

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007918	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2023
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NAME OF PROVIDER OR SUPPLIER LANDMARK OF RICHTON PARK REHAB & NSC	STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471
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S 000	Initial Comments Annual Licensure and Certification	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 3) 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	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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>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>These requirements were not met as evidenced by:</p> <p>Based on observation, interviews and record reviews, the facility failed to conduct daily skin assessment, follow physician's treatment orders and implement interventions in preventing the development and reopening of a pressure ulcer for two (R14 and R74) of four residents reviewed for pressure ulcers. This failure resulted in R14's healed pressure ulcer on the sacral area reopening and being classified as a facility acquired unstageable deep tissue injury and R74's intact skin developed a facility acquired</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Stage 3 pressure ulcer on the sacrum.</p> <p>Findings include:</p> <p>1. R14 is an 89-year-old, female, originally admitted in the facility on 06/24/22 with diagnosis of Unspecified Dementia, Unspecified Severity, without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance and Anxiety.</p> <p>According to Wound Evaluation and Management Summary dated 03/14/23, R14 has a Stage 4 pressure ulcer on the sacrum.</p> <p>R14's current POS (Physician Order Sheet) dated 03/07/23 documented: Calcium Alginate - Apply to sacrum topically as needed for soiled dressing change. Cleanse wound with saline solution, apply calcium alginate and cover with gauze island dressing. And apply to sacrum topically everyday shift for wound care.</p> <p>On 03/14/23 10:09 AM, wound care was observed on R14. It was observed that there was no covered dressing noted on her sacral area. V6 (Wound Care Director) was asked regarding R14's wound dressing. V6 stated, "During incontinence care, if the wound dressing is soiled, the nurse has to replace it with a new dressing if wound care team is not here. Never leave the wound uncovered." V6 was also asked regarding her (R14) sacral pressure ulcer. V6 verbalized, "When she came here she had a healed open area on the sacrum, then it reopened and healed, then it opened again."</p> <p>R14's Wound Evaluation and Management Summary documented the following: 07/26/22: Stage 3 pressure ulcer, sacrum - resolved</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>12/20/22: Unstageable DTI (deep tissue injury) sacrum, measurement: 3.0 cm (centimeters) x 2.0 cm x not measurable cm</p> <p>12/27/22: Stage 3 pressure ulcer sacrum</p> <p>R14's progress notes recorded the following: 12/06/22 - R14 was admitted in the hospital due to COVID (Coronavirus Disease) positive. 12/16/22 - received resident (R14) via stretcher via ambulance, accompanied by two attendants. Resident (R14) is alert and verbally responsive. Resident (R14) requires assistance with all ADLs (activities of daily living), old scars that are heal from previous wound on buttocks, also noted old scar of left eyebrow. 12/20/22 - Skin/Wound note: sacral wound noted to have re-open during regular routine rounds with the wound doctor. This site was noted healed in the recent time; resident has history of wound on same site as observed during the assessment at the time of original admission to the facility. It was recorded as closed scar upon admission, now re-opened.</p> <p>On 03/15/23 at 11:24 AM, V6 was interviewed regarding R14's sacral pressure ulcer. V6 stated, "Prior to 12/20/22, I don't see any documentation pertaining to any skin alterations. On 12/20/22, it was seen as Unstageable DTI sacrum. Basically, the site was still fragile, so there is a possibility that it may open up again. It had become a facility acquired pressure ulcer. The only reason for reopening was the site was still fragile. Immobility, poor nutrition and incontinence could also be some of the predisposing factors. We maintain the use of low air loss mattress, foam pad on the sacrum, staff does the weekly skin checks and should report it to me if there is a skin issue."</p> <p>According to R14's Bath and Skin Report from</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>November to December 2022, there were no skin concerns documented. On 12/18/22 report, there was a check mark indicating "normal/redness" but no wound assessment was completed. There was also no documentation that nurse or wound care team was notified of any skin concerns even prior to 12/20/22 when the sacral wound reopened.