Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005284	A. BUILDING: ______ B. WING ______	03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE MANOR	1301 LEE STREET DES PLAINES, IL 60018

(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 Annual Health Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 2 300.610 a) 300.1210 b) 300.1210 d)3) 300.1210 d)5) Section 300.610 Resident Care Policies 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. 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 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	S9999	**Attachment A** **Statement of Licensure Violations**	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005284	A. BUILDING: ______ B. WING ______	03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE MANOR	1301 LEE STREET DES PLAINES, IL 60018

(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 1	S9999		

care needs of the resident.

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:

3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

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.

These requirements are not met as evidenced by:

Based on observation, interview, and record review, the facility failed to follow their wound care protocols to prevent the development and worsening of pressure ulcers; and failed to consistently implement interventions, monitoring, and bed-linen management care to prevent further worsening and/or development of new and existing pressure ulcers for 5 (R72, R111, R153, R167, and R148) of 12 residents reviewed for pressure sores in the sample. These failures resulted in all 5 residents sustaining avoidable stage 3 pressure ulcers, stage 4 pressure ulcers, unstageable pressure ulcers and worsening

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005284	A. BUILDING: ____ B. WING ____	03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE MANOR	1301 LEE STREET DES PLAINES, IL 60018

(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 2	S9999		

pressure ulcers.

Findings include:

On 3/21/21 at 11:50 AM, survey team requested a wound report from V2 , Director of Nursing/DON who provided a list of current residents with IHA (In-House Acquired) pressure ulcers which showed:

1.) R72-Wound identified on January 15, 2022- Stage 3 Sacrum. Present on Admission. (Deteriorating).
2.) R148-Wound identified on Feb. 9, 2022- Unstageable Left lateral malleolus (IHA-In House Acquired) + Unstageable Right lateral malleolus (IHA-In House Acquired).
3.) R153-Wound identified on Nov. 10, 2021-Unstageable lateral left Foot pressure ulcer. (IHA-In House Acquired) + Wound identified on Jan. 20, 2022-Stage 3 Pressure ulcer on Sacrum.
4.) R111-Wound identified on Oct. 11, 2021- Stage 4 Left Gluteus. (IHA-In House Acquired).
5.) R167-Wound identified on Jan. 2, 2022- Stage 3 Coccyx. In House Acquired. (IHA-In House Acquired).

1. R72 is a 83 year old resident admitted to facility on 1/14/22 for treatment of sepsis and Clostridium difficile infection, but with no noted pressure sores or recent hospitalizations after admission.

Records show on 2/15/22 at 2:03 PM, V35(physician) wrote in part: "Skin: No visible lesion or rash...Increased risk for pressure injuries. Continue daily skin assessment, frequent repositioning, offloading heels when in bed, and moisture barrier. Wound care services to follow

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005284	A. BUILDING: ______ B. WING ______	03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE MANOR	1301 LEE STREET DES PLAINES, IL 60018

(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 3	S9999		

as indicated." There was no mention of a deteriorating stage 3 pressure ulcer to the sacrum or any mention as to how and when the sacrum pressure ulcer was first discovered and/or status of the wound.

On 3/22/22 at 10:30 AM, wound care observations were conducted by V8 (Wound nurse #2) and V12 (Certified Nursing Assistant-CNA). R72 was observed in bed on a blue air mattress lying atop several bunched up linens that appeared dingy and gray. There were 2 other sheets folded several times layered under R72's buttocks and R72 was wearing an incontinence brief. Surveyor asked V12 about the linens on the bed R72 was laying on. V12 stated, "Yes they look dirty, but that's how we got them from laundry. I didn't change them this morning because when I got it, there weren't any clean sheets yet. I was going to change her after breakfast." V8 (Wound nurse #2) stated, "I don't change the sheets, the CNA's do that but they should not put so many on the bed and it shouldn't be folded up like that under her (referring to R72)." V8 continued with the treatment: "(R72) has a stage 3 to her sacrum area and it's mostly on one side on the middle of her sacrum and it measures about 0.3 centimeters by 0.1 centimeters by 0.1 centimeters and it's still open so it's still a stage 3. It got bad but it's stable now." Surveyor asked V8 and V12 about a blue sign observed hanging to the left of R72's bed that read "Reposition for meals". V12 said, "I didn't even notice that." V8 stated, "They are supposed to reposition her in bed." Surveyor asked how often this was done, V12 and V8 looked at each other and V8 stated, "They should do it at least every two hours." V12 stated, "I try but we have a lot of people to do." Surveyor asked when she repositioned R72, V12 stated, "I

