**FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: \_ COMPLETED R-C IL6002687 B. WING 01/06/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5838 NORTH SHERIDAN ROAD SHERIDAN VILLAGE NRSG & RHB CHICAGO, IL 60660 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Revisit to Complaint Investigation: 2188561/IL140393 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)2) 300.1210d)5) Section 300.610 Resident Care Policies 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. 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 well-being of the resident, in accordance with Attachment A each resident's comprehensive resident care Statement of Licensure Violations plan. Adequate and properly supervised nursing

nois Department of Public Health

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

TITLE

(X6) DATE

PRINTED: 02/23/2022

Illimois E	Department of Public	Health			FORM	APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL.6002687		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(Y2) DATE OUT (EV	
		IDENTIFICATION NUMBER:		G:	COM	(X3) DATE SURVEY COMPLETED	
		ļ			1		
		IL6002687	B. WING			R-C	
NAME OF PROVIDER OR SUPPLIER STREET ADD			00500 000		01/06/2022		
		E020 NOE		, STATE, ZIP CODE			
SHERIDA	AN VILLAGE NRSG &	CHICAGO	), IL 60660	DAN ROAD			
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	ID PROVIDER'S PLAN OF CORRECTION			41451	
TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
	17-11			DEFICIENCY)			
S9999	Continued From page 1		S9999		- 41		
	care and personal care shall be provided to each						
1	resident to meet the	total nursing and personal	=			f .	
	care needs of the resident.					0	
	d) Durayantia	autocation ( )		i			
	d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the						
	following and shall b	e practiced on a 24-hour,		1			
	seven-day-a-week b	asis:		l.			
	A) All			1			
	2) All treatment	s and procedures shall be			i i		
	auministered as orde	ered by the physician.			R		
	5) A regular pro	gram to prevent and treat		)	3	r a	
	pressure sores, heat	rashes or other skin					
	breakdown shall be p	practiced on a 24-hour,					
	seven-day-a-week ba	asis so that a resident who		A Company of the Comp			
- 9	develop pressure so	hout pressure sores does not res unless the individual's					
	clinical condition den	nonstrates that the pressure					
	sores were unavoida	ble. A resident having					
	pressure sores shall	receive treatment and					
1	services to promote I	nealing, prevent infection,					
1	and prevent new pres	ssure sores from developing.					
						İ	
-	These requirements a	are not met as evidenced by:					
1	Based on observation	interview and record					
r	Based on observation, interview and record review the facility failed to ensure that weekly				1		
wound assessments were documented, failed to							
€	ensure that staff follow	wed the Low Air Loss					
Ì	Mattress (LALM) polic	y, failed to ensure that					
f.	R3's) dressing was c ailed to ensure that th	hanged as ordered, and				1	
	aned to ensure that tr	three residents (R2, R3)					
r	eviewed for pressure	ulcers. These failures					
	esulted in (R2, R3) su	ustaining facility acquired			-		
(:	stage 4) sacrum wou	nds which required surgical					
ir	itervention due to pre	sence of hiofilm			1		

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: R-C B. WING IL6002687 01/06/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5838 NORTH SHERIDAN ROAD** SHERIDAN VILLAGE NRSG & RHB CHICAGO, IL 60660 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (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 TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 Findings include: A survey was conducted at the facility on 12/2/21, concerns were identified with wound care and following the facility policy for use of LALM at that time. The providers Plan of Correction states "All staff Nurses were in-serviced on: Performing physician orders for a wound care treatment dressing change. Following the facility policy for a low air loss mattress." Plan of Correction completion date: 12/24/21. The (1/6/22) Certification Follow-Up Investigation for deficiencies found on (12/2/21) survey was conducted, the following was identified. A Nursing in-service for treatment/services to prevent/heal pressure ulcers was documented by the facility on 12/15/21. On 1/4/21, the current pressure ulcer report was requested however the 12/9/21 (4 weeks ago) "weekly" pressure ulcer report was received. The (12/9/21) pressure ulcer report affirms R2 & R3 sustained facility acquired stage 4 sacrum pressure ulcers which have not healed. The (January 2017) prevention of pressure wounds policy states "The facility should have a system/procedure to assure assessments are timely and appropriate and changes in condition are recognized, evaluated, reported to the practitioner, physician and family, and addressed." [Frequency of wound assessments is not inclusive]. On 1/5/21, R2 and R3's current weekly wound

