IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

January 11, 2019

Daniel Garden, Registered Agent
South Loop Skilled Nursing Facility, LLC
3450 Oakton Street
Skokie, Illinois 60076

| | | |
|---|---|---|
| RE: | Complaint #: | IL 102588, IL 102702, IL 103167, IL 103184, IL 104104, IL 106416, IL 106539 |
| | Survey Date: | November 13, 2018 |
| | Docket #: | 19-C0017 |
| | Violation Type: | B Violation with Fine |

Dear Registered Agent:

An investigation has been conducted by the Illinois Department of Public Health pursuant to a complaint concerning the long-term care facility known as Warren Barr South Loop.

Licensure

Pursuant to the provisions contained in the Nursing Home Care Act, or the ID/DD Community Care Act or the MC/DD Act, the Department must determine if each allegation in a complaint is valid, invalid or undetermined. The Department must also determine whether to cite a facility with one or more State violations or federal deficiencies (violations). The Department's determinations on the above referenced complaint are indicated on the attached "Complaint Determination Form." If your facility was cited with violations or deficiencies, then any rights you may have to a hearing will be described in the notices accompanying those violations or deficiencies.

If you have any questions, please contact the Division of Long-Term Care Quality Assurance at 217/782-5180 or, for the hearing impaired, the Department's TTY number at 1-800-547-0466.

Sincerely,

Sherry Barr

Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulations

Enclosure
cc: Administrator
File
Warren Barr South Loop/November 13, 2018/19-C0017/RegAgent/kk

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: WARREN BARR SOUTH LOOP COMPLAINT #: 0102588
LIC. ID #: 0054353
DATE COMPLAINT RECEIVED: 05/11/18 15:38:00

| IDPH Code | Allegation Summary | Determination |
|---|---|---|
| 105 | IMPROPER NURSING CARE | 1 |

✓ The facility has committed violations as indicated in the attached*
___ No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: WARREN BARR SOUTH LOOP COMPLAINT #: 0102702
LIC. ID #: 0054353
DATE COMPLAINT RECEIVED: 05/16/18 12:09:00

| IDPH Code | Allegation Summary | Determination |
|---|---|---|
| 105 | IMPROPER NURSING CARE | 1 |
| 206 | HOUSEKEEPING | 2 |
| 208 | RESIDENT CLOTHING/LAUNDRY | 2 |

✓ The facility has committed violations as indicated in the attached*
___ No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: WARREN BARR SOUTH LOOP COMPLAINT #: 0103167
LIC. ID #: 0054353
DATE COMPLAINT RECEIVED: 06/05/18 13:43:00

| IDPH Code | Allegation Summary | Determination |
|---|---|---|
| 105 | IMPROPER NURSING CARE | 1 |
| 408 | IMPROPER BILLING | 2 |

✓ The facility has committed violations as indicated in the attached*
___ No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: WARREN BARR SOUTH LOOP COMPLAINT #: 0103184
LIC. ID #: 0054353
DATE COMPLAINT RECEIVED: 06/05/18 16:32:00

| IDPH Code | Allegation Summary | Determination |
|---|---|---|
| 105 | IMPROPER NURSING CARE | 1 |
| 115 | PHYSICAL THERAPY | 2 |
| 206 | HOUSEKEEPING | 2 |
| 406 | ADMINISTRATION | 2 |

✓ The facility has committed violations as indicated in the attached*
___ No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: WARREN BARR SOUTH LOOP COMPLAINT #: 0104104
LIC. ID #: 0054353
DATE COMPLAINT RECEIVED: 07/11/18 09:47:00

| IDPH Code | Allegation Summary | Determination |
|---|---|---|
| 105 | IMPROPER NURSING CARE | / |

✓ The facility has committed violations as indicated in the attached*
___ No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: WARREN BARR SOUTH LOOP COMPLAINT #: 0106416
LIC. ID #: 0054353
DATE COMPLAINT RECEIVED: 10/09/18 09:18:00

| IDPH Code | Allegation Summary | Determination |
|---|---|---|
| 105 | IMPROPER NURSING CARE | 1 |
| 402 | LACK OF STAFF | 2 |

