

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003834	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/29/2018
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ATRIUM HEALTH CARE CENTER

**1425 WEST ESTES AVENUE
CHICAGO, IL 60626**

(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	S 000		
	Annual Certification and Licensure Survey			
S9999	Final Observations	S9999		
	Statement of Licensure Violations			
	300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)1)2)5) 300.3220f) 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			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

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

TITLE

(X6) DATE

04/26/18

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003834	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER ATRIUM HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1425 WEST ESTES AVENUE CHICAGO, IL 60626		
(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 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) 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician.	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003834	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER ATRIUM HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1425 WEST ESTES AVENUE CHICAGO, IL 60626		
(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 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 300.3220 Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician. All 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) Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These Regulations were not met as evidence by: Based on observation, interview, and record review, the facility failed to follow their pressure ulcer prevention policy/protocol; failed to apply wound treatment as ordered by physician; failed to follow the plan of care pressure sore prevention interventions and failed to ensure proper functioning of low air loss mattresses through use of multiple sheets for two (R66 and R141) of three residents in the sample of 30 reviewed for pressure ulcers. This failure resulted	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003834	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER ATRIUM HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1425 WEST ESTES AVENUE CHICAGO, IL 60626			
(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 in R141's Stage 2 pressure ulcer on the sacrum to progress to a Stage 4 pressure ulcer. Findings include: 1. R66 is a 62 year old, admitted into the facility on 07/05/2012 with diagnoses of Pressure Ulcer of Sacral Region, Stage 4 and Paraplegia, Unspecified. Facility's weekly pressure sore log dated 04/22/2017 to 04/28/2017 documented that R66 developed a Stage Two pressure ulcer on the sacral area in on 04/26/2017. R66's Stage Two pressure ulcer on the sacrum is a facility-acquired pressure sore. R66's MDS (Minimum Data Set) dated 01/17/2018 documented the following: Section C: BIMS score of 15 which means cognitively intact cognition. Section G: Needs extensive assistance from one person physical assist during transfer, dressing, toileting, hygiene and bathing. Section H: Incontinent of bladder and bowel Section M: M0150 - At risk of developing pressure ulcers; M0300 - has one Stage 4 pressure ulcer; M1200 - Skin and Ulcer treatment: pressure reducing device for chair; pressure reducing device for bed; pressure ulcer care. Braden Score dated 01/11/2018 documented that R66 scored 11 which means high risk. Wound Care Specialist Evaluation notes dated 03/14/2018 documented: Stage 4 Pressure Wound Sacrum with measurements 2.8cm x 1.5cm x 1.0cm. Treatment: dry protective	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003834	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER ATRIUM HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1425 WEST ESTES AVENUE CHICAGO, IL 60626		
(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 dressing apply once daily for 30 days, Calcium Alginate apply once daily for 30 days, Santyl apply once daily for 30 days, Mupirocin apply once daily for 30 days. R66's POS (Physician Order Sheet) documented: 03/03/2018 - pressure relieving devices per facility policy 03/03/2018 - may use low air mattress for wound management 03/03/2018 - Cleanse sacral wound with dakins solution, rinse with normal saline solution, apply bactroban followed by santyl ointment then pack with calcium alginate and cover with dry gauze dressing daily on 3-11 and PRN (when needed). R66's care plan dated 03/26/2018 documented: Skin Integrity: Presence of Skin Breakdown - Provide pressure-relieving device(s) as appropriate; Apply local treatments as ordered by MD (Medical Doctor). On 03/26/18 at 11:01 AM, R66 was observed in bed, alert, awake, on low air loss mattress. The mattress was covered with a top sheet. Under R66's lower back, a cloth underpad was placed. R66 was wearing an incontinent brief. V19 (Certified Nurse Aide, CNA) assisted by V16 (CNA) were about to do an incontinence care on R66. V19 removed R66's incontinent brief and it was observed that R66 had a bowel movement (BM). The dressing on R66's sacral wound was fully soiled with BM. V19 removed the soiled wound dressing. While V16 started to provide incontinence care on R66, V19 notified V11 (Registered Nurse,RN) regarding soiled wound dressing. At 11:20 AM, V11 came into R66's room and told R66 that (V11) will clean the wound. However,	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003834	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER ATRIUM HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1425 WEST ESTES AVENUE CHICAGO, IL 60626		
