

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/01/2021
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NAME OF PROVIDER OR SUPPLIER GROVE OF ELMHURST, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 127 WEST DIVERSEY ELMHURST, IL 60126
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S 000	Initial Comments	S 000		
S9999	<p>Complaint Investigation: 2177817/IL139466</p> <p>Final Observations</p> <p>Statement of Licensure Violation: 300.610a) 300.1010g)3) 300.1010h) 300.1210a) 300.1210b) 300.1210d)2)5) 300.3220f)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1010 Medical Care Policies</p> <p>g) Each resident admitted shall have a physical examination, within five days prior to admission or within 72 hours after admission. The examination report shall include at a minimum each of the following:</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>3) Documentation of the presence or absence of incipient or manifest decubitus ulcers (commonly known as bed sores), with grade, size and location specified, and orders for treatment, if present.</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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 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.</p> <p>b) The facility shall provide the necessary</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>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>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>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>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.</p> <p>Section 300.3220 Medical Care</p> <p>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.</p> <p>The Regulations are not met as evidenced by:</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Based on observation, interviews, and record review, the facility failed to implement interventions to prevent pressure ulcers for residents at risk.</p> <p>This applies to 1 resident (R2) in the sample of 4 reviewed for pressure ulcers. As a result, R2 developed a new pressure ulcer.</p> <p>R2 was admitted to the facility 2/6/2019 with diagnoses including Anoxic Brain Injury, sudden Cardiac Arrest, Acute and Chronic Respiratory failure, and is dependent on ventilator support for breathing at all times. R2 does not communicate and is not responsive to others.</p> <p>On 10/26/21 at 11:30am, R2 was in bed in a prone position and turned 1/2 to the left, propped with pillows under the right side. R2 was observed again at 12:03pm, 12:23pm, 12:49pm, 12:59pm, 1:30pm, 3:09pm, 3:29pm, 3:58pm and remained in the same position until the Nurse was informed, at 4:10pm, of the resident having been left for greater than 4 1/2 hours.</p> <p>The most recent comprehensive assessment done for R2 was dated 8/20/21 and shows R2 to be incapable of changing position on her own and needs the assistance of 2 persons for any change of position.</p> <p>On 10/27/21 at 10:20am, V2 CNA (Certified Nurse Assistant) and V5 (Restorative CNA) turned R2, and a pressure wound was visible on the left buttock. There was no dressing on the wound, and it had fresh red blood visible.</p> <p>On 10/27/21 at 10:21, V2 stated she thought the wound was there the day before. The wound had</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>bright red blood and no dressing or other visible evidence of having been treated. V2 stated she does her best to turn everyone at least every 2 hours and was apologetic regarding not turning R2 during her last shift.</p> <p>The Physician's Orders include an order for a "complete skin check every evening shift."</p> <p>On 10/27/21 at 10:35am, V3 (Wound treatment Nurse) stated she had not been informed of a new wound and was not aware of a wound on R2's left buttock and had been treating other wounds on R2 daily. V3 stated leaving R2 in one position for more than 2 hours could cause a pressure wound. V3 stated R2 is at High Risk of developing a pressure wound.</p> <p>The treatment record dated 10/25/21 provided by the facility shows a long-standing stage 4 pressure wound in R2's sacral area and 2 pressure wounds on the left hand. There is no treatment record for a left buttock or other wound.</p> <p>On 10/27/21 at 12:05pm, V3 stated she had conferred with V4 (Wound Doctor) and the new wound is classified as a stage 3 pressure wound.</p> <p>On 10/27/21 at 12:20, V4 (Wound Doctor) stated R2 should be turned at least every 2 hours to prevent pressure wound and leaving her longer would lead to a wound.</p> <p>Records of wound care done for R2 at an out-patient wound care center show that R2 had a stage 3 pressure wound in the same left buttock area that was healed in May 2021.</p> <p>On 10/28/21, V4 stated that having a previous stage 3 wound in the same area on the left</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>buttock would cause that area to need to be protected because it is more fragile than an area that had not had a previous wound. V4 stated it would be his expectation that R2 should be turned at least every two hours</p> <p>The facility provided Braden pressure wound risk assessments. The Braden assessments dated 10/18/21, 9/16/21, 8/17/21, and 7/18/21 show R2 to be at Very High Risk for pressure wound.</p> <p>The Care Plan for R2 shows R2 has potential impairment to skin integrity related to fragile skin, impaired mobility, incontinence of bowel and bladder, and other diagnoses. Amongst the interventions the care plan shows "identify/document potential causative factors and eliminate/resolve where possible." The Care plan specifies R2 is totally dependent on staff for repositioning and turning in bed. "Please assist R2 to turn and reposition at least every 2 hours or more often as needed for comfort and pressure relief."</p> <p>The facility provided their policy titled: Wound Care Program Care Guidelines dated July 3, 2020. This policy included, under Procedures: 4. c. While in bed or in wheelchair, resident should be turned/repositioned at least every 2 hours or as indicated in the resident's plan of care. 4. f. Frequency of position changes is individualized according to the resident's plan of care.</p> <p>(B)</p>	S9999		