</p> <p>V13 (Wound Doctor) was asked during wound care regarding R14. V13 replied, "Any pressure ulcer resolved makes it risky for resident to have pressure ulcers again. She (R14) has Dementia, has chronic disease, likely bowel and bladder incontinent, immobility. In preventing the occurrence of pressure ulcers, interventions should be implemented based on the facility's policy and regulations."</p> <p>On 03/15/23 at 1:21 PM, V2 (Director of Nursing) was asked regarding pressure ulcer management and prevention. V2 stated, "Repositioning every two hours, use of low air loss mattress; notifying the doctor for any skin changes; making sure residents are provided with meals; document any change in condition; staff needs to do skin checks during shower days and notify doctor and wound care team for any skin changes and document."</p> <p>R14's Care plan dated 07/05/2022 regarding "Alteration in skin integrity and is at risk for additional and/or worsening of skin issues" documented: Interventions: Skin will be checked during routine care on a daily basis and during the weekly/biweekly bath or shower schedule Precautions for prevention of pressure ulcers will be completed: Good pericare and drying of the skin, Apply protective barrier cream, Reposition</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>resident (R14) frequently when in bed/chair/reclining chair and/or wheelchair, offload heels PRN (when needed), CNA (Certified Nurse Assistant) showers/skin observations to be reported to nurse for any unusual findings/changes in residents skin integrity Administer Wound Care (Treatments) per MD (medical doctor) orders.</p> <p>Facility's policy titled "Wound Management Program" dated 05-19-17 stated in part but not limited to the following: Risk and Skin Assessment Policy: Intact skin is the body's first line of defense. It is the policy of this facility to assess all residents for factors that place them at risk for developing pressure injuries. It is also the policy of this facility to monitor the skin integrity of our residents for the development of wounds or other skin conditions. These assessments will begin upon admission and continue throughout the resident's stay in our facility. Procedure II. All residents will have a visual inspection of their skin B. Skin checks are completed weekly by the nurse. C. Skin check is completed on each shower day by nursing assistant staff 1. Shower sheet may be used to document the skin check. 2. If an area is identified, the nurse is notified and the Stop and Watch tool may be used to communicate this information. 3. Appropriate measures will be instituted. D. The nursing assistant visually inspects the skin daily and with care. 1. If an area is identified, the nurse is notified and the Stop and Watch tool may be used to communicate this information.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>2. Appropriate measures will be instituted.</p> <p>Pressure Injury Prevention Skin Care and Early Treatment Skin Assessment Complete Skin Assessment - The complete skin assessment is an integral part of the Pressure Injury Prevention Program. It is through these inspections that early skin problems can be identified and interventions implemented. Observations should continue daily for residents at risk for skin breakdown. Monitor skin condition for color, moisture, temperature, integrity, and turgor with close attention to the bony prominences. Also observe skin areas around medical devices such as oxygen cannulas, catheters, collars and braces. A weekly assessment should be completed on all residents. This can be completed by the nurse or the nursing assistant and should be documented in the medical record. Special attention should be given to bony prominences and skin folds.</p> <p>Wound Cleansing and Dressings Policy: It is the policy of this facility to perform wound dressing changes as ordered by the physician using clean technique on all chronic or contaminated wounds. A moist wound environment is most favorable for optimal wound healing.</p> <p>2. R74 is a 66-year-old male who is a long-term resident of the facility, with past medical history including, but not limited to schizophrenia, bipolar disorder, cognitive communication deficit, hyperlipidemia, major depressive disorder, weakness, etc.</p> <p>03/14/23 9:15AM, observed wound care for resident with V3 (wound care nurse) and noted a</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>large area of excoriation at the resident's sacrum with a big hole in the middle packed with dressing that is saturated and brownish in color. Per wound care doctor, area is measuring 3.4 x 3.8 x 0.9, and still a stage 4. Per V3, (wound care nurse) resident was admitted with no skin issues, not sure if he was on air loss mattress, resident usually do not get an air loss mattress unless they have stage 3 or 4.</p> <p>Per record review, admission assessment dated 2/28/2022 documented no skin abnormalities under skin and foot observation. Braden score assessment dated 5/16/2022 coded resident with a score of 9, placing him at a high risk for skin alteration.