

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
--	---

(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. 2390663/IL155703 2390699/IL155725 2391890/IL157206	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 3 300.610a) 300.1210b) 300.1210d)4)C) 300.3210t) 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	S9999	Attachment A Statement of Licensure Violations	

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

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
--	---

(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	<p>Continued From page 1</p> <p>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.</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>4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:</p> <p>c) Each resident shall have clean, suitable clothing in order to be comfortable, sanitary, free of odors, and decent in appearance. Unless otherwise indicated by his/her physician, this should be street clothes and shoes.</p> <p>Section 300.3210 General</p> <p>t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure a resident was treated with dignity by not providing personal care prior to being transported to the hospital. This affected 1 of 3 residents (R11) reviewed for dignity. This failure resulted in R11 being transported to the hospital soiled with human excrement, R11 said he felt embarrassed and ashamed.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/22/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
--	---

(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	<p>Continued From page 2</p> <p>Findings include:</p> <p>R11 census denotes was admitted to the facility on 2/22/23 and transferred to the hospital on 3/5/23.</p> <p>R11's care plan denotes R11 has a diagnosis of atherosclerotic heart disease of native coronary artery without angina pectoris, chronic obstructive pulmonary disease, essential hypertension, convulsion, abnormal enzymes levels, schizophrenia disorder, asthma, preexcitation syndrome, chronic venous hypertension with ulcer of bilateral extremity, other psychoactive substance abuse with unspecified psychoactive substance- induced disorder, opioid abuse. R11 MDS dated 3/5/2023 denotes in-part R11 needs limited assist with toilet use. R11 care dated 3/7/23 denotes in-part 2 assist with toileting.</p> <p>On 3/16/23 at 3:57p.m V47 (Nurse) said she was the nurse responsible for R11's care on 3/5/23 when R11 was sent to the hospital. V47 said she worked the 3-11:00pm shift. V47 said there was not any aide on duty for that shift. V47 said she did not provide R11 with incontinent care at all. V47 said she did the best that she could for the residents that evening. V47 said she got report from V42 (Nurse) that R11 was to be sent to the hospital for further evaluation for the surgical wound that opened. V47 said she did not assess R11's surgical wound, but she did see that it was open a little when the medics were at the bedside. V47 said she did not assess R11 before sending R11 to the hospital with the medics to ensure that R11 was clean, dry, and free of human excrements. V47 said R11 did not walk and R11 needed assistance with toileting.</p> <p>On 3/16/23 at 2:23p.m V42 (Nurse) said R11</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
--	---

(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	<p>Continued From page 3</p> <p>required assist with ADL (Activity of Daily Living) care, R11 needs one person assist with incontinent care. V42 said she was R11's nurse for the morning shift (7:00-3:00pm) and R1's wound was open and leaking yellow drainage. V42 said she did not put a dressing over the wound because it was supposed to be open to air. V42 was asked if she notified the physician of the open surgical wound that was leaking yellow drainage. V42 did not respond. V42 said stool could get in the wound if it is not covered, because of the location of the wound.</p> <p>On 3/17/23 at 2:10pm V56 (physician) said R11's surgical wound should not be covered up, and R11 was being transported to hospital for further care for the surgical wound.</p> <p>On 3/15/23 at 3:28p.m V7 (Captain of Fire Department) said he was the supervisor responding to a call to transport R11 to the hospital because R11's wound opening. V7 said R11 had on an ill-fitting adult brief, the brief was full of feces. V7 said the feces had dried up. V7 said R11's surgical wound was covered in feces. V7 said R11 was awake and talking.</p> <p>On 3/17/23 at 3:20pm V23 (Director of Nursing) said incontinent care should be provided every two hours or as needed to all residents as appropriate. V23 said the resident should be provided incontinent care prior to being escorted to the hospital, a resident should not be escorted to the hospital soiled with stool.</p> <p>On 3/21/23 at 10:10am V9 (Administrator) said all residents should be treated in a dignified manner, the resident has a right to be treated in a dignified manner. V9 said the residents should be clean, dry and not be soiled in feces when escorted to</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/22/2023
NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415		
(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	<p>Continued From page 4</p> <p>the hospital.</p> <p>On 3/21/23 at 1:07pm V62 (social services) said R11 is not on her case load, but she had an opportunity to work with R11 and make observations of R11. V62 said R11 showed signs and symptoms of poor self-esteem, R11 presents with isolative behavior, R11 wouldn't call for assistant, R11 was not vocal about the help he needed. V62 said she didn't document her observations of R11 as mentioned, and she has to do better with her documentation. V62 said R11 behaved in a manner, like he was not worthy of being helped and that is why R11 was care planned for poor self-esteem.</p> <p>R11's fire department run report dated 3/5/23 denotes in-part 70 y/o male patient (R11) AOx3 (alert and orient) per norm found sitting on edge of bed naked and covered in feces. Nursing staff reported that PT needs to be transported to the ER (emergency room) for staples from a wound that have opened. Crew noted an open wound/scar, approx. 3-4 inches on patient (R11) upper inner right thigh. Crew also noticed that patient wound was not dressed at all, leaking puss, and covered in feces. Patient (R11) stated that his scar/staples were from a triple bypass. Crew assisted the patient to the stretcher where he was secured in position of comfort. While assisting the patient to the stretcher crew noticed that the patient's diaper was full of feces. The patient's diaper was not placed on the patient correctly. BLS (basic life support) care provided as noted and patient (R11) transported to local Hospital without incident.</p> <p>R11's care plan dated 2/27/23 denotes in-part the resident (R11) presents with symptoms of poor self-esteem related to: Health & lifestyle changes</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
--	---

