STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014872	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY REHAB & HCC	3298 RESOURCE PARKWAY DEKALB, IL 60115

(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: 2315984/IL162205	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)2)3)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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014872	A. BUILDING: _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY REHAB & HCC	3298 RESOURCE PARKWAY DEKALB, IL 60115

(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 accident, injury or change in condition at the time of notification. 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: 2) All treatments and procedures shall be administered as ordered by the physician. 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014872	A. BUILDING: _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY REHAB & HCC	3298 RESOURCE PARKWAY DEKALB, IL 60115

(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 pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. These Regulations are not met as evidenced by: Based on interview and record review the facility failed to ensure wound assessments and treatments were performed for a resident with pressure injuries for 1 of 3 residents (R1) reviewed for pressure injuries in the sample of 7. This failure resulted in R1 developing necrotizing fasciitis that required surgical intervention and then expired. The finding include: R1's Face Sheet shows that she was admitted to the facility on 7/21/22. R1's admitting diagnoses include displaced fracture of base of neck of left femur, weakness, difficulty walking, hemiplegia and hemiparesis following cerebral infarction affecting left dominant side and pressure-induced deep tissue damage of sacral region. R1's Discharge Summary from the local hospital dated 7/21/22 shows, "Orthopedics completed left hip hemiarthroplasty on 7/10/22.....sacral suspected deep tissue injury hospital acquired, [adhesive foam dressing] sacrum dressing changed every 3 days and as needed." R1's Admission Assessment dated 7/21/22 shows that she does not have any impairment in skin integrity. R1's Daily Skilled Nurse's Notes dated 8/4/22 shows, "[R1] has the following skin issues: no new issues."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014872	A. BUILDING: _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY REHAB & HCC	3298 RESOURCE PARKWAY DEKALB, IL 60115

(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 R1's Physician's FYI/Order Request form dated 8/4/22 shows, "Resident has blister to L (left) heel. Can we have order to apply betadine to L heel BID?".... Physician's Response/orders...OK....Date: 8/10/22." R1's Electronic Medical Record does not document any assessment of the wound on her left heel. R1's August Treatment Administration Record (TAR) does not show any treatments were performed on this wound. R1's Physician's Order Sheet (POS) printed on 7/26/23 does show an order for Betadine to left heel blister twice a day was ordered on 8/4/22 but there is no start date listed. R1's Daily Skilled Nurse's Notes dated 8/27/22 shows, "Coccyx area noted to be bleeding, new dressing applied." R1's Health Status Note dated 8/27/22 shows, "Treatment to sacral wound completed. [R1] is complaining of increased pain to area. No warmth, no drainage, no foul odors. POA (Power of Attorney) updated. Wound care MD (Physician) to round early next week." R1's Health Status Note dated 8/28/22 shows, "Wound care provided to sacral area." R1's Weekly Skin Assessment Forms dated 7/28/22, 8/4/22, 8/11/22, 8/18/22 and 8/25/22 all show that she had no new areas of skin impairment. R1's Electronic Medical Record does not document any assessments of the wound on her coccyx. R1's July and August TAR does not show any treatments were performed on this wound. R1's POS printed on 7/26/23 shows an order	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014872	A. BUILDING: _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY REHAB & HCC	3298 RESOURCE PARKWAY DEKALB, IL 60115

(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 dated 8/29/22 for: "Cleanse sacrum wound with NS (normal saline), apply [antimicrobial cleanser] soaked gauze and place [bordered foam dressing] daily and as needed " with a start date of 9/1/22 (2 days after discharge). R1's Nursing Notes dated 8/30/22 show, "Resident found with eye open nonverbal but will track you with eyes.... Wound on coccyx bleeding now [sic] dressing applied....911 ambulance took resident to [local emergency room] for eval (evaluation) and tx (treatment)." R1's Emergency Room Report dated 8/30/22 shows, "Quarter sized circular opening mid lower sacrum/coccyx draining serosanguinous fluid. Skin over lower back is warm, hot, erythematous, and tender. Able to express fluid with palpation. Foul smelling drainage." R1's CT (computerized tomography) Chest, Abdomen and Pelvis dated 8/30/22 shows, "Nonspecific soft tissue gas identified in the bilateral gluteal cleft as well as in the bilateral gluteal soft tissue/musculature may be due to ongoing infection with possible overlying ulceration...." R1's Discharge Summary dated 9/3/22 shows, "During initial evaluation...Noted to have decubitus ulcer over the buttocks. Was placed on Zosyn and Vanco (antibiotics). ...She was taken to OR (operating room) on 8/30 and had extensive necrosis of the buttocks. She had sharp excision of the skin/subcutaneous tissue and muscle...Suffered cardiac arrest on 8/31/22, resuscitated...Repeat dressing change to left gluteal abscess, debridement of skin subcutaneous tissue and muscle secondary to necrotizing fasciitis on 9/1/22...Patient made DNR	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014872	A. BUILDING: _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY REHAB & HCC	3298 RESOURCE PARKWAY DEKALB, IL 60115