</p> <p>A focused wound exam dated 6/14/2022 documented a stage 3 pressure wound to the sacrum measuring 3.0 x 9.0 x 0.1cm, duration >than 1 day.</p> <p>Weekly wound evaluation dated 6/28/2022 documented a stage 4 pressure ulcer, in house acquired, to the sacrum measuring 3.0 x 3.3 x 0.2 identified on 6/14/2022 with moderate serous exudate described as thin watery.</p> <p>Wound evaluation dated 3/14/2023 documented a stage 4 pressure ulcer to the sacrum measuring 3.4 x 3.9 x 0.9 cm with moderate serous exudate.</p> <p>No previous skin assessments provided to confirm that resident skin was being monitored to prevent skin breakdown prior to new wound being identified.</p> <p>Care plan initiated 3/24/2021 stated that resident has a self-care deficit and requires assistance with ADLs to maintain the highest possible level</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>of functioning, resident is total dependence x2 person assist for toileting, total assist x1 for eating, total assist x2 person for bed mobility, total assist x1 staff for locomotion on and off unit, total assist x 2 with mechanical lift for transfers.</p> <p>Incontinent care plan initiated 1/31/2022 stated that resident is incontinent of bowel and bladder due to diagnosis of hemiplegia and hemiparesis. Interventions include to toilet resident at regular intervals throughout the day, check and change at minimum of every 2-3 hours. Report any new skin integrity issue to nursing. Facility Minimum Data Set (MDS) assessment dated 4/6/2022 coded resident in section H (Bowel and Bladder) as always incontinent. Review of physician order summary showed an order for air loss mattress dated 10/18/2022.</p> <p>On 3/15/2023 at 11:37AM, V6 (wound care nurse) said that resident's pressure ulcer was first identified as a stage 3 and then it progressed to a stage 4, the wound deteriorated at one point but is improving now, resident is incontinent of bladder and bowel and is dependent on staff for all ADL care. V6 added that the certified nurse assistants (CNAs) are trained to report any skin alterations or discoloration to the nurse, who in turn will notify the doctor to get an order and notify the family. Residents that are at risk for alteration in skin integrity are supposed to be turned and repositioned frequently, other risks for pressure ulcer development will include proper nutrition and making sure resident are not sitting on soiled incontinent briefs for a long time.</p> <p>(B)</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>Statement of Licensue Violations (2 of 3)</p> <p>300.610a) 300.1210b) 300.1210c) 300.1210d)6)</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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents'</p>	S9999		

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S9999	<p>Continued From page 10 respective resident care plan.</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>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to adequately assess residents for a fall risk, failed to have appropriate fall interventions in place, failed to ensure that staff are familiar with residents fall risk status and fall interventions and failed to provide appropriate and sufficient supervision for residents assessed as requiring staff assistance and supervision for Activities of Daily Living (ADLs). This failure affected two (R15 and R62) of 14 residents reviewed for falls. This failure resulted in R62 falling in her room, being sent to the hospital where she was found to have a left hip fracture and required a surgical procedure; this failure also resulted in R15 falling, while walking outside, in the facility's smoking patio, without the use of assistive device, which resulted in a left foot fracture.</p> <p>Findings include:</p> <p>1. R62 is a 78-year-old female who is a longtime resident with past medical history including, but not limited to acute respiratory failure with</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>hypoxia, weakness, peripheral vascular disease, generalized muscle weakness, unspecified dementia unspecified severity without behavioral disturbance, essential primary hypertensin, etc.</p> <p>On 03/13/23 11:47 AM, during observation on the second floor, R62 was observed in her room, awake and alert with some confusion, resident was sitting in a wheelchair, no floor mats noted in the room. 03/15/23 10:30 AM, R62 was observed again in her room sleeping, bed not very low, no floor mats were noted on either side of the bed.</p> <p>Review of resident's progress note dated 1/24/23 showed the following: Around 2120 resident observed on floor in Lt side lying position near foot of bed. Resident stated, "I was trying to go to the bathroom and my legs went down. Resident complained of pain 5/10 to LLE. LLE immobilized and immediately assessed head to toe for injury, then assisted back to bed for further assessment. No bruising or swelling noted. Neuro checks initiated, LOC within baseline limitations. Orders given for PRN pain medication. Medication tolerated well. Voicemail left for POA to call facility. DON, and MD notified of incident. Orders given to send resident hospital for further evaluation. Resident departed facility via 911 with RPFd with 2 attendees in route to hospital.