

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015648	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/07/2023
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NAME OF PROVIDER OR SUPPLIER CHARTER SNR LVG OF HAZEL CREST	STREET ADDRESS, CITY, STATE, ZIP CODE 3701 WEST 183RD STREET HAZEL CREST, IL 60429
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S 000	<p>Initial Comments</p> <p>Complaint Investigation</p> <p>2391581/IL156842 2391834/IL157132 - No findings</p> <p>Investigation of Facility Reported Incident of 2-13-23/IL157689 - No findings</p>	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violation</p> <p>330.710a) 330.1110f)</p> <p>Section 330.710 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.</p> <p>Section 330.1110 Medical Care Policies</p> <p>f) The facility shall notify the physician of any accident, injury, or unusual change in a resident's condition.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to notify the physician of a facility acquired</p>	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>stage 2 pressure ulcer for 1 of 2 residents (R1) reviewed for pressure ulcers.</p> <p>Findings include:</p> <p>R1's admission face sheet indicates R1 was admitted to the facility on 11/18/2022. R1's admission Nurse observation note dated 11/18/2022 indicated that R1's skin assessment was negative for any open wounds or skin irritation. R1's Activities of Daily Living (ADL) Number 3 - plan for skin care assistance documents that resident will be offered skin care assistance and to report any abnormal bruising, open areas, increased redness, rash or other skin concerns to the HWD (Health and Wellness Director) or person in charge, staff will complete skin checks at least 2x per week and as needed.</p> <p>On 12/16/2022 at 7:29pm V8 (Registered Nurse/RN) charted that R1 had an open area to coccyx stage 1, the size of a quarter, and that ointment was applied and a dry dressing and endorsed to day shift to follow up with the physician.</p> <p>On 12/17/2022 a nursing note indicated that R1 had an open area to coccyx and the area had been cleansed and ointment applied and for 1st shift to notify the physician for a treatment order.</p> <p>On 12/30/2022 V12 (Nurse Practitioner/NP) indicated that R1 had skin breakdown to the sacral area stage 2 ulcer per notes. On 1/6/2023 V12 indicated on her physician visit form that an order for Zinc Cream to Left buttock three times a day and as needed.</p> <p>On 4/5/2023 at 2:00pm V7 (Resident Care Giver) said that R1 had an open area to the buttocks</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>and that it had a dressing on it, and daily a note would be put on the 24 hour report about the open area to buttocks.</p> <p>On 4/5/2023 at 9:30am V6 (Licensed Practical Nurse/LPN) said, "If a resident has any skin issues, we notify the health and wellness director and call the physician for orders and notify the family."</p> <p>On 4/5/2023 2:30pm V8 (RN) said that upon admission R1 did not have any open areas. On 12/16/2022 R1 was observed with an open area to coccyx stage 1 and that ointment was applied and a dry dressing, then it was endorsed to day shift to notify the physician for an order.</p> <p>On 4/6/2023 at 11:30am V2 (Health and Wellness Director) said, "I expect all nurses to notify the physician and myself with any skin condition so that I can notify home health to complete the wound care treatment."</p> <p>On 4/6/2023 at 1:30pm V12 (NP) said that she was not informed of any skin issues on R1's buttocks until 1/6/2023. V12 then ordered Zinc Barrier Cream three times a day and as needed.</p> <p>Facility Skin Care and Wound Policy, Revised 7/2022, documents: Purpose: All Charter Senior Living communities will identify residents who are at risk of skin breakdown, have the potential for skin issues and/or who have skin break down and provide appropriate interventions to prevent/resolve the same. Procedure: 1. During the comprehensive evaluation and service plan process, the Health and Wellness Director/designee will evaluate the resident's potential and actual potential for skin breakdown at move-in, change of condition and as per the</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>comprehensive evaluation schedule per regulatory standards. 6. If resident has a skin issue or develops a skin issue or skin tear, the following will be completed. Physician notified, any new orders documented; the family and POA will be notified; treatment will be implemented as ordered; a skilled home care agency will be providing all wound care treatment; the service plan will be updated with any new interventions; weekly documentation by the nurse and or designee will be maintained in the resident progress notes; all wounds/skin condition being treated by a home care agency shall have joint plans of care on file and integrated into the resident service plan.</p> <p>(B)</p>	S9999		
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