

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/15/2018
NAME OF PROVIDER OR SUPPLIER RIVER NORTH OF BRADLEY H & R			STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE BRADLEY, IL 60915		
(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 Complaint: 1873727/IL103238 Recited F686G on the first follow up to the complaints of 3/9/18 & 5/25/18	S 000			
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)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 which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. 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	S9999			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

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

TITLE

(X6) DATE

07/09/18

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/15/2018
NAME OF PROVIDER OR SUPPLIER RIVER NORTH OF BRADLEY H & R			STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE BRADLEY, IL 60915		
(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 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. Restorative measures shall include, at a minimum, the following procedures: 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 300.3220 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	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/15/2018
NAME OF PROVIDER OR SUPPLIER RIVER NORTH OF BRADLEY H & R			STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE BRADLEY, IL 60915		
(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 resident. (Section 2-107 of the Act) These Regulations were not met as evidenced by: Based on observation, interview and record review the facility failed to complete weekly pressure ulcer assessments and implement physician ordered treatments and interventions to promote the healing of pressure ulcers. This applies to 2 residents (R9, R62) reviewed for pressure ulcers. This failure resulted in R9 and R62 pressure ulcer to worsen. R62's wound progressed from a Stage II wound to a Stage III wound and R62 developed a new wound. R9's wound increased in size and failed to heal. Findings include: 1. R62 was admitted to the facility April 29, 2017 per the admission face sheet. The physician orders dated June 1, 2018 through June 30, 2018 showed that R62 had diagnoses of Hemiplegia, cerebral vascular disease, Left above the knee amputation, Right below the knee amputation, chronic kidney disease, urinary tract infection and Pressure ulcer. R62 was able to talk with small words and at times was difficult to understand. R62 had dressings to the sacrum, the left buttock and the right leg stump. On June 12, 2018 at 10:00am R62 was lying in bed. Staff removed the bed covers. R62 had pillows under the right buttock and lower back. Both stumps to the legs were sitting directly on pillows applying pressure to the areas that had	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/15/2018
NAME OF PROVIDER OR SUPPLIER RIVER NORTH OF BRADLEY H & R			STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE BRADLEY, IL 60915		
(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 wounds. R62's wound was assessed by V4 (Wound Care Physician) on June 6, 2018 as "new wound" and a "Stage II pressure partial thickness". R62 has an order dated June 11, 2018 to "elevate legs." V4 (Wound Care Physician) stated during observation of R62's wounds on June 13, 2018 that R62 needs to have the stumps elevated. During this time, V4 demonstrated to the staff specifically how R62's stumps should be elevated to prevent further skin breakdown. A review of R62's plan of care last updated May 21, 2018 does not include interventions for elevation of R62's stumps. V4's documentation dated June 13, 2018 described R62's right leg stump as a Stage III full thickness wound measuring 3.0 cm (centimeters) by 2.0 cm by 0.1 cm indicating a decline in the wound. R62's sacrum wound was measured by V4 on June 13, 2018 and was noted to measure "4.5 cm by 3.4 cm by 1.0 cm and was coded as a full thickness Stage III pressure ulcers with 60% slough." V4 measured this same wound on May 16, 2018 and it measured 1.4 cm by 2.0 cm by 0.2 Stage III full thicknesses with 50% granulation, however on May 9, 2018 the wound measured 2.0 cm by 2.7 cm by 0.1 cm Stage II partial thickness wound. Physician orders dated May 17, 2018 showed that the staff was to cleanse with betadine, apply Nystatin Powder to the wound base every day of the mid sacrum, and cover with alginate dressing. The medication administration record show that on the following days the treatment was not administered: May 27, 28, 29, 30 and June 2, 6, 8, 9 and 10, 2018. V4 assessed R62's left buttock wound on June 13, 2018 and described this wound as a full thickness Stage III wound with 70% slough and	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/15/2018
NAME OF PROVIDER OR SUPPLIER RIVER NORTH OF BRADLEY H & R			STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE BRADLEY, IL 60915		
(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 yellow drainage and measured 4.5 cm by 3.5 cm. V2 then proceeded to order a wound vacuum for this wound to treat the drainage. Facility documentation dated May 25, 2018 codes this wound as a Stage II in house acquired pressure ulcer with no slough and measuring 3.7 cm by 2.5 cm by 2.4 cm. On May 29, 2018 nursing notes code R62's left buttock as 5.5 cm by 4.0 cm with unknown depth due to slough, no further measurements of R62's left buttock wound was noted in the clinical record as of June 14, 2018. The physician order dated May 25, 2018 showed that staff was to apply Santyl ointment to the wound bed every day and evening shift (twice a day) to the left buttock. The Treatment administration sheet showed that this was not done on multiple occasions (18 doses) from May 25th through June 10, 2018. The treatment of Santyl is used to remove necrotic tissue and promote healing of the wound. On June 13, 2018 at 3:00pm V4 (Wound Care Physician) was changing the dressings to R62's wounds. V4 said that the sacral wound had worsened to a stage three and was down to the bone. V4 said that the wound to the right leg stump had progressively worsened to a new pressure ulcer. V4 said that when he saw the stump last week it was only a blister. On further exam V4 said that the wound to the left buttock had also worsened to a stage 3 from a stage 2. V4 said that offloading these areas with position changes as ordered were important to follow as well as treatments and medications orders. V4 stated, "If everyone just followed the treatment orders there would be progress". On June 14, 2018 at 11:20am, via telephone interview, V4 said that medications, dressings, wound care orders and positioning are all	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/15/2018