(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	<p>Continued From page 5</p> <p>imposed by medical symptoms & condition. Feeling abandoned by family, friends, physician, God & religion, etc. Feeling incompetent, incomplete because of a medical condition or not being able to "contribute" as he/she once did. Loss of important lifestyle, lifelong roles. This problem is manifested by minimal social interaction and self-imposed isolation. This problem is manifested by, not behaving assertively, not speaking up for oneself. I will discuss his/her feelings & the factors contributing to poor self-esteem during counseling sessions (#) time(s) per week. I will demonstrate increased self-esteem as evidenced by saying daily affirmations. Help resident build self-esteem through frequent/daily verbal positive affirmations. Help resident build self-esteem through writing out positive thoughts & affirmations. Help resident build self-esteem through: Focusing on abilities instead of disabilities. Help resident build self-esteem through helping the resident regain involvement in lifelong roles. Help resident build self-esteem through working with appropriate mental health professionals. Encourage the resident to become involved with an appropriate support group or individual counseling to work towards self-awareness & self-improvement goals.</p> <p>R11 care plan dated 3/7/23 denotes in-part R11 has incontinence of bladder and/or bowel, R11 will be clean, dry & odor free through the next review. Administer appropriate cleansing & peri-care after each incontinent episode. Observe for signs of skin irritation &/or breakdown. Report irritation/breakdown to the physician. R11 has a self-care deficit (ADLs/Mobility), R11 will improve/maintain his highest level of function with participation in therapies and/or restorative programs through next review. One assist with</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
--	---

(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	<p>Continued From page 6</p> <p>dressing/ hygiene tasks; encourage as much self-performance as safely able. Assist with repositioning when in bed/chair. Encourage resident to participate as much as safely able with ADL hygiene tasks. PT/OT (physical therapy/ occupational therapy) to screen / eval as ordered. Toilet with 2 assists. Transfer with mechanical lift x 2.</p> <p>Review of R11's documentation survey report for date of 3/5/23, there is not documentation noted for incontinent care provide, personal hygiene to R11.</p> <p>Using the reasonable person concept R11 should expect to feel embarrassed, ashamed when not provided incontinent care prior to going to the hospital, R11 should expect to feel embarrassed and ashamed when not treated with dignity, R11 should expect to feel embarrassed and ashamed when escorted to the hospital and having to wear an adult brief full of feces and not cleaned and changed.</p> <p>Facility policy titled Incontinency Care dated 9/14 denotes in-part incontinent residents will be checked periodically every two hours and provided perineal and genital care after each episode. Purpose: to prevent excoriation and skin breakdown, discomfort and maintain dignity.</p> <p>The resident rights for people in the long-term care facilities denotes in-part your facility must provide services to keep your physical and mental health, at their highest practical levels. Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. Your facility must provide equal access to quality care regardless of diagnosis, condition, or payment source.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/22/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
--	---

