(X6) DATE

Illinois Department of Public Health

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					С	
		IL6003008	B. WING		07/1	6/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ZAHAV C	OF BERWYN		ITH HARLEN , IL 60402	1 AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Survey:	2495401/IL175377				
S9999	Final Observations		S9999			
	Staement of Licens	ure Violations				
	300.610a) 300.1210b) 300.1210d)3 300.1210d)4)A)B 300.3240a)					
	Section 300.610 R	esident Care Policies				
	procedures governifacility. The written be formulated by a Committee consisting administrator, the amedical advisory confiners and othe policies shall complication of the written policies the facility and shall	advisory physician or the committee, and representatives or services in the facility. The ly with the Act and this Part. It is shall be followed in operating the reviewed at least annually documented by written, signed				
	Section 300.1210 (Nursing and Persor	General Requirements for nal Care				
	and services to atta practicable physica well-being of the re- each resident's con plan. Adequate and	I provide the necessary care ain or maintain the highest II, mental, and psychological sident, in accordance with apprehensive resident care II properly supervised nursing care shall be provided to each				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

07/19/24 **Electronically Signed**

TITLE

STATE FORM 6899 54MG11 If continuation sheet 1 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				SURVEY LETED
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		116003008	B. WING		07/1	6/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ZAHAV C	OF BERWYN	3601 SOU BERWYN,	TH HARLEN	IAVENUE		
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	resident to meet the care needs of the re	e total nursing and personal esident.				
	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:					
	3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.					
	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:					
	A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.					
	B) Each resident shall have at least one complete bath and hair wash weekly and as many additional baths and hair washes as necessary for satisfactory personal hygiene.					
	Section 300.3240 A	Abuse and Neglect				
		see, administrator, employee shall not abuse or neglect a 2-107 of the Act)				
	These Requiremen evidenced by:	ts were NOT MET as				

Illinois Department of Public Health

Based on interview and record review, the facility

STATE FORM 6899 54MG11 If continuation sheet 2 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6003008	B. WING			C 16/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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\$9999	failed to identify and This affected one or reviewed for skin as This failure resulted hospital where the otreated for maggots. Findings Include: R1 is a 73 year old end stage renal disrenal dialysis, type transient ischemic as A General note date nurse contacted the about R1's left legs send R1 to the hos up blood clots. R1 was step down unit. The Hospital Recorpresented to the enincreased left legs on 6/17 where R1 with a left vein angimultiple veinoplastinoted in the right pl consult was orderesurface of the right maggots upon adm. On 7/9/24 at 2:00Pl received bed baths and during the bed issues. V2 denied is	d treat an open wound. If three residents (R1) assessment and wound care. If in R1 being admitted to the open wound was found and a present in the wound. With the following diagnosis: ease with dependence on 2 diabetes, heart failure, and attacks. Med 7/6/24 documents the exphysician to inform them as welling. Orders were put in to pital for an evaluation to rule was transported to the hospital as admitted to the hospital to a design of the plant of the wound is on the plant of the wound is on the plant of the wound was noted to have	\$9999			

Illinois Department of Public Health STATE FORM

6899 54MG11 If continuation sheet 3 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVE COMPLETED	
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040.15	CUIMMA DV CTA	BERWYN,		DROVIDEDIC DI ANI OF CODDECTI	DNI .	()(5)
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	On 7/9/24 at 2:12Pl with R1 the morning before R1 left for th R1 a bed bath on the open areas or new have been reported overall skins checkersidents when care reported any conce documented on the should be notified sordered. V3 reported then" in the halls an On 7/9/24 at 2:44Pl	M, V3 (CNA) stated V3 worked g (7/6/24 7AM-3PM shift) e hospital. V3 reported giving his day and denied seeing any skin concerns that should to the nurse. V3 stated are performed daily on e is being provided. V3 rns with the skin should be bath sheet and the nurse to wound treatments can be ed seeing flies "every now and hid that it is "normal."				
	full body skin assess for the hospital. V4 areas on the skin. Vassessed before a the facility is aware they leave and to giresident is going on the nurse must doccompleted before the what was found on reported if maggots.	sment on R1 before R1 left denied R1 having any open /4 reported the skin has to be resident leaves the facility so of how their skin looks before we report to the location the what was found. V4 stated ument a skin assessment was he resident is discharged and the skin assessment. V4 were found in a wound then e to be open at least a couple				
	previously had wou not aware of any wo to the hospital on 7, previously had a wo healed. V5 reported completed when a las needed. V5 state needs to be complereported a skin ass	M, V5 (DON) stated R1 nds that healed, but V5 was bunds R1 had upon discharge (6/24. V5 confirmed R1 bund to the right foot that diskin assessments should be resident is being bathed and ed a skin assessment form eted with each bath given. V5 essment is not needed before spital and the facility refers to				