</p> <p>On 1/25/2023, a nurse documented, Resident admitted at Hospital with dx- hip fracture. Nursing care plan dated 1/31/2023 stated that 27 staples to the left hip removed per PCP order. Site noted closed, no drainage or sign of dehiscence observed. Resident in stable condition, remains alert and oriented x3.</p> <p>Doctor's progress note dated 2/13/2023 documented the following:</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>HISTORY OF PRESENT ILLNESS: Patient is a 78-year-old female, long-term resident of the facility, who was sent to the hospital because of fall when she fell to her left side sustained left hip pain. The patient was evaluated in the ER. She was found to have left hip fracture. She was evaluated by ortho service. She was found to have displaced intertrochanteric fracture of the left hip. The patient was evaluated by cardiology service, and she was cleared for surgery. She was taken to the OR and underwent open reduction internal fixation. Postoperatively, the patient was admitted to the ortho floor. She was started on physical therapy and occupational therapy and transferred back to the facility. She is currently in rehabilitation.</p> <p>Hospital record dated 1/28/2023 stated in part, Resident is a 78-year-old female with past medical history...transferred from an outside hospital for surgical management of a left sided intertrochanter femur fracture after a mechanical fall. Patient had a left sided head trauma as well and lost consciousness for an undetermined amount of time.</p> <p>Fall risk assessment dated 7/05/2021 scored resident as 14, indicating a high risk for falls, another fall risk assessment dated 1/1/2022 was incomplete and documented as to be determined, resident did not have any other fall assessment from 1/1/2022 till the fall on 1/24/2023.</p> <p>ADL care plan initiated 2/11/2018 stated in part that resident has an ADL self-care deficit, requires assistance with ADLs to maintain...following limitations and potential contributing diagnosis of respiratory failure, CHF, muscle weakness and lack of coordination, bed mobility - extensive x1, toileting extensive x1,</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER LANDMARK OF RICHTON PARK REHAB & NSI	STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471
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S9999	<p>Continued From page 13</p> <p>transferring extensive x1, dressing and personal hygiene extensive x1.</p> <p>Fall risk care plan initiated 3/15/2021 stated that resident is at risk for falls characterized by history of falls/injury, multiple risk factors due to impaired balance, unstable health condition, unsteady gait, etc. Interventions includes staff to make frequent rounds when resident is in a room alone, assist her up from bed when she is not feeling tired and keep her in common areas in easy view of staff when up. Minimum data set assessment (MDS) section G coded a resident as requiring extensive assistance with one-person physical assist for all ADL care, section H (bowel and bladder) coded resident as frequently incontinent.</p> <p>3/14/2023 at 4:10 PM, V2 (DON) said that she completed resident's fall incident, resident self-propels, needs assistance with transfer, is considered a fall risk but she is not sure of any interventions at the top of her head. V2 added that fall assessment is done on residents upon admission and quarterly and when there is any incident.</p> <p>3/15/2023 at 3:03 PM, V20 (C.N.A) said that she works on the second floor and is familiar with resident, prior to the fall, resident is independent, uses wheelchair, goes to the bathroom by herself but sometimes require staff assistance. V20 said that she is not sure if resident is a fall risk, she does not have any fall interventions that she can recall, she is not sure of the exact time of the fall, she was covering for the assigned C.N.A who was on break. V20 said that she saw resident on the floor, she went and got the nurse, she was not sure how long resident was on the floor, she continued with her assignment after she notified the nurse.</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>3/16/2023 at 11:52 AM, V37 (MDS) said that fall risk assessment is done upon admission, change in condition, quarterly and after a fall. V37 added that she did not find any fall risk assessment for resident from 1/1/2022 until the fall on 1/24/2023.