(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 V19 observed that R66 had another episode of BM. V11 left R66's room without covering R66's sacral wound. V19 started to provide incontinence care again on R66. V19 was observed spraying perineal cleanser on buttock areas and skin surrounding wound and wiped the buttocks with a towel towards the wound area. After V15 dried R66's buttocks and genital area, (V15) put on a new incontinent brief on R66, then (V15) called V11. Prior to wound care treatment, R66 asked for pain medication. V11 administered the pain pill on R66 at 11:25 AM. V11 stated, "You (R66) will need to wait for like 30 to 45 minutes before the pain pill kicks in, then I will clean your wound." R66's wound was still uncovered, not cleansed and was resting on the incontinent brief. At 12:17 PM, V11 performed wound care treatment on R66. V11 washed her hands and, donned gloves and removed R66's incontinent brief. R66's wound was not covered. V11 started cleansing R66's wound with dakins solution. When V11 cleansed the inner portion of R66's wound, a brown-colored matter soiled the gauze that was used to clean it. Subsequently, V11 removed gloves, donned new gloves, and cleansed R66's wound with dakins solution again. V11 removed gloves, donned gloves and rinsed R66's wound with normal saline solution. V11 removed V11's gloves again, donned new gloves and cleansed R66's wound with saline again. V11 removed gloves, donned new gloves, dry the wound area, removed (V11) gloves again and donned new gloves. At this time, V11 applied the bactroban on R66's wound followed by the application of santyl. V11 removed gloves, donned new gloves and applied the calcium alginate. V11 removed gloves again, donned new gloves, and covered R66's wound with dry gauze. V11 removed gloves, took a marker and wrote	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003834	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER ATRIUM HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1425 WEST ESTES AVENUE CHICAGO, IL 60626		
(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 the date and shift on the the gauze. There was neither hand washing nor hand hygiene observed on V11 during the entire wound care treatment on R66. On 03/28/2018 at 9:43 AM, R66 was observed lying in bed, awake, on low air loss mattress. The mattress was covered with a fitted sheet. A cloth underpad was placed under R66's lower back. R66 was wearing an incontinent brief. At 10:05 AM, V20 (CNA) was observed providing incontinence care on R66. R66 had a BM and the lower part of the wound dressing was soiled with BM. R66 was lying on bed, on a low air loss mattress. A top sheet was observed covering the mattress. A cloth underpad was placed under R66's lower back. R66 stated that he (R66) is to be put on to the wheelchair. R66 was asked regarding cushion or any pressure relieving device placed on the wheelchair seat. R66 stated, "There is no cushion, its just the seat. And the seat has the gel." At 2:20 PM, R66 was observed in R66's room, was sitting in the wheelchair. R66 was also observed sitting on a sling and cloth under pad while in the wheelchair. R66 stated, "I am waiting to be transferred to bed, I need to be changed." R66's low air loss mattress was observed covered with a fitted sheet. A cloth underpad and a blanket folded into fourths were also placed on the middle part of R66's bed. Subsequently, V15 (CNA) and V16 came into R66's room. V15 and V16 transferred R66 from wheelchair to bed via mechanical transfer lift. It was observed that the sling that R66 was sitting on while in the wheelchair was part of the mechanical lift device equipment. Also, a cloth underpad was observed	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003834	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER ATRIUM HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1425 WEST ESTES AVENUE CHICAGO, IL 60626		
(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 7 placed under the sling, therefore, R66 was sitting on the cloth underpad and the sling while in the wheelchair. V15 was asked regarding wheelchair cushion, stated, "When (R66) is sitted in the wheelchair, its just the wheelchair seat, the underpad and the sling. At this time also, V15, assisted by V16 is about to perform an incontinence care on R66. When V15 removed R66's incontinent brief, it was observed that the wound dressing was marked, "3/27/18, 3-11 shift". Therefore, R66's wound dressing that was soiled at the bottom part with BM in the morning was not changed. R66 stated, "They have not changed my wound dressing today, they will change it within 24 hours." V16 verbalized, "It will get changed if the dressing is fully soiled or if any part of it was soiled, it needs to get changed. The nurse needs to be notified." At 2:35 PM, V20 was asked regarding R66's soiled dressing. V20 stated, "If (R66) had a BM and (R66) wound dressing got soiled, the nurse needs to be informed. I did not notify the nurse regarding (R66) soiled dressing this morning because the nurse will change it anyway before R66 gets into the wheelchair." At 2:43 PM, V11 was interviewed regarding soiled wound dressing. V11 stated that any soiled wound dressing needs to be changed when needed. V11 also stated that CNAs need to notify nurses regarding soiled wound dressing. V11 was also asked regarding hand washing during wound care treatment, stated, "If I touched an area that is not clean, once I removed my gloves, I need to wash my hands for 20 seconds or use a hand sanitizer." 2. R141 is an 87 year old, admitted into the facility on 12/23/2003 with diagnoses of Other	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003834	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER ATRIUM HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1425 WEST ESTES AVENUE CHICAGO, IL 60626		
