

This applies to 2 of 6 residents (R13, R39) reviewed for pressure injuries in the sample of 23.

The findings include:

1. R39's Wound Specialist's Assessment of Ulcer Avoidability/Unavoidability (undated) showed that R39 was admitted to the facility on August 14, 2017. R39's stage 3 pressure injury's "date of onset" was August 28, 2017.

R39's Skin Evaluation dated August 17, 2017, 3 days after her admission to the facility, showed that R39 had no alterations in skin integrity, pressure ulcers, or wounds. This evaluation also showed R39 had difficulty repositioning herself and required staff to assist with redistributing her body weight.

R39's Wound Care Consultation Note dated August 29, 2017 showed R39 had developed an open stage 3 pressure ulcer to her right coccyx area measuring 3.5 x 3.5 x 0.2 centimeters (cm).

R39's MRI (magnetic resonance imaging) Diagnostic Imaging Report dated February 2, 2018 showed, "IMPRESSION: Coccygeal midline

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR LINCOLNSHIRE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 3	S9999		

decubitus ulcer extends to the coccygeal tip with bone marrow edema of the distal coccyx consistent with osteomyelitis."

R39's Wound Care Consultation Note dated April 10, 2018 showed R39's skin alteration was in her "coccyx area with an open stage 4 pressure ulcer , osteomyelitis of coccyx bone" and measured 1.4 x 1.4 x 2.0 cm with "undermining and tunneling".

R39's Order Summary Report dated April 17, 2018 showed R39 had diagnoses which included CVA (cerebral vascular accident) with hemiplegia and hemiparesis and osteomyelitis. This report also showed, "Frequent turning and repositioning at least every 2 hours and as appropriate every shift for immobility."

On April 16, 2018 at 11:30 AM, R39 was lying on her back in bed watching television (TV) with her husband and daughter at bedside. V17 Wound Nurse and V30 Certified Nursing Assistant (CNA) were also at R39's bedside. V30 CNA repositioned R39 on her left side in preparation for wound care and found R30 to be incontinent of a large amount of stool. R39 had a circular wound to her coccyx area with a small white spot noted inside the wound, next to the left edge of the wound's skin border. The skin around the wound was red and slightly swollen. V17 Wound Nurse stated, "That white spot is (R39's) tailbone. (R39's) wound has gotten worse because (R39) was up in a wheelchair a lot so now she is in bed more. The wound is deeper than it was one month ago. The wound is facility acquired. She got it shortly after she was admitted here." Upon completion of R39's wound care, V17 and V39 repositioned R39 on her back in bed.

On April 16, 2018 at 1:15 PM, R39 was lying on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR LINCOLNSHIRE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 4	S9999		

her back in bed, asleep. R39's family remained at her bedside. V16 (Family of R39) stated he was concerned that the facility was not repositioning R39 as needed. V16 stated, "They don't change her position. When she was up in her wheelchair, she would be up in it for hours at a time. See here, they have not been back in to reposition her since you left this morning. She is still lying on her back. They don't have enough staff or they float staff to the unit that don't know what to do for her (R39)."

On April 17, 2018 at 8:35 AM, R39 was lying on her back in bed watching TV.

On April 17, 2018 at 8:00 AM, 10:00 AM, and 11:19 AM, R39 was observed lying on her back in bed.

On April 18, 2018 at 8:40 AM, R39 was lying on her back in bed watching TV. At 8:55 AM, R39 was repositioned up in bed, on her back, by V18 CNA and V19 Licensed Practical Nurse (LPN).

On April 17, 2018 at 9:48 AM, V17 Wound Nurse stated, "Per (V28, Wound Care Nurse Practitioner) orders, we limit R39's time in a chair. While in bed she should be in a side lying position, off of her coccyx area. That's how she acquired the wound here, she was sitting in a chair."
On April 18, 2018 at 8:00 AM, V28 Wound Care Nurse Practitioner stated, "I first saw (R39) on August 29, 2017 after she had developed a pressure ulcer. She had a MASD (moisture associated skin disorder) to her coccyx that progressed to a pressure ulcer. It progressed to a pressure ulcer because she was sitting in her wheelchair and was incontinent of stool and urine. Yes, she does have osteomyelitis to her tailbone.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR LINCOLNSHIRE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 5	S9999		

For her positioning, they (staff) know she can only sit in a wheelchair for no longer than 2 hours and when she is lying in bed, she should be in a side lying position and repositioned every 2 hours."

R39's Care Plan August 27, 2017 showed, "Frequent turning and repositioning at least every two hours and as appropriate."
The facility's Wound Care Program Policy dated May 1, 2015 showed, "It is the policy of this facility to ensure that residents whose clinical conditions and medical diagnosis potentiate the risk of skin breakdown and development of pressure ulcers is properly identified, assessed, and managed according to current regulatory guidelines and standards of care ...Establish an individualized turning and repositioning schedule if the resident is immobile or with impaired physical functioning. While in bed or wheelchair, resident should be turned/repositioned at least every 2 hours or as indicated in the residents' plan of care."

2. The Physician Order Sheets dated through April, 2018 shows R13 has a diagnosis including fibromylagia and history of fracture of shaft of left tibia. The same reports shows R32 has orders for heel protectors to bilateral feet at all times.

The Minimum Data Set assessment dated January 16, 2018 shows R13's cognition is intact and has limited range of motion to her bilateral lower extremities.

The Skin Braden Scale assessment dated April 10, 2018 shows she is at risk for developing pressure.

The Care Plan dated initiated on April 2018 shows R13 is at risk for developing pressure, has a history of pressure ulcers, and has limited joint

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR LINCOLNSHIRE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 6 mobility. R13's interventions shows to off load her heels when in bed. On April 17, 2018 at 9:10 AM, R13 was lying in her bed. R13's legs were not offloaded and did not have on heel protectors on. On April 17, 2018 at 1:56 PM, R13 was lying in bed. R13's legs were not off loaded and did not have heel protectors on. On April 17, 2018 at 2:00 PM V2 said residents who are at risk for developing pressure ulcers should have pressure relieving interventions in place. (A)	S9999		