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005284	A. BUILDING: ______ B. WING ______	03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE MANOR	1301 LEE STREET DES PLAINES, IL 60018

(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 4 got her up this morning but she was in the dining room until they told me to put her back to bed." 2. R148 was admitted to facility on 11/8/2021 with diagnosis listed, in part, Gastrointestinal bleed, UTI, diabetes, depression, transient ischemic attacks with minor left sided weakness. A Braden skin breakdown risk assessment, dated 11/8/21, showed R148 to be at a moderate risk for skin breakdown. A MDS (Minimum Data Set) assessment, dated 11/18/21, showed no pressure ulcers upon admission but at-risk for skin breakdown. There were no skin preventative measures marked to be in place such as turning and repositioning or pressure reducing devices for bed or chair, hydration or nutrition, or any other interventions for potential skin breakdown listed in this assessment. Records show on 2/3/22, V37, Nurse Practitioner, wrote in progress note: "Skin: no rash, no ulcers, no lesions." A facility wound report provided to survey team on 3/21/22 showed on February 9, 2022, R148 had an unstageable left lateral malleolus in-house-acquired pressure sore, and a second unstageable right lateral malleolus that was also in-house-acquired. Records show no hospitalizations since admission to the facility on 11/8/21. Review of records showed no nursing record regarding R148's unstageable left lateral malleolus pressure ulcer discovered on 2/9/22, six days after the nurse practitioner wrote her	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005284	A. BUILDING: ______ B. WING ______	03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE MANOR	1301 LEE STREET DES PLAINES, IL 60018

(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 5	S9999		

entry of "Skin: no rash, no ulcers, no lesions."

On 2/22/2022, V38 (MDS Coordinator) created a care plan for (R148) which reads, "(R148) has unstageable ulcer on left lateral malleolus and right lateral malleolus- receiving treatment and followed by wound care."

On 3/22/22 at 10:45 AM, wound treatment observations conducted with V7 (Wound nurse #1), V8 (Wound nurse #2) and V11 (Certified Nursing Assistant-CNA) showed R148 in bed lying atop gray and dingy linens that appeared moist with perspiration, and with strong odor of urine. The sheets were crumpled up and slid down from under R148's back. Under the residents buttocks were 2 flat sheets that were folded over several times, and appeared to create an absorbent affect on the resident, but instead were crumpled up under the resident. V11(CNA) stated, "These sheets always come up from under her and I always have to slide them back up from her. Those sheets are like that (gray), they come up from laundry like that. I will change them after she eats lunch." Surveyor asked why there were no clean linens provided for R148 in the morning, V11 stated, "When I got in this morning (7 AM) there were no clean linens yet from the laundry so I waited till after lunch." V7 (Wound nurse #1) continued with the wound treatment and showed surveyor R148's wounds. V7 stated, "She has an unstageable pressure sore on the right malleolus. I don't remember when she got it but it is facility-acquired in-house. I clean it with normal saline and then place Santyl and Bactroban ointment, and then cover it with bandage, and then we put her socks on it and heal protectors. The other wound is on the left malleolus and that is a facility-acquired unstageable wound too with the same treatment."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005284	A. BUILDING: ______ B. WING ______	03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE MANOR	1301 LEE STREET DES PLAINES, IL 60018

(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		

Surveyor asked if R148 had any wounds upon admission, V7 and V8 both replied, "She did not have any." Surveyor asked whether R148 was provided any heal lifts or boots to prevent wounds on her lower extremities at the time, V7 stated, "No we didn't do that till after she got the wounds." V8 (Wound nurse #2) stated, "Sometimes, she refuses to wear them." R148 upon hearing V8's comments, R148 stated to surveyor, "I do not refuse to wear boots, that's not true. The boots get hot and I ask to have them to remove them when they get hot, but I never refuse them."

After the wound treatment was completed, V8 approached surveyor and stated, "I'm sorry I misspoke, she does not refuse the boots, she does request to take them off when her feet gets hot."

On 3/23/22 at 3:07 PM, V36 (Wound director) was asked for any pertinent documentation about when wounds are discovered and when her wound team and physician are notified. V36 stated, "Nurses should be documenting in the progress notes when they discover any new pressure ulcers. They would document this in the initial admission or readmission notes, and whenever they discover one during care."