</p> <p>At 1:05 PM, V38 (LPN) said that she is familiar with the resident and was assigned to her the day she had a fall. The C.N.A found resident on the floor around 9PM on her left side on her buttocks. Resident stated that she was trying to go to the bathroom, resident was assessed, she was complained of pain to her left leg, neuro check was initiated, doctor was called, and order received to sent resident to the hospital for further evaluation. V38 said that prior to the fall resident mostly required supervision and requires limited assistance with ADLs, resident goes in and out, is not a fall risk and V38 said that she does not recall if resident had any fall interventions. She added that residents who are fall risk sometimes have sign on the door and they are also listed on the fall binder located at the nursing station. The fall binder contains the fall interventions for those residents, she does not recall R62 being on that binder or having any listed fall interventions. CT lower extremity w/o contrast stated that there is a nondisplaced fracture extending obliquely from the greater trochanter superiorly the medial of the base femoral neck/intertrochanteric region no lytic or destructive lesion.</p> <p>Facility falls prevention policy undated presented by V2 (DON), stated that the facility is committed to safety and maximizing each resident's physical, mental, and psychosocial well-being. The document further states in part that the purpose of the fall prevention and management program is to provide residents with an</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>interdisciplinary approach to assess risks for falls, provide appropriate interventions, etc.</p> <p>2. R15 is a 64 year old male with a diagnoses history including Stroke, Partial Paralysis, Unspecified Convulsions, Lack of Coordination, Generalized Muscle Weakness, Unspecified Abnormalities of Gait and Mobility effective 2/13/2015, Epilepsy effective 4/7/2015, Foot Drop Left Foot effective 8/1/2018, Other Abnormalities of Gait and Mobility effective 9/21/2018, Weakness effective 12/20/2020 who was admitted to the facility 02/13/2015.</p> <p>The facility's Fall log from 10/01/22 - 03/13/23 documents R15 had falls on 11/30/22, 12/18/22, 12/28/22,</p> <p>Per the facility's Matrix Reviewed 03/13/23 R15 had a fall with a major injury.</p> <p>On 03/14/23 at 11:46 AM Observed R15's with a brace on his left lower leg. R15 stated he fractured his foot during his most recent fall at the facility. R15 stated he fell outside during smoke break while walking to the garbage can to dispose of his cigarette butt.</p> <p>R15's Incident report dated 11/30/22 documents prior to the incident he was returning from smoking. Staff was called to the room per staff, and he was noted on his back. Resident was assisted to feet by three staff. Resident stated he was returning from smoking and was going to sit on his bed and missed the bed because it was dark in his room.</p> <p>R15's Incident report dated 12/18/22 documents prior to the incident R15 was outside smoking. Staff informed the writer that R15 fell outside.</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>R15 stated he was coming back from smoking and tripped over a bottle cap.</p> <p>R15's Incident report dated 12/28/22 documents writer was notified by staff that R15 was observed losing his balance and falling to ground while outside on patio during smoke break. Residents stated that he lost his balance and fell.</p> <p>Final Incident Investigation Report dated 01/03/2023 documents on 12/28/22 R15 was observed with a sudden loss of balance where staff attempted to intervene and was unable to reach him which resulted in him falling to the ground on his buttocks. R15 stated he was walking back to return from smoking when he lost his balance and fell to the ground. R15 is non-compliant with the use of his cane. It was determined that he was ambulated at a faster pace than usual when he lost his balance suddenly and fell to the ground. R15 complained of mild pain to left ankle. X-ray revealed "closed fracture of left ankle."</p> <p>03/14/23 04:13 PM V2 (Director of Nursing) stated fall risk assessments are completed on admission, after a fall and quarterly. V2 stated the admitting nurse completes an initial fall risk assessment then restorative completes a follow up assessment. V2 stated R15 is a fall risk. V2 she will have to follow up with information on R15's initial fall risk and any current fall risks.</p> <p>R15's Current Care plan documents he is high risk for falls related to stroke with left side partial paralysis, Seizure diagnoses and a history of falls; non-compliance with use of cane (4/30/20) - [Date Initiated: 01/08/2019, and Created on: 02/26/2015] with interventions including: Physical therapy to screen and treat, Re-educate the</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>importance of utilizing cane while Ambulating, [Date Initiated: 12/19/2022]; was encouraged to use his cane while ambulating.(2/26/19) [Date Initiated: 02/26/2019]; Encourage to comply with using cane. Therapy to screen resident for ambulation and safety. (4/30/2020); Staff to assist with sitting, and cue R15 to sit in high back chair in dining room (2/3/2020); Review information on past falls and attempt to determine cause of falls. Record possible root causes. Alter remove any potential causes as possible. Educate resident/family/caregivers/interdisciplinary team as to causes. [Date Initiated: 01/08/2019]; Be sure R15's call light is within reach and encourage him to use it for assistance as needed. [Date Initiated: 01/08/2019].