Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ B. WING IL6014963 01/06/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2773 SKOKIE VALLEY ROAD WARREN BARR NORTH SHORE HIGHLAND PARK, IL 60035 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 000 **Initial Comments** S 000 Complaint 2119697/IL141903 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b)3) 300.1210c)3) 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 300.1010 Medical Care Policies The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the Attachment A health, safety or welfare of a resident, including, Statement of Licensure Violations but not limited to, the presence of incipient or

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

TITLE

(X6) DATE

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Objective observations of changes in a

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recently changed. Notable for pain, weakness. fatigue." R1's PN dated 12/9/21 from V12 show, "Admits to discomfort at catheter site, wants catheter removed." R1's PN dated 12/13/21 from

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Patient states he really needs his foley catheter removed as it has been bothering him for some

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red discoloration on his penis. V6 said that she notified the NP and R1 was treated for another UTI. V6 said that she did not assess R1's genital area after that, but the CNAs would have notified

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE	SURVEY LETED	
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S9999	Continued From page 8		S9999				
	Monitor for pain/discomfort due to catheter use						
	Report any signs and symptoms of discomfort on urination and frequency"						
	The facility's Urinary Catheter Care Policy revised on 7/28/21 shows, "Input/Output: Observe the residents urine level for noticeable increases or decreases. If the level stays the same, or increase rapidly, report it to the physician or supervisor. Maintain an accurate record of the resident's daily output, per facility policy and procedureObserve the resident for complications associated with urinary cathetersCheck urine for unusual appearance (i.e., color, blood, etc.)Report any complaints the resident may have of burning, tenderness, or pain in the urethral areasDocumentation: The date and time that catheter care was givenall assessment data obtained when giving catheter careCharacter of urine such as color and odorAny problems noted at the catheter-urethral junction during perineal care such as drainage,						
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