(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 (Do Not Resuscitate) on 9/3/22....Patient extubated at 11:48 AM on 9/3/22....At 12:09 PM patient has passed away peacefully." R1's Death Certificate shows cause of death as sepsis, gluteal abscess necrotizing fasciitis and atrial fibrillation. On 7/25/23 at 2:30 PM, V4 (Wound Physician) stated that wound care is important to protect the wound, prevent infections, capture drainage, and promote wound healing. V4 stated that if a wound did not receive treatment, it could become stagnant, deteriorate, infected or auto resolve. V4 stated that necrotizing fasciitis has a high mortality rate with rapid progression. V4 stated some signs of necrotizing fasciitis would be crepitus under the skin from gas build up, migrating erythema, abnormal lab values, unstable vitals and could have increase pain. V4 stated that if a resident has an untreated wound, they could develop necrotizing fasciitis. V4 stated he would expect the staff to notify him or the primary physician when a new wound is identified or there are any changes to a current wound so new treatment orders could be given. On 7/26/23 at 9:28 AM, V5 (Wound Licensed Practical Nurse) stated that on admission, a skin check should be performed and all wounds including pressure wounds and surgical wounds should be documented. V5 stated that the documentation should include the location, size, and characteristics of the wound. V5 stated that the physician should be notified on admission of the wound and orders placed in the computer for treatment. V5 stated that orders for treatment would show up on the residents TAR. V5 said that all wounds should be assessed weekly, and the assessment should include the location, size and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014872	A. BUILDING: _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY REHAB & HCC	3298 RESOURCE PARKWAY DEKALB, IL 60115

(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 characteristics of the wound. V5 said that weekly assessments are important to make sure the wound is healing, and treatment does not need to be changed. V5 said that if a resident develops a new wound while at the facility, the nursing staff should notify management right away so the team can do an assessment and get treatment orders. V5 said that a blister on the heel is typically a DTI (deep tissue injury) cause by pressure or some type of trauma. R1's Skin Integrity Care plan initiated on 7/25/22 documents that R1 has pressure-induced deep tissue damage of sacral region with interventions of: "Administer treatments as ordered and monitor for effectiveness...Document location of wound, amt of drainage, per-wound area, pain, edema, and circumference measurements (q week (every week))....Evaluate wound for: size, depth, margins, peri-wound skin, sinuses, undermining, exudates, edema, granulation, infection, necrosis, eschar, gangrene. Document progress in wound healing on an ongoing basis. Notify physician as indicated.... Monitor/document/report to MD (Physician) PRN (as needed) for s/sx (signs and symptoms) of infection: green drainage, foul odor, redness and swelling, red lines coming from the wound, excessive pain, fever..." The facility's Wound Assessment Policy revised on 3/2022 shows, "It is the policy of the facility to assess each wound initially either at the time of admission or at the time the wound is identified. Each wound will be assessed weekly thereafter or with any significant noted change in the wound.....A thorough assessment includes the following: location, size, depth, stage (appropriate for Pressure Ulcer/Pressure injury only), exudate (amount, type, odor), Tissue (epithelial,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014872	A. BUILDING: _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY REHAB & HCC	3298 RESOURCE PARKWAY DEKALB, IL 60115

(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 granulation, necrotic, slough or eschar), signs of infection (fever, erythema, edema, purulent drainage), per wound skin condition, pain.....Treatment Options...Wound healing is optimized and the potential for infection is decreased when all necrotic tissue, exudate, and metabolic wastes are removed from the wound.." The facility's Significant Condition Change and Notification Policy revised on 11/2019 shows, "Purpose" To ensure.... medical practitioners are notified of resident changes such as those listed below: A significant change in the resident's physical, mental or psychosocial status. (See below for examples) .... Bleeding.....New wounds....symptoms of infectious process....abnormal, unusual or new complaints of pain..." (A)	S9999		