(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	<p>Continued From page 7</p> <p>Review of R11's progress notes, there were no documentation noted that R11 refused incontinent care on 3/5/23.</p> <p>(B)</p> <p>2 of 3</p> <p>300.610a) 300.1210b) 300.3210t) 300.3240a)</p> <p>Section 300.610 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 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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
--	---

(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	<p>Continued From page 8</p> <p>care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>Section 300.3210 General</p> <p>t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements are not meet as evidenced by:</p> <p>Based on interview and record review the facility failed to prevent incidents of resident-to-resident physical assault, and incidents of staff to resident verbal abuse. This affected 3 of 5 (R31, R32, and R3) residents reviewed for physical and mental abuse. This failure resulted in R31 being physically assaulted by R32 resulting in R31 sustaining a bump on her head, displaying fear and expressing being scared and unsafe.</p> <p>Findings include:</p> <p>1. R31 was admitted to the facility on 5/9/22 with a diagnosis of schizophrenia, weakness, unsteadiness on her feet, major depressive disorder, and type II diabetes. R31's brief interview for mental status dated 1/18/23 documents a score of 15/15 which indicates cognitively intact.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/22/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
--	---

(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	<p>Continued From page 9</p> <p>On 3/16/23 at 11:06AM, R31 who was alert and oriented at time of interview, said R32 hit her in the head three times with her hand. Small bump noted on her forehead along with three superficial scratches. R31, who was crying during the interview, said she feels scared and does not feel safe at the facility. R31 said R32 is always going through her belongings and taking items.</p> <p>On 3/17/23 at 3:38PM, V9 (Administrator) said R31 said R32 was going through her drawers and R32 hit R31. R31 had a bump on her head. Physical abuse would be hitting someone.</p> <p>R31's progress note dated 3/16/23 documents: Nurse was informed that the resident was involved in physical aggression with her roommate in her room. Noted small bump on her forehead. Resident complaint of pain on her bump site. Resident stated her roommate was going through her stuff and she asked her to stop it. Roommate got aggressive and her hit her.</p> <p>Facility abuse prevention program revised 1/4/18 documents: Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. Instances of abuse of all residents, irrespective of any mental or physical condition cause physical harm, pain, or mental anguish. It includes verbal abuse, sexual abuse, physical abuse and mental abuse.</p> <p>2. R3 is not available for interview or observation. R3's MDS dated 12/30/22 denotes R3's BIMS score is 15, cognitively intact.</p> <p>On 3/15/23 at 1:18pm V32 (CNA- Certified Nursing Assistant) said she does remember the situation when the agency staff got into R3's face,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
--	---