On 3/24/22 at 2:00 PM, V36 (Wound director) was asked again for any pertinent documentation regarding when a new pressure sore is discovered by nursing staff to prompt the wound doctor and wound team to assess and treat any resident. V36 stated, "I'm sorry, all I have is the actual wound assessment and visit. It does not show which staff alerted me to see the patient but I understand what you mean."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005284	A. BUILDING: ___ B. WING ___	03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE MANOR	1301 LEE STREET DES PLAINES, IL 60018

(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 7	S9999		

3. R153 is a 89 year old resident with diagnosis listed, in part, dysphagia, congestive heart failure, and heart disease.

A facility wound report provided to survey team on 3/21/22, shows R153 with the following pressure ulcers: On 11/10/21, an unstageable lateral left foot was in-house-acquired; and on January 20, 2022, a Stage 3 pressure ulcer to the Sacrum.

On 3/23/22 at 11:30 AM, V36 (Wound director) and V7 (Wound nurse #1) showed R153's wound treatment to surveyor. V36 stated, "(R153) has a stage 3 pressure ulcer on the sacrum and it was after a hospital back in February and it's stable right now. He has a facility-acquired unstageable pressure sore to the lateral left foot and a sacral pressure ulcer present on admission." Surveyor asked about heel boots for R153, and whether R153 had them prior to the development of the facility acquired foot ulcer. V36 stated, "No we provided it after he got them unfortunately." Surveyor asked if R153 was assessed as at high risk for pressure sores when R153 was admitted. V36 stated, "Yes because he had a stage 3 in his sacral area when he was readmitted in last month."

Records reviewed dispute V36's statement about R153's hospital acquired sacral pressure ulcer. On 2/17/22, R153's readmission assessment created by V39, Licensed Practical Nurse, read in part, "discolored scar on coccyx area. Slight redness." There was no documented stage 3 sacral pressure ulcer upon admission on 2/17/22. Wound records found show a January 25, 2022 wound assessment for R153's sacrum as "Deteriorating".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005284	A. BUILDING: ______ B. WING ______	03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE MANOR	1301 LEE STREET DES PLAINES, IL 60018

(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 8	S9999		

4. R111 is a 79 year old resident with diagnosis listed, in part, hemiplegia, multiple sclerosis, neuromuscular disorder of the bladder and heart failure.

A facility wound report provided to survey team on 3/21/22 showed on 10/11/21 a Stage 4 left Gluteus pressure ulcer to be in-house-acquired.

MDS (Minimum Data Set), dated 11/4/21, and current annual MDS, dated 1/26/22, showed R111 is not on any turning and repositioning program and requiring maximum assistance and 2 person physical assistance to move in bed to off load pressure on her gluteal area and other pressure points.

On 3/22/22 at 9:00 AM, V7 (Wound nurse #1) and V8 (Wound nurse #2) showed surveyor R111's treatment. R111 was observed in a extra large bariatric bed with a blue overlay air mattress. The bed was in disarray and with multiple food stains and soiled linens strewn about the bed and under R111's body. V17 (CNA) and V18 (CNA) turned R111 to the left side revealing a large golf-sized hole. Layers of moist linens were bundled up from under R111, and appeared to have food crumbs and urine stains on them. V18 (CNA) stated without being asked, "She likes to have all those sheets under her." V7 stated, "So (R111) has a stage 4 and it spreads right into her left buttocks as you can see. I'm not sure if she got it here or not." Surveyor asked about the linens observed on R111's bed, V7 stated, "There should be a flat sheet and draw sheet but not all of these (pointing to all the linens on the bed)." Surveyor asked what interventions the wound team put in place to prevent R111 from obtaining other wounds and healing her existing wounds, V7 stated, "We see her every other day

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005284	A. BUILDING: ______ B. WING ______	03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE MANOR	1301 LEE STREET DES PLAINES, IL 60018

(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 9	S9999		

and the doctor sees her every Thursday." Surveyor asked what nursing staff should be doing on a daily basis for R111. V7 stated, "She should be repositioned often."

5. R167 is a 71 year old long term resident with diagnoses listed, in part, Parkinson's disease, Alzheimer's disease, psychotic disorder and dementia.

A facility wound report provided to survey team on 3/21/22 showed on January 2, 2022, a Stage 3 pressure ulcer to the coccyx to be in-house-acquired.

MDS assessment, dated 12/2/2021, showed R167 assessed as at risk for developing pressure ulcers, and with no unhealed pressure ulcers or injuries at this time. This same assessment showed R167 to have pressure reducing device for his chair and for his bed, nutrition and hydration but no turning or repositioning program to prevent any skin breakdown.