nois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED R-C B. WING IL6002687 01/06/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5838 NORTH SHERIDAN ROAD** SHERIDAN VILLAGE NRSG & RHB CHICAGO, IL 60660 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 assessments were requested however the 12/16/21 (roughly 3 weeks ago) wound assessments were received. On 1/5/22 at 1:22pm, surveyor inquired about R2 and R3's weekly wound assessments. V8 (Assistant Director of Nursing) stated "The recent one in the system is the one I printed out and give you. I think the last one was done December 16th. I think she (V4/Wound Care Nurse) missed a couple of weeks, two or three weeks." Surveyor inquired about the required frequency for facility wound assessments V8 responded "It's a weekly thing that supposed to be done." 1. R2's (9/27/21) POS (Physician Order Sheets) include a pressure reducing mattress (e.g.: LALM). The (undated) Low Air Loss Mattress policy states "Follow guidelines for use and maintenance of Low Air Loss Mattresses. It is recommended to reduce pressure therefore using mattress with a loosely fitted sheet or 1 pad or draw sheet" [LALM settings are not inclusive]. The facility LALM operation manual states: NOTE! In static mode, the mattress provides a firm surface. On 1/4/22 at 2:17pm, R2 was lying atop of a LALM however the static mode was selected. Surveyor inquired about the settings on R2's LALM V6 (Licensed Practical Nurse) stated "I don't know too much about the settings. When they (Distributer Employees) deliver it from (Distributer Name), they (Distributor Employees) set up the bed." Surveyor inquired why R2's LALM was on static mode; V6 responded "I'll have to find out, I'm not sure." Upon further inspection, a sheet folded twice (4 layers) was

inois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED R-C IL6002687 B. WING\_ 01/06/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5838 NORTH SHERIDAN ROAD SHERIDAN VILLAGE NRSG & RHB CHICAGO, IL 60660 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 between the LALM and R2's buttocks/lower back. Surveyor inquired what's allowed on the LALM when in use V6 stated "A draw sheet." Surveyor inquired about concerns with the sheet beneath R2. V6 responded "It's a draw sheet." Surveyor inquired again about concerns with the sheet beneath R2; V6 replied, "Is it not supposed to be folded?" R2's (12/4/21) weekly wound assessment includes stage 4 sacrum pressure wound measuring 2.3 x 3.3 x 2.2 cm. Wound bed: 80% granulation, 20% dermis, bone. R2's (12/16/21) physician wound assessment includes stage 4 pressure wound (sacrum) full thickness. 2.3 x 3.0 x 2.2cm. 80% granulation tissue, 20% dermis, bone. This wound is in an inflammatory stage and is unable to progress to a healing phase because of the presence of biofilm. Debridement into a margin of healthy tissue is required to remove biofilm. Curette was used to surgically excise biofilm from the entire wound surface. On 1/6/22 at 12:55pm, V9 (Wound Care Physician) refused to speak with surveyor while at the facility. Surveyor subsequently attempted to contact V9 (via phone) to no avail. On 1/6/22 at 1:55pm, surveyor requested R2's (1/6/22) physician wound assessment V4 (Wound Care Nurse) stated "She's (R2) is in the hospital. so she (R2) wasn't seen today by the doctor (V9)": therefore, R2's current wound status was unavailable. 2. R3's POS includes (5/29/20) Pressure reducing mattress. (12/13/21) Sacrum: apply Hydrofera blue foam, cover with dry protective