✓ The facility has committed violations as indicated in the attached*
___ No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: WARREN BARR SOUTH LOOP COMPLAINT #: 0106539
LIC. ID #: 0054353
DATE COMPLAINT RECEIVED: 10/12/18 12:40:00

| IDPH Code | Allegation Summary | Determination |
|---|---|---|
| 105 | IMPROPER NURSING CARE | 1 |
| 118 | RESIDENT RIGHTS | 2 |

✓ The facility has committed violations as indicated in the attached*
___ No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

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|---|---|---|
| THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. SOUTH LOOP SKILLED NURSING FACILITY, LLC, D/B/A, WARREN BARR SOUTH LOOP, Respondent. | ) | Docket No. NH19-C0017 |

NOTICE OF TYPE "B" VIOLATION(S); NOTICE OF PLAN OF CORRECTION REQUIRED; NOTICE OF FINE ASSESSMENT; NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS;
NOTICE OF OPPORTUNITY FOR HEARING

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.) (hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "B" VIOLATION(S)

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a Complaint Investigation conducted by the Department on November 13, 2018, at Warren Barr South Loop, 1725 South Wabash Avenue, Chicago, Illinois 60616. On January 10, 2019, the Department determined that such violations constitute one or more Type "B" violations of the Act and the Skilled Nursing and Intermediate Care Facilities Code, 77 Ill. Adm. Code 300 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in the Summary of Licensure Violation which is attached hereto and incorporated herein as Attachment A and made a part hereof.

A Type "B" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

NOTICE OF PLAN OF CORRECTION REQUIRED

Pursuant to Section 3-303(b) of the Act and Section 300.278 of the Code, the facility shall have 10 days after receipt of notice of violation in which to prepare and submit a plan of correction. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice.

Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:

1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.

2) A description of the steps that will be taken to avoid future occurrences of the same and similar violations.
3) A specific date by which the corrective action will be completed.

If a facility fails to submit a plan of correction within the prescribed time period, The Department will impose an approved plan of correction.

## NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of **$2,200.00**, as follows:

- **Type B violation** of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1010h), 300.1210b), 300.1210c), 300.1210d)5) and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)5) and 300.3240a).

Section 3-310 of the Act provides that all penalties shall be paid to the Department within ten (10) days of receipt of notice of assessment by mailing a check (note Docket # on the check) made payable to the Illinois Department of Public Health to the following address:

Illinois Department of Public Health
P.O. Box 4263
Springfield, Illinois 62708

If the penalty is contested under Section 3-309, the penalty shall be paid within ten (10) days of receipt of the final decision, unless the decision is appealed and stayed by court order under Section 3-713 of the Act.

A penalty assessed under this Act shall be collected by the Department. If the person or facility against whom a penalty has been assessed does not comply with a written demand for payment within thirty (30) days, the Director shall issue an order to do any of the following:

(A) Direct the State Treasurer to deduct the amounts otherwise due from the State for the penalty and remit that amount to the Department.

(B) Add the amount of the penalty to the facility's licensing fee; if the licensee refuses to make the payment at the time of application for renewal of its license; the license shall not be renewed; or

(C) Bring an action in circuit court to recover the amount of the penalty.

## NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS

In accordance with Section 3-304 of the Act, the Department shall place the Facility on the Quarterly List of Violators.

## NOTICE OF OPPORTUNITY FOR A HEARING

Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of "B" Violation(s); Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices.

FAILURE TO REQUEST A HEARING WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

FINE REDUCTION IF HEARING WAIVED

Pursuant to Sections 3-309 and 3-310 of the Act, a licensee may waive its right to a hearing in exchange for a 35% reduction in the fine. In order to obtain the 35% reduction in the fine, the licensee must send a written waiver of its right to a hearing along with payment totaling 65% of the original fine amount within 10 business days after receipt of the notice of violation. (Please refer to the Notice of Fine Assessment section on where to send your fine Payment).

**Plan of Correction, Hearing Requests and Waivers can be emailed to the following email address: DPH.LTCQA.POCHearing@illinois.gov. If your facility does not have email capabilities then mail it to the attention of: Sammye Geer, Illinois Department of Public Health, Long Term Care – Quality Assurance, 525 West Jefferson, Springfield, IL 62761.**

Sherry Barr

Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulations

Dated this 11th day of January ,2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

| | | |
|---|---|---|
| THE DEPARTMENT OF PUBLIC HEALTH<br>STATE OF ILLINOIS<br>Complainant,<br><br>v.<br><br>SOUTH LOOP SKILLED NURSING FACILITY, LLC,<br>D/B/A, WARREN BARR SOUTH LOOP ,<br>Respondent. | ) | Docket No. NH 19-C0017 |

PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "B" Violation(s); Notice of Plan of Correction Required; Notice of Fine Assessment; Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

| | |
|---|---|
| Registered Agent: | Daniel Garden |
| Licensee Info: | South Loop Skilled Nursing Facility, LLC |
| Address: | 3450 Oakton Street<br>Skokie, Illinois 60076 |

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 11th day of January, 2019.

