

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006720	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/12/2021
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NAME OF PROVIDER OR SUPPLIER OAK BROOK CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2013 MIDWEST ROAD OAK BROOK, IL 60521
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(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		
S9999	<p>Facility Reported Incident Investigation of 8-2-21/IL136932</p> <p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.1210b) 300.1210c) 300.1210d)6)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>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:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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S9999	<p>Continued From page 1</p> <p>and assistance to prevent accidents.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide adequate supervision and assistance while resident was consuming coffee. This applies to 1 of 3 residents (R1) reviewed for supervision and assistance during meals in a sample of 11.</p> <p>This failure resulted in R1 sustaining a 2nd degree burn to her right hip.</p> <p>Findings include:</p> <p>R1's admitting progress note dated 7/24/21 documents R1 being admitted with diagnoses to include Agitation and Dementia with behavioral disturbances. This note documents V14 (R1's Daughter) reported R1 requires 1:1 assistance with meals due to loss of upper extremity movement.</p> <p>R1's Physician Order Sheet dated 7/26/21 documents mechanical soft diet with nectar thick liquids.</p> <p>R1's Occupational Therapy Plan of Care Assessment completed by V10 (Occupational Therapist) dated 7/24/21, documents R1 with medical history including Dementia and Motor Vehicle Accident (2020) with a Cervical Fracture. This assessment documents R1's prior status before admission as R1 was able to feed herself occasionally with left upper extremity due to a non-functioning right upper extremity; receiving occupational therapy at home to work on R1's right hand. The assessment section documents</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R1's current level of self feeding ability as maximum assistance (76 - 99%). The functional deficits section document R1's current level for eating as requiring substantial/maximal assistance - helper does more than half of the effort, helper lifts or holds trunk or limbs and provides more than half the effort. Precautions initiated include 1:1 feeding.</p> <p>A facility Final Incident Report dated 8/5/21 documents on 8/2/21 R1 was served coffee during lunch per her request and staff were checking on R1 from time to time. Staff then noticed R1's clothes were wet with coffee. At approximately 12:30PM R1 was noted with redness and fluid filled blisters to her right hip. R1 was complaining of pain to this area and was provided pain medications. The physician was contacted for orders which included Silvadene (topical antibiotic, which is used to treat or prevent serious infection on areas of skin with second or third degree burns) and to cover with a dressing.</p> <p>R1's Progress Note dated 8/2/21 documents R1 with a new burn to her right hip with an intact fluid filled blister measuring 28 X 5 centimeters.</p> <p>R1's Physician Progress Note dated 8/4/21 documents R1 spilled hot coffee on herself and has a blistering scald burn to right hip.</p> <p>R1's Physician Wound Progress Note dated 8/11/21 documents R1 with a second degree burn on the right hip since 8/2/21 due to coffee spill onto her clothes by the resident. The same physician wound progress notes also document, "Wound #1 status is Open. The wound is currently as a Full thickness Without Exposed Support Structures wound with etiology of 2nd</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER
OAKBROOK CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
**2013 MIDWEST ROAD
OAK BROOK, IL 60521**

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S9999	<p>Continued From page 3</p> <p>degree Burn and is located on the Right Trochanter [one of the bony prominences toward the near end of the thigh bone]. The wound measures 30cm length X 5cm width X 0.1cm depth ... There is medium amount of serous drainage noted. There is small (1 -33%) pink granulation within the wound bed. There is large (67 - 100%) amount of necrotic tissue within the wound bed including Adherent Slough..."</p> <p>On 8/11/21 at 11:55 AM - 12:25 PM, R1 sat at the table with her upper body covered with a shawl and her eyes closed while V3 (Dementia Coordinator) attempted to feed her. During this interaction R1 did not move her arms or make any attempts to reach for any food or drink items in front of her. R1 refused to eat and provided minimal or no response when V3 asked questions.</p> <p>On 8/12/21 at 8:58 AM, R1 sat at the dining room table with eyes open, right arm and hand fixed at abdomen and left arm resting on her chest. R1 was able to move her left arm and hand when asked but movement was limited and left hand joints were arthritic appearing. V3 provided R1 with about a quarter cup of thickened coffee and R1 stated she could not pick up the cup. V3 assisted placing the cup in her hand and R1 was able to grasp the cup handle with 2 fingers only. R1 was visibly shaking when she lifted the cup to her lips. R1 required V3's 1:1 assistance to encourage her to maintain a grip on the cup and to bring it to her lips to drink the coffee.</p> <p>On 8/12/21 at 9:20 AM, V8 (Wound Nurse) provided a dressing change to R1's right hip. R1's wound appeared as a linear wound to the right lateral hip extending down the thigh. This wound was bright red around the edges with yellow</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>tissue to the middle of the wound. V8 stated the original appearance right after the occurrence was fluid filled blisters which have since opened.</p> <p>On 8/12/21 at V12 (Nursing Assistant) stated, "I was the one who gave her the coffee. She was yelling she wanted coffee." V12 stated she set a cup of coffee about 3/4 full in front of R1. V12 stated she did not assist R1 to drink the coffee and was not aware R1 required 1:1 supervision.</p> <p>On 8/12/21 at 9:50 AM, V10 (Occupational Therapist) stated he completed R1's first evaluation on 7/24/21 as a new admission. V10 stated he spoke with V14 (R1's Daughter) and found R1 was getting occupational therapy at home for her arm to work on feeding. V10 stated during his assessment R1 was found to have bilateral upper extremity impairments and her cognitive status made her ability to follow cueing difficult. V10 stated R1 was assessed as requiring 1:1 assistance for meals and needing to be hand fed which he recommended as a precaution during feeding. V10 stated R1 was not be left alone and cannot manage a cup of juice let alone a cup of hot coffee. V10 stated she should not have been given a cup of hot coffee because she cannot independently and safely manage a cup of coffee. V10 further stated so far therapy was working mainly on finger foods and was hoping to progress from there.</p> <p>On 8/11/21 at 9:57 AM, V4 (Dietary Manager) stated coffee is dispensed into thermal containers from a coffee machine and the thermal containers are brought to the dining rooms prior to meal service. V4 stated the temperature of the coffee dispensed from these machines are regulated and monitored by the company who performs monthly checks. V4 stated coffee is</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>served between 150-180 degrees.</p> <p>On 8/11/21 at 9:57 AM, the temperature from the 2 coffee machines at the facility were 170.4 degrees Fahrenheit (F) in the pantry and 172.4 (F) in the kitchen.</p> <p>R1's Dietary Progress Note dated 7/26/21 documents R1's family stated R1 likes juice, coffee and milk at every meal.</p> <p>R1's Minimum Data Set dated 8/2/21 documents R1 has moderately impaired cognition with a BIMS (Brief Interview for Mental Status) score of 9.</p> <p>The Antiscald.com burn exposure chart documents a 2nd degree burn will occur within 3 seconds of exposure at a temperature of 140 degrees.</p> <p>(B)</p>	S9999		