A wound evaluation record, dated 1/2/22, showed R167 with "Pressure-Stage 3. Body location: Coccyx. New-minutes old. Acquired: in House Acquired. Area: 0.31 centimeters squared, Length 0.81 centimeters, Width 0.53" centimeters". There were no recent hospitalizations found in the records prior to the discovery and/or development of this new coccyx pressure ulcer. V36's wound surveillance list provided to the survey team on 3/21/22 affirms R167's Stage 3 Coccyx pressure ulcer to be in-house acquired.

On 3/24/22 at 11:24 AM V33, Medical Director, stated, "We do discuss wounds during QA (Quality Assurance) and we did have sort of an explosion of wounds since the pandemic and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005284	A. BUILDING: ______ B. WING ______	03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE MANOR	1301 LEE STREET DES PLAINES, IL 60018

(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 10	S9999		

we've have many residents that have had too much bed rest than we should have allowed, and patients should be repositioned often while in bed or in a chair if they are not capable of doing so. That may be the reason for the amount of facility-acquired wounds."
Surveyor asked about specialty mattresses and linen management regarding wounds,V33 stated, "Staff should ensure that linens aren't layered up or crumpled up under the resident. This causes undue pressure points. Staff should not over-layer linens and have minimal sheets under the resident. This is something that I inservice the CNA's on as they are the ones that are providing the direct care."

On 3/24/22 at 2:00 PM, V36 was asked again if there were any other nursing documentation's for residents with pressure ulcers presented to the survey team that showed when a pressure ulcer was discovered to prompt the wound team and V34 (wound doctor) to treat a resident. V36 stated, "I know what you mean but I gave you everything, but it looks like we need to ensure the nurses document this in the progress notes."

On 3/24/22 at 2:15 PM, V34, Wound Physician, stated, "I round here regularly and I actually have done training for your department (public health) and I oversee all the wound doctors for this company." Surveyor asked about R111, V34 stated, "Oh she is very non-compliant and not a nice person. Her husband is worse and he shouts at staff and throws them out. I know she has MS (Multiple Sclerosis) and she is morbidly, morbidly obese if you saw her. She has psoriasis and contact dermatitis." Surveyor asked about R167's wound, V34 stated, "Well (R167) has Parkinson's and Alzheimer's disease and a very anxious man with constant hallucinations and he is a fall risk.

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005284	A. BUILDING: ______ B. WING ______	03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE MANOR	1301 LEE STREET DES PLAINES, IL 60018

(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 11	S9999		

In fact I think he fell recently. Surveyor asked regarding his wound visits for R167, V34 stated, "You'll have to refer to the facility's own protocol on that. I know he needs 1:1 care. Anything else you want to ask?"

Surveyor asked about the specialty air mattresses in the facility and how they should be made up, V34 responded, "It's important that the specialty mattresses be prepared with minimal linens. There should be a non-fitted sheet and just a draw sheet, that's it.' Surveyor asked what the rationale is for this, V34 stated, "If there are multiple linens used on the specialty air mattress, it can cause the mattress to lessen the effect of the low air loss mattress to offload pressure on the wound."

Facility's undated policy titled "Pressure Sores" reads, in part, "It is the policy of this facility that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. Upon admission complete the "Braden Scale" pressure ulcer assessment tool. This is to assess resident's risk for the development of pressure ulcer. Perform complete body check or head-to-toe assessment on the day of admission to assess for existing skin breakdown or skin conditions and to determine the need for intervention and further re-evaluation and to direct proper plan of care. Perform skin checks during showers and fill out the skin assessment form during showers. The CNA will report to the nurse if any skin issues or skin breakdown are noted during routine daily care such as during

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005284	A. BUILDING: ______ B. WING ______	03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE MANOR	1301 LEE STREET DES PLAINES, IL 60018

(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 12	S9999		

peri-care, changing of incontinent pads, changing clothes, etc. The interdisciplinary care plan team will develop a comprehensive plan of care based on the assessments that has been performed and conducted. If a pressure ulcer is present, the wound care team will develop and confer with medical professional to determine appropriate treatment plan based on the assess,meant and clinical condition of the resident. Continuous assessment,ent is done by the wound care team and changes in the plan of care will be made accordingly. Preventative measures such as turning/repositioning, pressure relieving devices, and others as determined by interdisciplinary team will be implemented as written in resident's/ patient's plan of care".

(B)

2 of 2

300.610a)
300.1210 b)
300.1210 d)3)
300.1220 b)3)

Section 300.610 Resident Care Policies
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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005284	A. BUILDING: ______ B. WING ______	03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE MANOR	1301 LEE STREET DES PLAINES, IL 60018

(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 13	S9999		

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 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.