Sammye Geer

Sammye Geer
Administrative Assistant I
Long Term Care – Quality Assurance
Office of Health Care Regulations

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6008825 | A. BUILDING: _____ B. WING _____ | C 11/13/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WARREN BARR SOUTH LOOP | 1725 SOUTH WABASH CHICAGO, IL 60616 |

| (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<br><br>Complaint Investigation<br><br>1884532/IL#104104<br>1883675/IL#103184<br>1883658/IL#103167<br>1883102/IL#102588<br>1886628/IL#106416<br>1883209/IL#102702<br>1886741/IL#106539 | S 000 | | |
| S9999 | Final Observations<br><br>Statement of Licensure Violations<br><br>300.610 a)<br>300.1010 h)<br>300.1210 b)<br>300.1210 c)<br>300.1210 d)5)<br>300.3240 a)<br><br>Section 300.610 Resident Care Policies<br><br>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.<br><br>Section 300.1010 Medical Care Policies | S9999 | **Attachment A**<br>**Statement of Licensure Violations** | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6008825 | A. BUILDING: _____ B. WING _____ | C 11/13/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WARREN BARR SOUTH LOOP | 1725 SOUTH WABASH CHICAGO, IL 60616 |

| (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<br><br>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. 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.<br>Section 300.1210 General Requirements for Nursing and Personal Care<br>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.<br>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.<br>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:<br>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, | S9999 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6008825 | A. BUILDING: _____ B. WING _____ | C 11/13/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WARREN BARR SOUTH LOOP | 1725 SOUTH WABASH CHICAGO, IL 60616 |

| (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<br>and prevent new pressure sores from developing.<br>Section 300.3240 Abuse and Neglect<br><br>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.<br><br>This requirement is not met as evidenced by:<br><br>Based on observation, interview and record review the facility failed to follow their plan of care and the Skin Care Treatment Regimen Policy and Procedure by not providing incontinent care at least every 2 hours, failed to provide wound dressings as ordered, failed to provide nursing preventative interventions to avoid new wounds, failed to identify new wounds, failed to consult the wound doctor for changes in wound condition and failed to monitor skin/wound weekly for 3 of 10 residents (R2, R7 and R11) reviewed for wound care protocol and prevention. This failure resulted in R7's development of new facility acquired pressure sores and the deterioration of the existing sacral pressure sore.<br><br>Findings include:<br><br>10/29/18 at 1:50 pm, V29 (Certified Nursing Assistant, CNA) removed R7's adult brief. R7's multiple wounds exposed on sacrum, left and right buttock with no dressings on and liquid stool on sacral wound and left buttock wound. Skin reddened on the edges of sacral and left and right buttock wound with small amount of blood. V29 stated that R7 did have a dressing on her buttocks covering the wound but it came off about 9am when she had a bowel movement then so I left it off because I know wound care will come see her. | S9999 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6008825 | A. BUILDING _____ B. WING _____ | C 11/13/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WARREN BARR SOUTH LOOP | 1725 SOUTH WABASH CHICAGO, IL 60616 |

