STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014922	A. BUILDING: _____ B. WING _____	C 04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN ESTATES OF ORLAND PARK	16450 SOUTH 97TH AVENUE ORLAND PARK, IL 60462

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S 000	Initial Comments Complaint Investigation 1891041/IL 100340 Statement of Licensure Violations: 300.610a) 300.1010 h) 300.1210 b)d)3)4)5) 300.3240a)	S 000		
S9999	Final Observations 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 percent or more within a period of 30 days.	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 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. 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 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: 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. 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: 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	S9999		

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S9999	Continued From page 2 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. (A, B) (Section 2-107 of the Act) These requirements were NOT met as evidenced by: Based on interview and record review the facility failed to obtain treatment orders for a new alteration in skin condition for 4 days for 1 of 3 residents (R5) reviewed for pressure ulcer prevention. This failure resulted in R5 being identified with a unstageable pressure measuring 8cm (Centimeters) in width by 8 cm in length with 100% slough and eschar tissue. Findings Include: R5 was re-admitted to the facility on 8/15/17 with one stage 4 pressure ulcer located on the Sacrum, MASD-moisture associated skin damage to perianal area, and a non-pressure related ulcer on the right foot. V3 documented on 9/6/17 that R5 acquired a new unstageable pressure ulcer on 9/5/17 to the right ischium. On 4/4/18 at 10:40AM V3 was asked to describe the skin alteration that was observed on 9/5/17	S9999		

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S9999	Continued From page 3	S9999		

and V3 described seeing slough on the base of the wound and eschar tissue.
R5's Wound Care Evaluation completed by V16 (Wound Care Physician), dated 9/6/17 shows Ulcer; right ischium, type; pressure, color/type; yellow black, Eschar; 100, exudate; moderate. (According to the National Pressure Ulcer Panel: Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed)

On 3/15/18 at 12:00pm writer asked V3 how did R5, acquire a pressure ulcer measuring 8cm (centimeters) in width by 8 cm length in 6 days; since your last assessment date of 8/30/17. V3 stated "R5 was at high risk for developing pressure ulcer due to R5s history and co morbidities." V3 stated "because of R5's skin and the location the ulcer may not have been noticeable." V3 was asked how often are skin assessments completed for residents? V3 stated "the CNA's-(Certified Nursing Assistant) do the skin checks daily and during showers." V3 stated "if the CNA find any red/ raw/open areas, bruises, rashes any breaks in the skin that the CNA should notify the nurse and the nurse would make an assessment and then notify the wound nurse."

On 4/4/18 at 10:40 A.M, V3 was asked are there any extra interventions put into place when the residents are of high risk for developing pressure ulcers versus a resident that is not, V3 stated "there are no extra interventions put in place for residents that are of high risk for developing pressure ulcers."

On 3/5/18 at 12:00PM Writer requested all skin assessment sheets and was told by V1 (DON-

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S9999	Continued From page 4	S9999		

Director of Nursing) that the facility can only provide 30 days of skin assessments. V1 stated "any other dates would need to be approved by the cooperate office."

On 3/15/18 at 2:08pm V1 presented shower legend report that show dates from 8/19/17-9/3/17. The grid labeled bathing shows on 9/1/2017 at 13:59 there's an 8, 8, 1. The number legend report shows that "8" indicates activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity, and the number "1" shows New Skin Abnormality.

Review of the facility's assignment sheet dated 9/1/17 shows V20 (CNA) was assigned to R5. V20 was not available for interview during this investigation.

On 4/5/18 at 12:34 P.M V17 CNA (Certified Nursing Assistant) was presented with the Legend Report for R5 showers, V17 stated that the information on the report shows the dates of showers and stated that "the number "8" means the CNA provided total care for the resident and the number "1" means that the CNA found a new skin condition and the nurse was notified.

On 4/6/18 at 2:20pm V1 verified that V20 documented the information on 9/1/17 for R5.

Review of R5's progress notes is without any documentation showing the nurse was not notified of any new skin abnormality on 9/1/17. It was not until 4 days later on 9/5/17 that documentation was written regarding any new skin condition for R5.

On 4/4/18 at 10:40AM, V3 stated that the Nurse

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S9999	Continued From page 5 and CNA's individually does skin checks daily, however when this pressure ulcer was not identified, it measured at 8cm by 8cm and was unstageable with 100% necrotic tissue. The Facility's policy dated 12/2017 titled " Prevention and Treatment of Pressure Injury And Other Skin Alterations" shows in part that at least daily, staff should remain alert for potential changes in the skin conditions during residents care. (B)	S9999		