(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	<p>Continued From page 10</p> <p>and said that she would kick R3's a**. V32 said V33 (Agency CNA) pushed her out the way to try to get to R3. V32 said her and V35 (Nurse) had to pull V33 out of R3's face. V32 said V33 wanted to fight R3. V32 said she could tell that V33 wanted to fight by her V33's aggression and body language. V32 said she had to tell V33 that R3 was a resident and that she could not be getting in his face, and she asked V33 why she was acting like that. V32 said V33 was mad and walked out of the facility that night. V32 said the nurse was there and the nurse reported it to the Administrator and the Director of Nursing.</p> <p>On 3/15/23 at 2:46pm V35 (Nurse) said she was one of the nurses working on the first floor when V33 (CNA) and R3 got into it. V35 said V33 was arguing with R3, and V33 was so aggressive that she was about to call the police. V35 said someone pulled V33 away from R3 and V33 left the facility. V35 said she doesn't remember the details, she just knows V33 was aggressive with R3. V35 said she reported this to V60 (Prior Administrator).</p> <p>On 3/15/23 at 2:30pm V9 (Administrator) said she was the Administrator on 1/22/23, not V60. V9 said the staff should have reported the incident to her. V9 said she was not aware of the incident with V33 and R3. On 3/21/23 at 10:10am, V9 said R3 has the right to be free from abuse. V9 said V60 was not the Administrator on 1/22/23.</p> <p>On 3/17/23 at 10:27am V33 said R3 was a resident on the third floor, and she was assigned to work with R3 on 1/22/23. V33 said she was scheduled to work a double shift. V33 said R3 was complaining about the nurse and banging on the nurse's station desk. V33 said R3 was aggressive, and she was afraid of R3. V33 said</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/22/2023
NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF		STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415		
(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	<p>Continued From page 11</p> <p>R3 had left the floor and R3 must have gone to the first floor. V33 said she decided that she was leaving and going home because R3 was so aggressive. V33 said she got her coat and got on the elevator. V33 said when she exited the elevator R3 was at the first-floor nurse's station. V33 said R3 must have gone there to tell them what happened. V33 said she stopped at the nurse's station and that's when her and R3 began arguing. V33 said one of the staff got in between her and R3, V33 said she doesn't know who it was. V33 said nothing happened. V33 was asked why she stopped at the nurse station if she was afraid of R3 and R3 was so aggressive, and why didn't she continue out the door as she had planned if R3 was aggressive and she was afraid? V33 said she had to tell the nurse she was leaving.</p> <p>Facility abuse prevention program policy dated 1/4/18 denotes in-part this facility, Abuse is willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental pr physical condition, cause physical harm, pain, or mental anguish. It includes verbal abuse, sexual abuse, physical abuse and mental anguish.</p> <p>The facility abuse policy does not address the resident right to be free from verbal, physical, mental, emotional abuse.</p> <p>The resident rights for people in the long-term care facilities denotes in-part you must not be abused, neglected, or exploited by anyone-</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
--	---

(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	<p>Continued From page 12</p> <p>financially, physically, verbally, mentally, sexually.</p> <p style="text-align: center;">(B)</p> <p>3 of 3</p> <p>300.610a) 300.1210b) 300.1210d)2)</p> <p>Section 300.610 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 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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>d) Pursuant to subsection (a), general</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
--	---

(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	<p>Continued From page 13</p> <p>nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to monitor, failed to follow physician orders and failed to notify the attending physician of a scrotum rupture. This affected 1 of 3 residents reviewed for pressure sore preventions. This failure resulted in R7 being observed in bed with his testicles outside of the scrotum, being sent to the local hospital and being diagnosed with a diagnosis of protrusion of scrotal content through the superficial ulceration area, scrotal swelling, necrosis to anterior right scrotum with purulent discharge and a stage II pressure ulceration to the posterior left scrotum.</p> <p>Findings include:</p> <p>R7 was admitted on 1/9/23 with the diagnosis of Diabetes Mellitus, Hypertension and Hydrocele. Skin integrity review dated 1/9/23 documents: swollen scrotum. Admission Summary dated 1/9/23 documents: Enlarged scrotum noted upon inspection. Care Plan dated 1/10/23 documents: R7 has incontinence of bladder and or bowel.</p> <p>On 3/14/23 at 12:47pm, V10 (ADON) said, R7 had a wound. R7's treatment administration record is blank with no nurse initial; no documentation means the treatment wasn't completed as ordered. I expected the nurse to provide the treatment as ordered and sign the treatment out on the treatment administration</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/22/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
--	---

(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	<p>Continued From page 14</p> <p>record (TAR). R7 did not receive any treatments. R7 was not seen by the wound doctor.</p> <p>On 3/15/23 at 2:19pm, V48 (Previous Treatment Nurse) said, R7 was admitted with enlarged testicles with a small amount of redness. R7 received barrier cream for the redness and was on a diuretic for the enlarge testicles. R7 did not require any treatment upon admission. One week after R7's admission, R7 had a small, opened area. R7 had a skin irritation similar to a diaper rash on R7's scrotum. R7 had a Foley catheter that was leaking. R7 had urine in his adult brief. R7 was given a wound paste that absorbed excessive moisture. On 1/17/23, I was informed, R7 needed to be seen. I went to assess R7. R7's testicle was out of the scrotum sack. R7's testicle was laying on the bed.</p> <p>On 3/15/23 at 2:50pm, V45 (Nurse) said, R7 was getting a wound treatment every day. R7 had gauze wrapped around his scrotum daily. R7's scrotum was the size of a grapefruit. On 1/17/23 when R7 was discharged to the hospital, R7's scrotum was leaking green and yellow fluid. R7s scrotum was leakage due to the pressure of the swelling. R7's scrotum was similar to a boil coming to a head and bursting. There was so much pressure on R7's scrotum the fluid had to come out.</p> <p>On 3/16/23 at 3:43pm, V23 (DON) said, full thick skin alteration is caused by pressure. R7's scrotum was elevated with a towel. The towel could have caused pressure to R7's scrotum.</p> <p>On 3/16/23 at 4:38pm, V17 (Treatment Nurse) said, necrosis does not occur within twenty-four hours. Necrosis occurs over time. A wound must go through four other stages (stage 1 -4) before</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
--	---