| (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<br><br>10/29/18 at 2:05pm, V8 (Wound Care Director) stated that V29 just told me R7's wound dressing has come off. The CNA should inform the staff nurse right away and the staff nurse could put a dressing on. If a resident sits in stool with an open wound, they risk infection and the wound deteriorating.<br><br>10/29/18 at 2:25pm during dressing change, V8 stated that, there was a change in condition in the left buttock wound and it is reverting to pressure wound, and has dead tissue, instead of a skin tear as noted." I would recommend the area be debrided" (removal of dead tissue). V8 then asked family member for consent so the wound care doctor may see R7. There is also a new area on the right buttock, on left knee that wound care is not familiar with and looks like pressure wound, as well as a pressure area on her left ear that was not identified on wound care notes. R7 had gauze and a dressing over the left knee area that was not dated. V8 stated she does not know how long it was there, just that wound care had not identified this area on their weekly notes. V8 stated then that R7 is on a regular mattress.<br><br>10/31/18 at 10:46am, V8 stated that R7 was readmitted with a stage 3 pressure sore on sacrum on 9/23/18 and air mattress should have been in place when R7 was admitted but it was overlooked. Prompt care when a resident has urine or a bowel movement is an intervention in place to prevent worsening of wounds or new wounds." On 10/12/18, a skin tear was noted to left buttock but I would have called that a deep tissue injury based on appearance. We are supposed to take weekly wound measurements on all wounds. There was no weekly measurements from 10/12/18 to 10/30/18 for sacrum or left buttock. On 10/12/18, Left buttock | S9999 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| WARREN BARR SOUTH LOOP | 1725 SOUTH WABASH CHICAGO, IL 60616 |

| (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 | | |

skin tear measures length of 3.5 centimeter (cm) by width of 5 cm by .10 cm depth with no undermining. The Left buttocks deteriorated. The floor nurses are responsible for daily skin checks and to inform wound care of any new areas. R7's wound care plan did not have left buttock skin tear or any treatments until 10/29/18 when I added it with the new wounds."
V8's progress notes dated 10/29/18 notes during routine dressing change, R7 noted with new pressure areas of break down to Left Ear, Right Buttocks and Left knee. Left buttock wound noted as worsening. R7 referred to wound specialist.
V8's progress note 10/30/18 indicates surgical debridement preformed today by wound care Doctor.

V31's (Wound Care Doctor) note dated 10/30/18 notes the dates of onset for a stage 4 pressure ulcer on Left ear, right buttock unstageable deep tissue injury and a pressure stage 2 on left knee as 10/29/18. Left buttock and sacrum are unstageable deep tissue injury from pressure. Left buttock wound measures Length-14 centimeter (cm) by Width of 13cm by depth of 0.1cm. Exudate/drainage, 20 percent % dead tissue. Surgical Excisional debridement procedure was performed on Coccyx and Left buttock to remove dead tissue. A debriding agent ordered for right buttock and left ear. R7 requires total assistance with activities of daily living. Preventative measures include prompt incontinence and turning and repositioning every 2 hours.

11/08/18 at 10:11am, V31 stated that left buttock was debrided and R7 has purulent drainage that I was surprised and possible infection. There is also a tunnel there now and I recommended infectious disease follow R7. R7 developed new

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pressure areas on right buttock, left ear and left knee. Having stool on open wounds could contribute to wound deteriorating or becoming infected and R7 should have prompt incontinent care.

V8's progress note dated 11/7/18 at 7:28pm note that Coccyx & Left Buttock debrided with V31 which were found with an abscess that was ruptured. New orders for Infectious Disease consult received & carried out.

V59's (Infectious Disease Nurse Practitioner) note dated 11/7/17 indicates reason for consult as cellulitis of sacral ulcer. Minocycline (antibiotic) started for 3 weeks.

10/13/18 progress note by V23 (Licensed Practical Nurse/Wound Care Nurse) notes during routine dressing change, resident was noted with skin tear to left buttock and Left thigh back.

Physician orders dated 10/13/18 notes apply a debriding agent to the back of left thigh every day. Treatment Administration record (TAR) from 10/14/18 to 10/30/18 note this was done daily by nursing. Facility policy labeled Skin Care treatment notes use a debriding agent daily on dead areas for stage 3 and 4 wounds. TAR also notes Bacitracin is ordered and given for left buttock.

10/31/18 at 10:46am, V8 stated that "Bacitracin is not an appropriate order for the left buttock wound."

Wound care plan intervention dated 9/19/18 notes to monitor/document location, size and treatment of skin injury. Report abnormalities, failure to heal, maceration to medical doctor.