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED R-C B. WING IL6002687 01/06/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5838 NORTH SHERIDAN ROAD** SHERIDAN VILLAGE NRSG & RHB CHICAGO, IL 60660 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 dressing daily and PRN (as needed). On 1/4/22 at 2:22pm, R3 was lying atop of a LALM however the static mode was selected. Surveyor inquired why R3's LALM was on static mode V7 (CNA/Certified Nursing Assistant) stated "I don't touch the settings. I can find out; I actually don't know." V7 stated she (V7) was recently in-serviced on turning/repositioning, keeping residents clean/dry and applying ointment post incontinence care however use of the LALM was not stated. Upon further inspection, a sheet folded twice (4 layers) was between the LALM and R3's buttocks/lower back. Surveyor inquired what's allowed on the LALM when in use V7 responded "Just a flat sheet." were not allowed to use a pad because it's too thick." On 1/4/22 at 3:28pm, surveyor inquired about use of the LALM. V2 (Director of Nursing) stated, "We should only have on one flat sheet and it should not be folded." Surveyor inquired about the LALM modes while in use. V2 responded, "I don't really know what the mode is cause when the company comes here, they (Distributer Employees) set it up themselves." Surveyor inquired about the difference between static and alternate modes V2 replied "The static mode, if I'm not mistaken is a continuous mode. The alternate mode is it alternates, goes up and down." Surveyor inquired which LALM setting would be appropriate for residents with pressure ulcers (while lying in bed)? V2 stated, "I would have to check the quidelines but they're usually on alternate." On 1/5/22 (the following day) at 11:33am, R3 was lying atop of a LALM however static mode was again selected. Surveyor inquired which mode R3's LALM was currently on? V4 inspected the

<u> Illinois C</u>	Department of Public	Health			FOR	WALLKOVED					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED					
		IL6002687 B. WING			R-C 01/06/2022						
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY	DRESS, CITY, STATE, ZIP CODE							
SHERIDAN VILLAGE NRSG & RHB 5838 NORTH SHERIDAN ROAD											
CHICAGO, IL 60660											
(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		S9999								
	device and stated, "inspection, a sheet beneath the LALM a Surveyor inquired when in use? V4 resheet to help turn he inquired about conc R3? V4 replied, "Acidoubled it because is Surveyor inquired if appropriate use of the wasn't." R3 was sufficient the Hydrofera treatminquired about R3's responded, "It must turning her and stuff the facility protocol for is not secured and/o stated, "we have to le Surveyor inquired if NR3's dressing was not changed; V4 responded, "It weekly includes a stage 4 sameasuring 3.3 x 3.1; granulation, 20% must be surveyor must be surveyor must be surveyor may be surveyor	It says static." Upon further folded in half (2 layers) were and R3's buttocks/lower back. that's allowed on the LALM sponded, "She's laying on a ser, just one sheet." Surveyor erns with the sheet beneath tually it's just one sheet, I if would have been too long." V4 was in-serviced on the LALM? V4 stated, "No, I be be a sacrum was exposed and the sacrum was exposed and the sacrum was exposed and the sacrum was missing. Surveyor sacral treatment? V4 of fell out when they was the surveyor inquired about for when a residents dressing of falling off? V5 (CNA) the Nurse know." V4 was made aware that the secured and/or needed ded, "No."	3333								
	includes stage 4 presthickness measuring granulation tissue, 20 an inflammatory stagto a healing phase bebiofilm. Debridementissue is required to re	ician wound assessment sure wound (sacrum) full 3.1 x 3.0 x 1.3cm. 80% 1% muscle. This wound is in e and is unable to progress cause of the presence of those a margin of healthy emove biofilm. Curette was sise biofilm from the entire									

PRINTED: 02/23/2022 FORM APPROVED

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: R-C IL6002687 B. WING 01/06/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5838 NORTH SHERIDAN ROAD** SHERIDAN VILLAGE NRSG & RHB CHICAGO, IL 60660 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) S9999 Continued From page 7 S9999 R3's (1/6/22) physician wound assessment states this wound is in an inflammatory stage and is unable to progress to a healing phase because of the presence of biofilm. Debridement into a margin of healthy tissue is required to remove biofilm. Curette was used to surgically excise biofilm from the entire wound surface. On 1/6/22 at 1:20pm, V10 (Medical Director) stated, "Hydrofera causes increased circulation of blood to the area." Surveyor inquired if a (stage 4) wound is able to heal without a treatment on the wound bed? V10 responded, "It could, if it's seen every week and evaluated weekly by the physician who does that." Surveyor inquired about potential harm to a resident if weekly wound assessments are not conducted? V10 replied, "The decubiti is not going to get better." Surveyor inquired if a sacrum wound is able to heal if treatment orders are not followed? V10 stated, "Bacteria or stool or urine can be infecting it." Surveyor inquired if the LALM is effective when several layers are placed beneath the resident? V10 stated "Very minimally, I would say." Surveyor inquired when debridement is required? V10 responded, "When they have like the circulation is not good." (A)

nois Department of Public Health