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: B. WING IL6001366 01/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1545 BARRINGTON ROAD ALDEN POPLAR CREEK REHAB & HCC HOFFMAN ESTATES, IL 60169 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY**) {S 000} **Initial Comments {S 000}** First Revisit to Annual Health Survey of 12/17/21 {\$9999} Final Observations **{\$9999}** Statement of Licensure Violations: 300.610 a) 300.1210 a) 300.1210 b) 300.1210 d)2) 300.1210 d)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 Comprehensive Resident Care Plan. A facility, with the participation of the resident and

linois Department of Public Health ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

meet the resident's medical, nursing, and mental

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

TITLE

Attachment A ົ່ '∷ກ∋ກt of Licensure Violations

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED				
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE, ZIP CODE			1 01/15/2022				
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	and psychosocial necessident's comprehe allow the resident to practicable level of provide for discharge restrictive setting be needs. The assess the active participation resident's guardiant applicable. b) The facility so care and services to practicable physical well-being of the reseach resident's complan. Adequate and care and personal coresident to meet the care needs of the red) Pursuant to so nursing care shall infollowing and shall be seven-day-a-week be administered as considered to make the care pressure sores, breakdown shall be pressure sores, breakdown shall be pressure to glinical condition den sores were unavoidad pressure sores shall services to promote land prevent new present and prevent new present care and prev	eeds that are identified in the ensive assessment, which attain or maintain the highest independent functioning, and it planning to the least used on the resident's care ment shall be developed with on of the resident and the or representative, as chall provide the necessary attain or maintain the highest mental, and psychological ident, in accordance with prehensive resident care properly supervised nursing are shall be provided to each total nursing and personal sident. Subsection (a), general clude, at a minimum, the e practiced on a 24-hour,								
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	and right ischium. R	R55's right buttock wound is		`		1	
	described as a deep	tissue pressure injury	1				
1	measuring 2 cm. x	1 cm. x 0 cm., deep maroon					
	in color and skin into	act. R55's right ischial wound					
is described as an unstageable pressure injury							
	measuring 1.5 cm. x 1.5 cm. x 0.1 cm. with 100%						
]	yellow eschar tissue and serous drainage.						
	Interventions to be implemented include: off- loading heels, heel protectors, daily skin checks,						
1	and limit the time in a wheelchair to 2 hours.						
	On 12/29/2021, R55's wound care assessment shows a new right hallux deep tissue pressure injury measuring 1.5 cm x 1.0 cm. x 0 cm., 100% deep maroon in color. Interventions in place and						
- 1							
i	to be implemented include: off- loading heels,						
	heel protectors, avoid bony prominence under					1	
	direct pressure, reposition as needed.						
	On 1/12/2022, R55's right buttock pressure injury is documented as healed. Interventions in place						
	and to be implement	ted remain as documented in					
	ntion wound care ass	sessments. R55's ischial					
	wound treatment ord	ler is for daily and PRN (as					
1	needed) dressing ch	anges. The pressure injury					
	should have topical t	reatment consisting of					
	medihoney/calcium a	alginate and covered with a		·			
	foam island dressing) .					
	On 1/19/2022, R55's	wound care assessment					
	shows R55's right ha	Illux pressure injury				ļ !	
	measures 1 cm. x 1 (cm. x 0 cm., and 100% black				1	
	maseures 2 cm v 1	schial pressure injury 3 cm. x 0.1 cm. and is					
		lage. The assessment shows				1 1	
		sure injury has been now					
	classified as a stage	3. Interventions in place and				1	
	to be implemented in	clude: off-loading heels, heel					
	protectors, reposition	ing and daily skin checks.					
	On 1/10/2022 at 10:4	8 AM, R55 was lying in bed.		-			
	On 17 18/2022 at 10:4	vere resting against the					
	mattress with no pillo	ws underneath them, and				4	

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