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| S9999 | Continued From page 6<br><br>Skin Care Treatment Regimen Policy and Procedure revised last on December 1,2017 note that it is the policy of the facility to ensure prompt identification, documentation and to obtain appropriate topical treatment for residents with skin breakdown. Charge nurses must document in the nurse's notes and or the Wound Report form any skin breakdown upon assessment and identification. Furthermore, topical skin treatment must be obtained from the patient's physician. Refer any skin breakdown to the skin care coordinator for further review and management as indicated. Residents who are not able to turn and reposition themselves will be turned and repositioned every 2 hours. Stage 3 and 4 including pressure ulcers may be referred to wound care specialist for further clinical and treatment consultation in accordance to the facility protocol and standard of care. Residents with Stage 3 or 4 will be placed in specialized air mattress like Low Air Loss Mattress or Alternate Pressure Mattress.<br>Per facility face sheet, R2 was admitted to the facility 7-20-18, and has diagnoses significant for Sacral Pressure Ulcer, Anoxic Brain Damage, Tracheostomy, Dependence on Ventilator, Gastrostomy Feeding Tube, Muscle Wasting, and Reduced Mobility. R2's MDS (Minimum Data Set) dated 10-14-18 indicates a BIMS (Brief Interview for Mental Status) score of "1," indicating severe cognitive impairment. This MDS also indicates R2 requires the extensive assistance of two or more staff members for bed mobility and to transfer, is incontinent of stool, and has a urinary catheter. R2's October 2018 Physician's Order Sheet indicates the order "Isolation--Contact Precautions. Reason for isolation--KPC (Klebsiella pneumoniae carbapenemase) of urine." | S9999 | | |

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| S9999 | Continued From page 7<br><br>10-29-18 at 12:35 pm, Surveyor asked V29 (CNA) to do an incontinence check on R2. R2's elbows were both bent, and her hands were curled into fists. R2's legs were contracted. R2 was not wearing any heel protectors. V29 donned gloves (without first washing her hands), and unfastened R2's brief. R2 had fresh stool in her brief, and was not wearing a dressing covering her sacral ulcer, which also had stool in it. V29 stated she'd last changed R2's brief at 10:00 am, and R2's wound dressing had fallen off. V29 stated "I just left it off, because the Wound Nurse will be coming around." V29 then proceeded to clean R2 from her rectal area toward her vaginal and urethra area, from back to front. V29 did not change her gloves after cleaning the stool from R2's rectal and perineal area. V29 used the same, soiled gloves to apply moisture barrier cream to R2's buttocks, and apply a new bed pad and replace R2's top sheet.<br><br>10-29-18 at 1:08 pm V8 (Wound Nurse) stated R2 first developed an unstageable sacral ulcer, discovered by a CNA (Certified Nursing Assistant) on 10-2-18, despite frequent turning and repositioning and having an air mattress. On 10-23-18, this wound measured 5.0 x 6.0 cm (centimeters) x 2 cm deep. This wound was debrided at the bedside on this day by V31 (Wound Care Physician). V8 stated this is the only wound R2 has had since admission to the facility, that R2 has not ever had any foot wounds, but that R2 should be wearing heel protectors due to her immobility. V8 stated if a resident's wound dressing falls off/is missing during incontinence care, the CNA should notify the Wound Nurse or the resident's staff Nurse for immediate replacement, to keep the wound clean, and protect the wound from urine, stool, | S9999 | | |

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| S9999 | Continued From page 8<br>and bacteria, which may worsen skin breakdown.<br><br>10-29-18 at 1:47 pm, Surveyor requested V8 perform a dressing change for R2. V8 stated she hadn't gotten to the residents on R2's floor yet, as this floor is usually the last or next to last. Wound care makes rounds on daily. R2 still did not have a dressing covering her sacral ulcer. In addition, R2 was not wearing heel protectors. V8 stated the CNA should have notified either her or the resident's staff Nurse immediately to replace R2's soiled dressing--the wound should not have been left open since 10:00 am.<br><br>R2's care plan updated 10-30-18 contains the focus "R2's unstageable (pressure ulcer) is currently stage 4 following debridement. This care includes the intervention "Sacrum: Cleanse with NSS (normal saline solution). Pat dry with gauze. Apply skin prep to peri-wound. Apply santyl. Cover with secondary dry dressing. Change daily and prn (as needed). R2's care plan also includes the focus on indwelling catheter care, including the intervention "I would like staff to clean my peri area from front to back."<br><br>10-30-18 at 11:10 am R2 was seen still not wearing heel protectors.<br><br>10-31-18 V22 (Restorative Aide) stated Wound Care Nurses are responsible to provide immobile residents with heel protectors.<br><br>11-7-18 at 2:00 pm V3 (Director of Nursing) stated CNA's performing incontinence care should first explain the procedure to the resident, wash his/her hands, don gloves, and clean the resident. Female residents should be cleaned front to back, so as not to introduce stool/urine into the vagina or urethra, to prevent infection. | S9999 | | |