</p> <p>R15's progress note dated 11/9/2022 documents Resident received sitting on side of the bed, alert and oriented to person, place, and situation; Resident is ambulatory, gait is unstable due to left-sided weakness. Resident continues to refuse to use his cane. Continue to educate on the purpose of the cane. Resident continues to refuse. Will continue to monitor.</p> <p>R15's Progress note dated 11/24/2022 documents resident returned back to the facility from family visit, sister called and said resident fell at her house, on his buttock, nursing assessment was performed, denies any pain or discomfort, no apparent injury or bruises noted.</p> <p>R15's Progress note dated 11/30/2022 documents The Change In Condition/s reported on this Evaluation are/were: Falls Nursing observations, evaluation, and recommendations are: Resident had a fall in the room no apparent injuries were noted, and the room was dark. Bedside light was turned on so resident will be</p>	S9999		

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S9999	<p>Continued From page 18</p> <p>able to see in the room; Prior to the incident, the resident was coming back from smoking. Staff was called to the room per staff, and the resident was noted on back. Resident stated he was coming back from smoking he was going to sit on his bed and missed the bed because it was dark in the room.</p> <p>R15's Progress note dated 12/18/2022 documents The Change In Condition/s reported on this Evaluation are/were: Falls Nursing observations, evaluation, and recommendations are: Prior to the incident, the resident was outside smoking. Staff informed the writer that the resident fell outside; Prior to the incident, the resident was outside smoking. Staff informed the writer that the resident fell outside.</p> <p>R15's Progress note dated 12/19/2022 documents well being check. Staff reported that he fell. Writer met with resident to check on his wellbeing. Writer discussed why he doesn't use the cane despite counsel. Resident reported that he doesn't like. Writer encouraged him to use it.</p> <p>R15's Progress note dated 12/28/2022 documents The Change In Condition/s reported on this Evaluation are/were: Falls; While resident was outside on patio during smoke break staff observed resident losing his balance and falling to the ground landing on his buttocks. Staff was unable to catch resident before the fall. Writer and certified nursing assistant assisted resident into wheelchair and resident brought back to unit due to safety reasons via wheelchair. Upon further assessment writer observed minimal swelling to left ankle. Resident complained of pain to area when applying pressure. Resident reminded that he should use his cane while ambulating. Resident is being seen by Physical</p>	S9999		

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S9999	<p>Continued From page 19</p> <p>Therapy.</p> <p>R15's Quarterly Fall risk review dated 7/2/2021 documents a High Risk for Fall score of 10 with risk factors including medications, needing assistance with ambulation, Gait Imbalances including requiring use of assistive device, and status of 3 or more health conditions.</p> <p>No Fall Risk review was located in R15's medical records from 07/02/2021 - 11/30/22.</p> <p>R15's Fall risk review dated 11/30/22 documents a High Risk for Fall score of 10 with risk factors including falls within the last 3 months; medications, and status of 3 or more health conditions; ambulation noted as independent, noted as having normal gait/balance.</p> <p>R15's Fall risk review dated 12/18/22 documents a High Risk for Fall score of 11 with risk factors including falls within the last 3 months; medications, balance problem with standing and walking, and status of 3 or more health conditions; ambulation noted as independent.</p> <p>R15's Fall risk review dated 12/28/22 documents a High Risk for Fall score of 13 with risk factors including falls within the last 3 months; medications, balance problem with standing and walking, and status of 1-2 health conditions; ambulation noted as independent.</p> <p>On 03/15/23 at 01:35 PM V2 (Director of Nursing) stated a fall risk review is completed depending on the reason and circumstances of a fall. V2 stated a fall risk review should have been conducted when his family member reported he had a fall while out of the facility on 11/24/22. V2 stated that incident could have indicated an</p>	S9999		