(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 8 Osteoporosis with Current Pathological Fracture, Left Femur, Sequelae and History of Falling. MDS dated 12/07/2017 Section M documented: M0150 - R141 is at risk of developing pressure ulcers; M0210 - R141 has no pressure ulcer. R141's Nursing Weekly assessment note dated 01/03/2018 documented that R141 was reported to have a small opening to sacral region, area assessed noted small Stage 2 opening to sacral region with measurements: 1.5cm (centimeters) x 1.0 x 0.1 treated with duoderm every two days. Braden Scale dated 02/22/2018 documented that R141 scored 12 which means high risk. R141's MDS dated 02/26/2018 documented the following: Section C - BIMS (Brief Interview for Mental Status score of 3 which means severe impairment cognition. Section G - Total dependence from two persons physical assist during transfer, and toileting. Total dependence from one person physical assist during dressing, eating, hygiene and bathing. Section H - Incontinent of both bladder and bowel Section M - M0150 - At risk of developing pressure ulcers; M0210 has a Stage 1 or higher pressure ulcer unhealed; M1200 - Skin and ulcer treatments: pressure reducing device for chair, pressure reducing device for bed, pressure ulcer care. R141's POS (Physician Order Sheet) documented: 02/14/2018 - pressure relieving mattress effective 1/22/2018 02/21/2018 - may use Geri chair (reclining chair) 02/22/2018 - may have low air mattress 02/14/2018 - apply baza cream to buttocks twice a day PRN (when needed)	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003834	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER ATRIUM HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1425 WEST ESTES AVENUE CHICAGO, IL 60626		
(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 9 02/14/2018 - apply baza cream with each incontinence 02/28/2018 - Cleanse Stage 4 sacral wound with dakins solution, rinse with normal saline solution, apply santyl and bactroban ointment, then pack with calcium alginate dressing and cover with dry gauze dressing daily on 3-11 shift and PRN R141's care plan documented: Skin integrity: presence of Skin breakdown - 03/20/2017: Provide pressure reducing mattress; 03/20/2017: Use skin protectant/skin barrier when performing perineal care; 02/22/2018: Air loss mattress as ordered. Assistive Device Geri chair (reclining chair) - 02/21/2018: Provide teaching and proper uses of device. R141's Wound Care Specialist Evaluation Notes documented: 01/24/2018 (Initial Evaluation post hospitalization due to right foot cellulitis) - Stage 2 Pressure Wound Sacrum: 4.0cm x 7.5cm x 0.1cm treated with hydrocolloid every two days and as needed, Silver Alginate every two days and as needed. 01/31/2018 - Stage 2 Pressure Wound Sacrum: 3.2cm x 3.5cm x 0.1cm treated with Hydrocolloid every two days and as needed, Silver Alginate every two days and as needed. 02/14/2018 - Patient not seen due to a non-wound related hospitalization since last visit. Per Facility's Admission, Discharge, Transfer Activity Detail Report, R141 was readmitted back into the facility on 02/14/2018. 02/21/2018 - Stage 3 Pressure Wound Sacrum:	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003834	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER ATRIUM HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1425 WEST ESTES AVENUE CHICAGO, IL 60626		
(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 10 4.5cm x 5.5cm x 0.1cm; Wound progress - Deteriorated; Surgical Excisional Debridement was performed; Treatment: dry protective dressing once daily, Mupirocin once daily, Santyl once daily; Recommendation: reposition per facility protocol, off-load wound and low air loss mattress. 02/28/2018 - Stage 4 Pressure Wound Sacrum: 3.5cm x 5.5cm x 0.6cm, undermining 1.5cm. at 7 o'clock with moderated serous discharge; Wound progress- Deteriorated; Surgical Excisional Debridement was performed; Treatment: dry protective dressing once daily, Mupirocin once daily, Santyl once daily, Calcium Alginate once daily; Recommendation: rinse wound with ¼ strength Dakin's solution with every dressing change. On 03/27/18 at 12:32 PM, V16 assisted by V15 was observed transferring R141 from the reclining chair to bed. The reclining chair was observed to have a cloth underpad and a folded drawsheet. Neither cushion nor any pressure relieving device was observed on the reclining chair. Subsequently, incontinence care was provided by V15 and V16 on R141. After the provision of incontinence care on R141, there was no application of baza cream as ordered to buttocks was observed applied. At 1:08 PM, R141 was in bed, on low air loss mattress. The mattress was covered with a fitted sheet. A blanket folded into halves was placed under R141's lower back. On top of the folded blanket was a cloth underpad. R141 was wearing an incontinent brief. Wound care was observed on R141 performed by V11 assisted by V16. R141's sacral wound has moderate serous discharge and beefy red in appearance. V11	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003834	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER ATRIUM HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1425 WEST ESTES AVENUE CHICAGO, IL 60626		