NAME OF PROVIDER OR SUPPLIER RIVER NORTH OF BRADLEY H & R			STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE BRADLEY, IL 60915		
(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 important factors in wound healing. V4 stated, "If all of these factors are not followed wound healing is impeded. It won't happen if treatment orders are not followed". A nursing note dated June 5, 2018 at 3:18pm showed that R62's family had called nursing staff to the room to look at R62's dressing. The note showed that the dressing was loose and had a moderate amount of drainage with odor. The note documented that the family insisted that R62 be sent out to the local hospital for treatment. R62 was sent to the community hospital emergency room and returned to the facility June 6, 2018 with orders for treatment. The physician order dated June 6, 2018 at 9:00am showed that an antibiotic Rocephin was to be given every day intramuscularly for cellulitis to the buttock and wound infections. The medication administration sheet showed that no doses were given on June 7, 8 and 11, 2018. 2. On June 13, 2018 at 9:30 AM, V9 (Nursing Assistant) performed incontinence care on R9. R9 had a pressure ulcer to the right ischium area which did not have a dressing covering the wound nor was R9 on an air mattress. R9 stated dressing changes were not being completed as they were supposed to occur. R9's May 2018 Treatment Administration Record (TAR) documents to cleanse the right ischium with betadine solution, apply Calcium Alginate and a hydrocolloid dressing three times a week on Monday, Wednesday and Friday. The TAR on Monday May 28 and Wednesday May 30, 2018 do not document this treatment as completed. V4's (Wound Care Physician) Physician Wound Care Assessment dated May 23, 2018	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/15/2018
NAME OF PROVIDER OR SUPPLIER RIVER NORTH OF BRADLEY H & R			STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE BRADLEY, IL 60915		
(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 documents R9 with a stage 3 pressure ulcer to the right ischium measuring 2.0 by 0.8 by 0.2 centimeters (cm) with a stable wound bed per goal. V4's treatment plan is to cleanse the wound with betadine and apply Nystatin Powder and Calcium Alginate and Hydrocolloid dressings three times a week. V4's preventative measures include use of an air mattress. The additional note section completed by V4 document this Pressure Ulcer as healing slowly. This report also documents R9 with a stage 1 Pressure Ulcer to the right heel. R9's May and June 2018 Treatment Administration Record documents to cleanse the right ischium with betadine solution, apply Calcium Alginate and a hydrocolloid dressing three times a week on Monday, Wednesday and Friday with a start date of May 18, 2018. There no change in R9's treatment per V4's orders after the May 23, 2018 assessment. After V4's Wound Care Assessment dated May 23, 2018 the electronic clinical record includes one Wound Assessment dated May 25, 2018 which is not fully completed and there is no other comprehensive wound assessments which include measurements and wound characteristics of R9's right Ischium pressure ulcer until V4's next assessment on June 13, 2018. On June 13, 2018 at 3:30pm, R9 laid in a bed with a regular mattress (not an air mattress). V4 performed an assessment of R9's right ischium. V4 measured R9's right ischium pressure ulcer as 4.0 by 2.0 by 0.1 cm. During an interview on June 13, 2018 at 3:30pm, V4 described R9's wound bed to the right ischium as moist and stated that was why Nystatin Powder was ordered at the time of his last assessment. In addition, V4	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/15/2018
NAME OF PROVIDER OR SUPPLIER RIVER NORTH OF BRADLEY H & R			STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE BRADLEY, IL 60915		
(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 stated R9 is supposed to be on an air mattress as ordered. V4 stated R9's measurements are worse and V4 expected R9's right ischium pressure ulcer to be healed at this point. V4 stated he expects R9's treatments to be implemented as ordered ad if done as ordered R9's wound would likely be healed, not worse. In addition, while performing R9's dressing changes V4 removed R9's foam boots and the hydrocolloid dressing on R9's right heel was dated June 5, 2018. V4's Wound Care Assessment dated June 13, 2018 documents R9's ischium pressure ulcer as full thickness stage 3 with stalled healing but healing is expected to occur. R9's Brief Interview of Mental Status dated March 15, 2018 documents R9 as cognitively intact. A Healthcare Equipment Order form dated June 13, 2018 documents an order for an air mattress for R9. On June 14, 2018 at 11:39 AM, V7 (Activity Director) confirmed R9's air mattress was ordered on June 13, 2018. On June 13, 2018 at 3:52 PM V2 (Director of Nursing) confirmed the facility is to complete wound assessments weekly which describe wound characteristics and measurements. V2 stated wound treatments are to be completed as ordered and documented on the TAR when completed. Pressure Ulcers/Skin Breakdown- Clinical Protocol dated April 2013 documents the physician will authorize pertinent orders related to wound treatments, including pressure reduction surfaces, cleansing, dressings and topical agents. Information to be documented in the clinical record includes the date and type of	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/15/2018
NAME OF PROVIDER OR SUPPLIER RIVER NORTH OF BRADLEY H & R			STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE BRADLEY, IL 60915		
(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 wound care given, and all assessment data such as wound bed color, size and drainage obtained when inspecting the wound. The facility policy for Administering medications dated November 2013 showed that nursing staff are to initial the residents medication and treatment administration sheets on the appropriate line after giving each medication or treatment (B)	S9999			