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S9999	<p>Continued From page 20</p> <p>increase in his fall risk. V2 stated R15 uses a cane that he is not compliant with. V2 stated R15 can walk independently with a cane, but without cane can his balance is not stable when walking. V2 stated the way that the fall risk assessment is completed affects the fall risk score. V2 stated the higher the fall risk score the higher risk for falls. V2 stated if fall risk reviews are not completed accurately it can potentially contribute to their risk of falls. V2 stated she cannot explain why R15's fall risk assessments did not indicate he had more than 3 conditions that contribute to fall risk and why the information regarding his gait and balance did not reflect his gait imbalance. V2 stated a root cause analysis of falls is conducted and interventions are updated based on the interdisciplinary teams findings. V2 stated based on R15's non-compliance with the use of his cane he would benefit from increased monitoring.</p> <p>(A)</p> <p>Statement of Licensure Violations (3 of 3)</p> <p>300.610a) 300.1050b)2) 300.1050b)3) 300.1050c)1) 300.1050d)1)2) 300.1210b)</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</p>	S9999		

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S9999	<p>Continued From page 21</p> <p>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 300.1050 Dental Standards</p> <p>b) The direct care staff shall receive in-service education annually. This will be provided by a dentist or a dental hygienist.</p> <p>2) Direct care staff shall be educated in proper brushing and oral health care for residents who are unable to care for their own health.</p> <p>3) Direct care staff shall be educated in examining the mouth in order to recognize abnormal conditions for necessary referral.</p> <p>c) The long-term care facility's dental program shall provide for each resident having proper daily personal dental hygiene attention, with the nursing staff responsible for continuity of care which includes, but is not limited to, the following:</p> <p>1) Assistance in cleaning mouth with electric or hand brush if resident is unable to do so.</p> <p>d) There shall be comprehensive treatment services for all residents which include, but are not limited to, the following:</p>	S9999		

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S9999	<p>Continued From page 22</p> <p>1) Provision for dental treatment</p> <p>2) Provision for emergency treatment by a qualified dentist</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>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy and procedures for providing dental care for residents by not identifying dental care needs and not ensuring dental services were provided for residents. This failure applies to four (R19, R27, R36, R55) of four residents reviewed for dental care and resulted in (R55) being hospitalized due to a dental infection and facial cellulitis.</p> <p>Findings include:</p> <p>1. R55 is a 59 year old male who originally admitted to the facility on 11/3/2022 and still resides in the facility. R55 has multiple diagnoses including but not limited to the following: COPD,</p>	S9999		

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S9999	<p>Continued From page 23</p> <p>Type II DM, ESRD, moderate protein calorie malnutrition, HTN, anemia, dependence on renal dialysis, aphasia, abnormalities of gait and mobility.</p> <p>Facility progress note dated 3/7/23 states in part but not limited to the following: Upon rounds this morning, observed resident face swollen on both sides. Received orders to send to emergency room.</p> <p>Hospital records dated 3/8/23 state in part but not limited to the following: Patient presented to emergency department from nursing facility secondary to external facial swelling, likely secondary to poor dental hygiene. Patient admits to mouth pain but information limited due to patient's baseline mentation. Multiple significant dental carries with missing maxillary incisors. Multiple periapical lucencies are seen at the maxillary and mandibular teeth. Thrush noted. Preorbital soft tissue edema extending to the nasal bridge. Dental consultation is recommended.</p> <p>Facility progress note date 3/10/23 states in part but not limited to the following: Resident re-admitted to the facility from hospital with facial swelling, tooth pain, and infection.</p> <p>On 3/14/23 at 10:53AM, V14 (Social Service Director) was interviewed regarding the dentist and dental hygienist visits. V14 says the dentist or dental hygienist comes once a month. They rotate their schedule. They provide cleanings, exams, and mouth care. We provide them with a list of residents to see while in the facility. The list includes new admissions and any resident that wants or requests to have dental services at that time. R55 has not been seen by the dentist or</p>	S9999		