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| S9999 | Continued From page 9<br><br>After cleaning the resident, the soiled gloves should be removed, and the CNA should again wash his/her hands and don new gloves prior to applying skin barrier cream to the resident's peri rectal area and applying a new incontinent brief. If a dressing falls off/gets soiled/is missing during incontinence care, the CNA should immediately notify the Wound Nurse or staff Nurse so that it may be replaced.<br><br>Facility policy titled "Hand Hygiene" revised 10-25-18 indicates "Hand hygiene is performed during the following situations: Before and after direct resident contact. Before and after entering isolation precaution settings. Before and after assisting a resident with personal care. After contact with a resident's mucous membranes and body fluids or excretions."<br><br>Per facility face sheet, R11 was admitted to the facility 5-10-18, with diagnoses significant for Sacral, Left Heel, Right Hip, and Left Hip Pressure Ulcers, Down Syndrome, and Hemiplegia and Hemiparesis following Cerebral Infarction. R11's MDS (Minimum Data Set) dated 5-17-18 indicates a BIMS (Brief Interview for Mental Status) score of "00." indicating severe cognitive impairment. This MDS also indicates R11 had one stage 2 and one stage 3, along with 2 unstageable pressure ulcers on admission, and requires the extensive assistance of two or more staff members for bed mobility.<br><br>11-5-18 at 1:40 pm V8 (Wound Nurse) stated R11 was first assessed by V52 (Wound Nurse) 5-11-18. R11 had an unstageable wound to her right elbow, 3.2 cm (centimeters) L (Length) x 3.4 cm W (Width) x undeterminable D (Depth). The treatment was to cleanse the area with normal saline and apply medihoney, then cover with a | S9999 | | |

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foam dressing daily. R11 also had an unstageable sacral wound, measuring 9.5 cm L x 13.3 cm W x undeterminable depth. Treatment was the same as for R11's right elbow. R11 also had a left hip stage 2 wound, 1.9 cm L x 1.4 cm W x undeterminable depth. Treatment was to cleanse the area with normal saline and apply a hydrocolloid dressing every 3 days. R11 also had a right trochanter (hip) wound, stage 3, measuring 5.8 cm L x 4.4 cm W x undeterminable depth. Treatment was to cleanse the area with normal saline, apply Xeroform dressing, then cover with a dry dressing daily. This right hip ulcer was mostly healed, with area within its borders which had re-opened. R11's Treatment Administration Record dated May 2018 indicates dressing changes on R11's wounds were done, as ordered. V53's (Dietician) consultation 5-16-18 recommended continuation of R11's mechanical soft, thin liquids, no concentrated sweets diet. On 5-17-18, V53 added prostat 30 ml (milliliters) by mouth daily, to promote wound healing. On 5-26-18, R11's left hip ulcer was deteriorating. It had now become unstageable, with 80% necrotic tissue and 20% pale pink tissue. R11's sacral wound was the same as upon admission to the facility. V8 stated R11 was qualified to have the Wound Physician team consult and treat her, due to having been admitted with a stage 3 wound that had re-opened, along with a sacral ulcer that was staying the same, despite treatment, and a left hip wound that was deteriorating. The Wound Care Nurses or Staff Nurses can notify the Wound Care Physician team for consult and treatment of R11. R11's care plan includes the focus on R11's pressure ulcers, with the 5-12-18 intervention "R11 is being followed by the facility's Wound Doctor/Specialist weekly." There aren't any Wound Care Physician notes in R11's

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| S9999 | Continued From page 11<br>medical record, and the facility confirmed the Wound Care Physician team had not been put on consult for R11.<br><br>10-31-18 at 11:29 am V11 (Former Nurse Practitioner) stated she saw R11 on 5-11-18, and recommended Wound Care team (Wound Nurses) and Nutrition to follow. Surveyor asked V11 why she did not order the Wound Care Physician team to consult and treat R11. V11 stated the Wound Care Physician team is supposed to be notified upon a resident's admission to the facility by the staff Nurse or Wound Care Nurse if that resident presents with wounds requiring such consultation.<br><br>(B) | S9999 | | |