(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 11 removed the old dressing on R141's sacral wound. V11 removed gloves, donned new gloves and cleansed R141's wound with Dakins solution. V11 removed gloves, donned new gloves, cleansed the wound with normal saline solution then removed gloves again and donned new gloves. At this time, V11 applied santyl on R141's wound, then removed gloves, donned new gloves and applied the bactroban. V11 removed gloves again, donned new gloves. V11 mentioned, "It has a little tunneling so I will pack the alginate inside the wound." V11 started to insert the calcium alginate on R141's sacral wound. The calcium alginate was long enough to fit inside R141's wound so V11 tried to cut the calcium alginate with a bandage scissor but the alginate fell off. It was observed that the alginate that fell off had some white and clear substances (santyl and bactroban) on it. V11 took a new calcium alginate and cut it short and placed it inside R141's sacral wound. V11 removed gloves, donned new gloves and covered R141's wound with dry dressing. There was neither handwashing nor use of hand sanitizer observed on V11 during wound treatment on R141. On 03/28/2018 at 9:45 AM, V16 and V18 (CNA) was observed performing incontinence care on R141. R141 was still in bed, on low air loss mattress. The mattress was covered with a fitted sheet. A cloth underpad and a blanket folded into fourths were observed placed under R141's lower back. R141 was wearing an incontinent brief. V16 was asked regarding bed sheets for R141's mattress. V16 stated, "This is an air mattress, we put only a plain sheet and a pad." At 10:00 AM, V16 and V18 transferred R141 from bed to reclining chair. It was observed that the	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003834	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER ATRIUM HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1425 WEST ESTES AVENUE CHICAGO, IL 60626		
(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 12 reclining chair seat has an underpad and a folded drawsheet, R141 was sitting on it. There was no pressure relieving device observed on the reclining chair. At 3:00 PM, V3 (Wound Care Nurse) was interviewed regarding pressure sores. V3 stated, "I do weekly rounds with V21 (Wound Physician). The floor nurses are doing the daily and PRN wound treatment. I am responsible for monitoring the pressure wounds based on the reports from the floor nurses and monitor staff in implementing interventions for wound care prevention. If those interventions are not effective in preventing pressure ulcers, I will notify V21." V3 further stated, "There should be no fitted sheet covering the low air loss mattress. Only the underpad and the incontinent brief. A cushion should be placed on the reclining chair as a pressure relieving device, like a wedge place on the side or on the back while sitted in the reclining chair. The wheelchair has the gel foam cushion." V3 was also asked regarding wound treatment orders. V3 stated, "If wound dressing got soiled, it needs to be changed. The CNAs need to notify nurses regarding soiled dressings. All wounds need to be covered at all times. Skin treatment as ordered should be carried out." At 3:15 PM, V21 was interviewed regarding pressure sore. V21 stated, "I expect that facility is implementing the wound care preventions in order to minimize the risk of developing pressure sores. For R141, it is a concern because it was a little deteriorating, from Stage 2 to Stage 4 with some undermining." Facility's policy titled, Pressure Ulcer Prevention and Guidelines (revised date August 2016) reads: "Policy: It is the policy of this facility to ensure	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003834	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER ATRIUM HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1425 WEST ESTES AVENUE CHICAGO, IL 60626			
(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 13 based on an Admission Comprehensive Assessment that residents at risk for skin break down are assessed and that preventative measures are implemented. Procedure: 4. Residents assessed for severe/high risk (score of 12 or below) the following preventative measures will be implemented upon admission: B. Preventative mattress; C. Cushion in the wheelchair and/or geri chair (reclining chair)." Facility's policy on Resident Care Planning (revised date 09/17) reads: "Staff will utilize care plans to assure that each resident's need are met through appropriate and individualized staff interventions in a timely manner." The low air loss mattress user manual documented that the mattress is supplied with a cover sheet that protects the cells against unexpected contamination, and makes cleaning of the mattress easier. (B)	S9999			