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:

3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

Section 300.1220 Supervision of Nursing Services

b) The DON shall supervise and oversee the nursing services of the facility, including:

3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005284	A. BUILDING: ____ B. WING ____	03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE MANOR	1301 LEE STREET DES PLAINES, IL 60018

(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 14	S9999		

reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

These requirements are not met as evidenced by:

Based on observation, interview, and record review, the facility failed to assess and address pain before and during wound care for 1 (R249) and failed to medicate 1 resident (R73) per physician order for 2 residents reviewed for pain. These failures caused R249 to grimace her face and retract her limb in pain during wound care and endure pain throughout the treatment without pain interventions applied by staff, and caused R73 to moan, grunt and grimace in discomfort.

Findings include:

1. R249 is a confused 95 year old with diagnosis including cognitive communication deficit, dysphagia, and hypertension.

On 3/22/22 at 9:50 AM, R249 was observed in the dining area asleep and slumped over in R249's wheelchair. V7 (Wound nurse #1) and V8 (Wound nurse #2) were asked when they were going to conduct their wound treatment for R249. V7 stated, "Let me get her ready and request for help and (V8) will be doing it at 10:30."

At 10:30 AM, R249 was observed in bed with V14 (Certified Nurses Aide-CNA) ready and waiting to assist V8 to conduct her wound care. R249 appeared stiff and her eyes closed and mouth clenched. V14 turned R249 to her side and showed surveyor the first wound. R249 had a large bowel movement and it appeared dried at the edges and mashed in between R249's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005284	A. BUILDING: ______ B. WING ______	03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE MANOR	1301 LEE STREET DES PLAINES, IL 60018

(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 15	S9999		

Continued From page 15

buttocks and a large mound was on the diaper. V8 stated, "Oh, looks like she pooped." V8 looked at V7 and V7 stated, "Just start and (V14) can clean it up when we're done." V8 proceeded, pointed to the wound and stated, "This pressure ulcer is on the coccyx area and it's healing. I think it started out as a stage 3 upon arrival and it's a bit smaller but it's still a stage 3."
V8 then started the treatment to R249's lower extremities. V8 stated, "This wound is on the right lateral heal and it's unstageable and necrotic (dead devitalized tissue)" V8 was applying the antiseptic solution on the wound and R249 retracted and jerked her foot back as V8 continued to apply the antiseptic solution. R249 appeared to stiffen up and V8 did not stop nor ask the resident whether she was in pain or in any discomfort. V8 continued and stated, "This next one is on the right hallux (area of the foot) pressure ulcer and it's also unstageable." As V8 applied antiseptic solution to the right hallux wound, R249 again retracted and jerked her foot back in pain and an audible moan could be heard from R249. V8 continued on with the treatment without stopping or assessing R249 whether she was okay or not.

After completion of the wound treatment, surveyor mentioned to V7 and V8 about the bowel movement and pain R249 experienced. V8 stated, "I know about the BM (bowel movement) but V7 just said to go on and finish. As for her pain, I did notice she moved her foot back, I should have stopped, I'm sorry."

On 3/22/22 at 11:15 AM, V8 again approached surveyor and stated, "I should have stopped and assessed her for pain, but V7 said just to go ahead and finish."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005284	A. BUILDING: ____ B. WING ____	03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE MANOR	1301 LEE STREET DES PLAINES, IL 60018

(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 16 On 3/22/22 at 11:20 AM, V8 approached V15, Licensed Practical Nurse/LPN and asked about pain medications for R249. V15 stated, "(R249) has only scheduled medications for Tylenol at 9:00 AM, but there is no order for pain medications for wound care just PRN (as needed)." On 3/22/22 at 1:55 PM, V2 (Director of nursing-DON) was asked about pain managment during wound care. V2 stated, "Residents should receive pain medications before wound treatment and assessed for pain. If a resident is showing signs of pain during a wound treatment, the treatment should stop and the resident assessed for pain before continuing." On 3/23/22 at 3:07 PM, V36 (Wound director) and V8 (Wound nurse #2) came in to the conference room to speak with the survey team. V8 stated, "I was not very familiar with (R249) when I did treatment on her, but I saw some movement when I was doing treatment, but I did not conclude that she was in pain and I thought she was already pre-medicated." Surveyor asked if R249 retracted her leg when the medication she was applying was an indication of pain. V8 stated, "No because I did not see her leg move. Her wound moved but not her leg." Surveyor asked to clarify her statement, V8 stated again, "(R249's) wound moved." Survey team asked V36 and V8 what moved, the leg or the wound, V8 again stated, "I saw the wound move." Surveyor asked what other non-verbal signs of pain R249 exhibited, V8 stated, "We watch for grimacing and moaning but I didn't see or hear her do that." Surveyor asked if R249 stiffened her body up and pulled her leg away when she was conducting the treatment if that was sufficient to stop the treatment, V8 stated, "I didn't see that but just the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005284	A. BUILDING: ______ B. WING ______	03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE MANOR	1301 LEE STREET DES PLAINES, IL 60018