(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	<p>Continued From page 15</p> <p>necrosis occurs.</p> <p>On 3/17/23 at 2:14pm, V56 (Medical Doctor) said, I was not informed R7 had a ruptured scrotum. R7 was admitted with a hydrocele of testie. The facility has a wound care nurse and wound care doctor/specialist. I expect the physician orders to be followed for whatever treatment the wound doctor orders.</p> <p>On 3/17/23 at 2:24pm, V49 (Nurse Practitioner) said, I was not aware R7 had an opened skin area on 1/12/23. I expect the nurses to follow the doctors' orders. R7 was not in the building long enough to see the wound doctor.</p> <p>Physician order sheet (order date) 1/11/23 documents: Venelex external ointment (balsam peru-castor oil)-is an ointment that is used on skin to cover wounds, it can also help to get rid of smells and might relieve pain from the wound. Venelex Ointment is a wound dressing for topical use in the management of chronic and acute wounds and dermal ulcers including pressure ulcers (stage 1-4) (National Institutes of health) --- apply to scrotum topically as needed to wound every day and evening. -No TAR was provided for this order.</p> <p>Medication Administration Record dated 1/11/23 documents: Venelex external ointment (balsam peru-castor oil) apply to scrotum topically every day and evening. R7's Medication Administration Record was blank with no nurse initial.</p> <p>Skin/Wound note dated 1/12/23 documents: R7 has been noted to have scrotal edema, and skin impairment to the area.</p> <p>Medication Administration Record dated 1/17/23</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
--	---

(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	<p>Continued From page 16</p> <p>documents: Venelex external ointment (balsam peru-castor oil) apply to scrotum topically as needed for wounds. R7's Medication Administration Record was blank with no nurse initial.</p> <p>Treatment Administration Record dated 1/1/23 - 1/31/23 documents: Site; Scrotum-Clean with Saline, pat dry, apply triamcinolone topical twice a day, as needed and evening shift start date 1/12/23 discontinue 1/20/23- was blank, no nurse initials.</p> <p>Nurse Practitioner Note dated 1/17/23 documents: Called to see R7 because of a potential rupture of the scrotum. Upon assessment, Foley in place but skin has opened on R7's scrotum and there was foul smelling drainage coming from the open wound. R7 had edema of the scrotum and it had been elevated on a towel. General Progress note date 1/17/2023 documents: R7 was sent to the hospital, due to scrotum being enlarged, open and draining.</p> <p>Hospital paperwork dated 1/17/23 documents: chief complaints: penis/scrotum problems worsening, skin breakdown and swelling to the scrotum. History of swelling with bilateral Hydroceles. On Monday, R7 developed some sores to the hemiscrotum-staff began to apply ointment. R7's family saw R7's wound on Tuesday. R7's family states, wounds "looked very bad, the skin was falling off." GENITOURNARY: bilateral soft tissue swelling of hemiscrotum, right hemiscrotum full- thickness ulceration of the skin, with protrusion of scrotal content through the ulceration area. Superficial ulceration noted on the undersurface of scrotum bilaterally. Scrotal swelling and necrosis to anterior right scrotum</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
--	---

(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	<p>Continued From page 17</p> <p>with purulent discharge. Small area of stage II pressure ulceration to posterior left scrotum</p> <p>Physician Order Policy dated 1/2020 documents: to provide guidance to ensure physician orders are transcribed and implemented in accordance with professional standards.</p> <p>(A)</p>	S9999		