STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007322	A. BUILDING: _____ B. WING _____	C 07/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA EVERGREEN PARK	10124 SOUTH KEDZIE EVERGREEN PARK, IL 60805

(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 Complaint Investigation #2294029/IL147213	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 300.1210d)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	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 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 were not met as evidenced by: Based on observation, interview, and record review, the facility failed to prevent a resident from developing a Stage 3 sacral pressure ulcer and failed to follow their protocol and resident's plan of care by not conducting skin checks every shift and failure to document the identification and assessment of skin breakdown. This failure affected one of four (R2) residents reviewed for pressure ulcers.	S9999		

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S9999	Continued From page 2 Findings include: R2 is a 99 year old female who has resided at the facility since 2021, with past medical history including, but not limited to: Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side, bacterial infection, COVID-19, carpal tunnel syndrome bilateral upper limbs, insomnia, jaw pain, essential primary hypertension, mixed hyperlipidemia, hypothyroidism, major depressive disorder, etc. Review of physician orders dated 8/11/2021 states the following: Skin assessment weekly on shower day every day shift every Monday. Care plan dated 4/7/2022 states: R2 has potential for impairment to skin integrity. According to her Braden score of 13 and Hx: Cerebral Infarction, mixed Hyperlipidemia, and Hemiplegia and Hemiparesis following cerebral infarction affecting left non-dominant side places her at risk for skin breakdown. Resident will continue to have skin intact through next review date. Interventions include, keep skin clean and dry. Use lotion on dry skin. Skin checks every shift. Report abnormalities to the nurse, Turn and reposition as needed. Facility MDS (Minimum Data Set) assessment dated 8/6/2021, Section C (Cognitive) coded R2 with a BIMS (Brief Interview for Mental Status) score of 5 (severe cognitive impairment); Section G (Functional Status) coded R2 as 3/2, indicating extensive assistance with one-person physical assist for bed mobility, dressing, and personal hygiene. R2 is total dependence with 2-person physical assist for transfer, and limited assist with one-person physical assist for eating and toilet	S9999		

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S9999	Continued From page 3 use. Section H (Bladder and Bowel) of the same assessment coded R2 as always incontinent for bowel and bladder. On 7/5/2022 at 2:00 PM, R2 was observed in her room sleeping and could not awake to her name. Urinary drainage bag noted at the bedside, resident was lying on her back, no splints or wedges noted. On 7/6/2022 at 9:45 AM, observed wound care for R2 with V3 RN (Registered Nurse) and V4 LPN (Licensed Practical Nurse), noted a large, darkened area of excoriation on the resident's bottom, resident has a urinary catheter. During observation, V3 stated that the catheter was inserted for wound healing and that (R2) did not have any wounds when she got here but has other health issues that may have led to the skin alteration. R2 developed a stage 3 pressure ulcer to her sacrum, identified as a deep tissue injury on 5/2/2022, measuring 7.50 x 14.00 x unknown (L x W x D), area 105.00 cm, volume unknown. Wound care note dated 6/1/2022 stated in part that the wound is limited to skin breakdown, there is a medium amount of serosanguineous drainage noted. Facility was asked for but did not provide any documented skin assessments/skin checks for R2. On 7/7/2022 at 1:10 PM, V3 said that they do not do skin assessments on residents unless they have a wound; skin checks are supposed to be done during showers.	S9999		

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S9999	Continued From page 4 On 7/6/2022 at 12:50 PM, Surveyor inquired about shower schedules for the residents on the 200 unit which V5 (RN/unit manager) provided, stating that showers/bed baths are scheduled once a week and as needed, they are not documented in the computer, rather they use shower sheets which are kept in a binder. Surveyor requested for shower sheets for May and June, V5 looked through the binder and said that she could not find any for R2, she will go to her office and check. V5 later presented some shower sheets that showed that R2 never had any showers, just some bed baths. Document presented by V2 DON (Director of Nurses) titled skin care treatment regimen with a revision date of 7/28/2021 states as its policy statement that it is the policy of the facility to ensure prompt identification, documentation and to obtain appropriate topical treatment for residents with skin breakdown. Under procedures, the same document states in part that charge nurses must document in the nurse's notes and /or the wound report form any skin breakdown upon assessment and identification. Furthermore, topical skin treatment must be obtained from the patient's physician. (B)	S9999		