(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 17	S9999		

wound moved."

On 3/24/22 at 11:24 AM V33, Medical Director, stated, "Not all residents with wounds need pre-medication and it depends on each resident. There are nonverbal signs to pain like grimacing and stiffening up and yes if the resident is retracting her leg and everything else like facial grimacing then yes that would definitely warrant stopping the treatment and perhaps evaluating whether the resident needs pain medication prior to the procedure."

On 3/24/22 at 2:15 PM, V33, Medical Director, stated, "The facility should have followed the standard of practice in assessing for pain before they start wound care. Not all residents receive or should receive pain medications before treatments but (R249) was probably just having involuntary movement." Surveyor asked if he had any suggestions to prevent pain on a resident retracting her leg while being treated. V33 stated, "Well in my own personal practice, I'd probably use benzocaine or some other numbing spray. I carry that with me when I do treatments but I would never prescribe it during treatments for the nurses to use themselves. I believe that facility should use their standard of practice when they are conducting wound care."

Facility policy, dated March 2020, titled "Pain Assessment and Management" states in part, "The purposes of this procedure are to help the staff identify pain in the resident, and to develop interventions that are consistent with the resident's goals and needs and that address the underlying causes of pain. Pain management is a multidisciplinary care process that includes the following: assessing the potential for pain; recognizing the presence of pain; identifying the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005284	A. BUILDING: ________ B. WING ________	03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE MANOR	1301 LEE STREET DES PLAINES, IL 60018

(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 18	S9999		

characteristics of pain; addressing the underlying causes of the pain; developing and implementing approaches to pain management; identifying and using specific strategies for different levels and sources of pain; monitoring for the effectiveness of interventions; and modifying approaches as necessary. Recognizing pain: Verbal expressions such as groaning, crying, screaming. Facial expressions such as grimacing, frowning, clenching of the jaw, etc; Behavior such as resisting care, guarding. Ask the resident if he/she is experiencing pain. Be aware that the resident may avoid the term "pain" and use other descriptors such as throbbing, aching, hurting, cramping, numbness or tingling."

2. R73 is a 84 year old female who was admitted to the facility 4/21/15, with diagnoses that include Alzheimer's disease, Dementia, Fibromyalgia and Phantom Limb Syndrome with pain. R73 is not alert or oriented and is nonverbal, and non-ambulatory chair fast and requires 1:1 extensive assistance with eating, and 2 person mechanical lift assist with transferring.

Physician order, dated 5/02/20, for acetaminophen 325mg 2 tablets every 4 hours as need for pain. Medication administration record (MAR) reviewed and R73 did not receive any medications or interventions for pain. Pain assessment scored at 0 on the MAR, but does not indicate time assessment was completed. Assessment Named Supportive Documentation Nursing, dated 1/13/22, states R73 was assessed for pain at a 0 using a numerical scoring system.

Care plan reviewed for arthritis with interventions including the use of acetaminophen as needed. No additional Care plan or interventions available for pain or fibromyalgia.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005284	A. BUILDING: ______ B. WING ______	03/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE MANOR	1301 LEE STREET DES PLAINES, IL 60018

(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 19 On 3/22/22 at 12:37 PM, R73 was observed sitting in hallway in a recliner moaning, grunting, and grimacing in discomfort. At 1:15 PM, R73 was observed receiving incontinence care and grimacing in bed. On 3/24/22 at 10:33 AM, V2, Director of Nursing, said signs of pain for R73 may include grimacing, guarding and grunting because she is non-verbal. The nurse should assess non-verbal residents frequently for pain and address the concerns as soon as possible using the FACE sale. Facility provided Pain Assessment and Management policy reviewed and states in part; Recognizing Pain: Verbal expressions such as groaning, crying, screaming; facial expressions such as grimacing, frowning, clenching of the jaw. (B)	S9999		