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S9999	<p>Continued From page 24</p> <p>dental hygienist since he admitted on 11/3/2022. This surveyor asked if the CNA's (certified nursing assistants) are required to be providing daily maintenance such as brushing their teeth and identifying any concerns in which V14 said yes.</p> <p>On 3/15/23 at 12:20PM, V2 (Director of Nursing) was interviewed regarding dental services. V2 said all residents should be seen on a monthly basis by the dentist or the dental hygienist and CNA's should be providing residents with daily dental hygiene as needed.</p> <p>On 3/16/23 at 11:10AM, V2 was interviewed again. V2 says it is my expectation that the CNA's assist the residents with dental hygiene and report any concerns to their nurse. The nurses should be assessing the resident's oral hygiene every time they do an assessment. If the nurse's recognize a concern, they should be notifying the doctor. R55's admitting diagnosis was swelling of the face and he came back on an antibiotic due to an infection.</p> <p>Per facility care plan dated 11/3/22 states in part but not limited to the following: Focus: I have a self-care deficit and I require assistance with ADL's to maintain the highest possible level of functioning. Desired Outcome: I will maintain my current level of ADL functioning without significant decline unless the disease process causes unavoidable deterioration. Interventions: Personal hygiene and oral care: I require total assistance and one staff for personal hygiene and oral care. (Total dependent on staff).</p> <p>Physician order sheet shows the following orders: dental consult as needed with order date of</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007918	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2023
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NAME OF PROVIDER OR SUPPLIER LANDMARK OF RICHTON PARK REHAB & NSI	STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471
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(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 25</p> <p>3/11/2023; clindamycin HCl capsule 300 mg- Give 1 capsule by mouth one time a day every Tuesday, Thursday, Saturday for tooth infection until 3/21/2023; Metronidazole tablet 500 mg- Give 1 tablet by mouth three times a day for oral infection until 3/20/2023.</p> <p>It is to be noted that a dental consultation has not been scheduled or conducted at this time.</p> <p>Per facility policy titled Oral Hygiene and Denture Care states in part but not limited to the following: It is the policy of the facility to assist the residents as much as necessary to see that they have good oral hygiene.</p> <p>2. On 03/14/23 at 1:16 PM, V28 stated she believes R19 may have an infection in his mouth. V28 stated the facility is not providing any oral hygiene for him or and he is taking care of himself and no one at the facility is managing that. V28 stated R19 had a mouth full of rotten teeth since he's been at the facility and now they're gone.</p> <p>On 03/14/23 at 4:31 PM, Observed R19 with no visible teeth in his mouth.</p> <p>R19's Current care plan does not include dental care.</p> <p>R19's Current Physician Orders document an active order effective 12/20/22 for Dental Consult As Needed.</p> <p>3. On 03/14/23 at 12:26 PM, R27 stated she needs to see a dentist and hasn't seen one in quite a while. R27 stated she believes you have to be put on a list to be seen. R27 stated she forgets after she informs staff she would like to be</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007918	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2023
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NAME OF PROVIDER OR SUPPLIER LANDMARK OF RICHTON PARK REHAB & NSI	STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471
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S9999	<p>Continued From page 26</p> <p>seen because she doesn't receive any follow up. Observed R27 missing teeth in front of her mouth.</p> <p>R27's Current care plan does not include dental care.</p> <p>4. On 03/14/23 at 12:07 PM, Observed R36 with crooked teeth, missing teeth, and dark build up on bottom row of teeth. R36 stated he needs dentures. R36 stated it's been a long time since he has seen the dentist.</p> <p>R36's Current care plan does not include dental care.</p> <p>The facility's Dental Reports indicating residents that were seen for dental services from September 2022 - February 2023 does not document that R36 was seen for dental services.</p> <p>The facility's Dental Reports indicating residents that were seen for dental services from September 2022 - February 2023 does not document that R19, R27, or R36 were seen for dental services.</p> <p>On 03/16/23 at 11:00 AM, V2 (Director of Nursing) stated nursing staff would identify the need for dental services and social services would assist with being seen by the dentist. V2 stated the nurse should assess residents for dental service needs each time they see the resident.</p> <p>On 03/16/23 1:05 PM, V37 (MDS/Care Plan/Restorative LPN) stated dietary is responsible for developing dental care plans and did not identify any dental care planning needs for R27 or R36.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007918	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2023
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NAME OF PROVIDER OR SUPPLIER LANDMARK OF RICHTON PARK REHAB & NSI	STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471
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S9999	Continued From page 27 (B)	S9999		