

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014906 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 02/06/2023 |
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| NAME OF PROVIDER OR SUPPLIER PEARL OF HILLSIDE, THE | STREET ADDRESS, CITY, STATE, ZIP CODE 4600 NORTH FRONTAGE ROAD HILLSIDE, IL 60162 |
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| S 000 | Initial Comments Complaint Investigation 2390623/IL155653 | S 000 | | |
| S9999 | Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 d)3 300.1210 d)5) 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 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 | <p>Attachment A Statement of Licensure Violations</p> | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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| S9999 | <p>Continued From page 1</p> <p>care needs of the resident.</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>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 reviewed and modified in keeping with the care needed as indicated by the resident's condition.</p> | S9999 | | |
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| S9999 | <p>Continued From page 2</p> <p>The plan shall be reviewed at least every three months.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide care and services to adequately care for and manage the treatment of one resident (R1) admitted to the facility with a left arm soft cast. This failure resulted in R1 being found to have a pressure wound above the soft cast in the outer aspect of the left arm, that required surgical debridement upon being taken to local Emergency Room by family upon discharge from the facility.</p> <p>Findings include:</p> <p>R1 is an 84 year old male, originally admitted on 1-6-2023, with medical diagnosis that include and are not limited to: fracture of the lower end of left radius, anxiety disorder, dementia and diabetes.</p> <p>R1's Minimum Data Set (MDS), dated 1-20-2023, reads BIMS (Brief Interview for Mental Status) 99, unable to be complete the interview due to cognitive deficit. Section M (skin condition) reads, no open wounds; section G reads, R1 needs extensive assistance of two staff members for personal hygiene, toileting two staff members for personal hygiene, toileting, dressing, bathing, locomotion in the unit and bed mobility.</p> <p>R1 was discharged home on 1-22-2023.</p> <p>On 2-3-2023 at 2:30pm, V3 (Emergency Room Nurse) said, "I remember (R1). On 1-22-2023,</p> | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>the family came to the emergency room after (R1) was discharged from the long-term care facility. (R1) had on the left arm above the elbow an open wound, no dressing in place, no obvious protection in place. The open area was 2X1cm, it was caused by pressure from the edge of the soft cast. (R1) had a debridement done to the area; we gave him two different antibiotics to control the infection."</p> <p>On 2-3-2023 10:40am V4 (Wound Care Coordinator) said, "I remember (R1). He was on the second floor, confused, Spanish speaking. I assessed the patient after admission. I remember he was combative and refused for me to remove the soft cast and check his skin. I did not remove the cast while he was here at the facility. My expectation is that the floor nurse and the Certified Nurse Assistant monitor the patient skin and let me know if there is any new open area, any redness or any issues with the skin. I do not have any other patients with cast currently. We need to monitor the skin surrounding the cast to make sure no skin issues are developing."</p> <p>V4 presented a document titled: quickshot, dated; 1-7-2023 at 8:22pm, reads: order in place "do not remove". V4 said, "I just put in the order; no doctor gave me that order. I never talked with the orthopedic doctor."</p> <p>On 2-3-2023 at 2:55 pm, V1 (Director of Nursing) said, "(R1) was admitted to the 2nd floor. He was Spanish speaking only. Any residents that are admitted in the facility needs to be evaluated within 24 hours of admission to see if they have any skin impairments. Any residents that have any cast or splint we need to make sure we check for circulation, movement, and I do not remember what the S stands for? We need to make sure to talk to the ortho doctor for orders."</p> | S9999 | | |

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| S9999 | <p>Continued From page 4</p> <p>At 4:00pm, V1 presented document titled Admission/readmission evaluation, dated: 1-7-2023. V1 said, "We do not have a complete nursing assessment for (R1). I printed it shows that is blank, it was not completed. The wound Care Nurse should evaluate the patient upon admission and weekly for 4 weeks."</p> <p>On 2-4-2023 at 1:15pm, V22 (Medical Doctor) said, "My nurse practitioner was the one that took care of (R1). (R1) had a soft cast after a fall at home. My expectation is that the nurse checks every day the extremity for circulation, movement, swelling, any skin breakdown, decreased in range of motion, pain or increased in pain. The nurse needs to report to us, and to the orthopedic doctor, if a clarification of orders are needed. Any patient that comes with any cast they need to make sure to obtain orders from the orthopedic doctor for removal and care. I do not usually give orders for orthopedic care."</p> <p>Record review conducted; unable to find a cast care plan.</p> <p>On 2-4-2023 at 12:10pm, V4 (Wound Care Coordinator) said, "The care plan for cast care is not in place, I did not develop one, I do not know how to write a care plan I am learning. My expectation is that the admitting nurse completes a body assessment and documents. I do not see any documentation in the admission form. The nurse needs to complete the assessment, call the medical doctor, get orders and carried them out. Nothing is filled out in the admission for (R1). I did not do any discharge planning for (R1). I was not a part of his discharge planning. My mistake is that I did not document the care I provided to (R1). I do not know when was the last day I saw (R1's) skin."</p> | S9999 | | |

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| S9999 | <p>Continued From page 5</p> <p>R1's Physician Orders Sheets, dated: January 2023, reads: "monitor left arm cast every shift". According to document presented by V1 (Director of Nursing), there is no documentation on the following days: 1-8-2023 night shift, 1-11, 1-13, 1-14, 1-15, 1-16, 1-18, 1-20 and 1-22-2023 during day shift.</p> <p>Policy titled: wound prevention program, dated: October 2022, reads: The purpose of this program is to assist the facility in the care, services and documentation related to the occurrence, treatment and prevention of pressure ulcers as well as, non-pressure related wounds. Upon admission the resident's skin will be evaluated head to toe by licensed nurse. Provide padding for cast, splints and braces and check for redness...</p> <p>(B)</p> | S9999 | | |