Illinois Department of Public Health

STATE FORM 6899 54MG11 If continuation sheet 4 of 9

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED	
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		IL6003008	B. WING			, 6/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ZAHAV (OF BERWYN		TH HARLEN , IL 60402	I AVENUE		
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S9999	Continued From pa	ge 4	S9999			
	the resident's last s skin was like when	hower day to know what their they left.				
	arrived to the facility cleaned up to go to a complete skin ass leaving due to R1 h	M, V6 (CNA) stated V6 just y around 11PM and got R1 the hospital. V6 denied doing sessment on R1 before aving socks on. V6 reported round midnight for the				
	On 7/9/24 at 3:32PM, V7 (Wound Care Coordinator) stated R1 had pressure injuries on R1's heels when R1 was admitted but R1 did not have any current wounds. V7 reported skin assessments need to be completed on bath days and as needed. V7 stated staff did not bring any new skin concerns to V7's attention before R1 left for the hospital. V7 reported if a wound is left open and untreated then it runs the risk of becoming infected and declining.					
	became swollen so the hospital for an e assessing R1's skir hospital because "b to my attention anyt asked if residents a	M, V8 (Nurse) stated R1's leg V8 got orders to send R1 to evaluation. V8 denied before leaving for the ecause nothing was brought thing was wrong." When re supposed to have a skin leaving the facility, V8 said, "I				
	the hospital. R1 was three when question president. R1 stated to the left leg swelling leg was swelling. R room maggots were	AM, R1 was interviewed at a salert and oriented times ned the date, location, and a R1 came to the hospital dueing but was unaware why the 1 reported in the emergency of found in a wound on R1's naware R1 had a wound to				

Illinois Department of Public Health

STATE FORM 54MG11 If continuation sheet 5 of 9

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ZAHAV (OF BERWYN	3601 SOU BERWYN,	TH HARLEN IL 60402	1 AVENUE		
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S9999	Continued From pa	ge 5	S9999			
\$9999	R1's room once or all day. R1 reported seeing the fly then i stated the fly would belongings. R1 den the feet within the la wound is still on R1 now healing. R1 wa boot with a dressing gauze. The nurse a dressing change was morning and the hothe dressing again to observation of the worning and the hothe dressing again to observation of the worning up two fly traclose the door during the flies downstairs putting up two fly traclose the door during the worning and the worning flies get in the control of the worning flies downstairs putting up two fly traclose the door during how flies get in the control of the worning from the was coming from the was coming from the open because the worning from the open. R5 reported the well as R5's belong comment to the flies room to a staff men	ated there would be a fly in twice a week but it didn't stay I R1 would go hours without t would reappear later. R1 land on R1 and R1's ied having any wound care to ast month. R1 reported the 's foot and was infected but is as wearing a heel protective to the right foot covered in the hospital reported the as completed around 8AM that spital would not be removing for the surveyor to make an wound. PM, V10 (Maintenance ff notified V10 about a concern on 7/8/24. V10 reported aps and reminding staff to a deliveries because that is building. PM, R5 resided in the room R1 was sent to the hospital. R5 y about once a week come as unaware of where the fly the hallway when the door was window in the room did not the fly would land on R5 as ings. R5 reporting making a secoming in and out of the other but R5 could not	S9999			
	the flies having bee room "all summer." On 7/15/24 at 12:37	staff member was. R5 stated n coming in and out of the 7PM, V12 (Wound Nurse R1 was not being seen by				

Illinois Department of Public Health

STATE FORM 54MG11 If continuation sheet 6 of 9

Illinois Department of Public Health								
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY LETED		
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	OF BERWYN	BERWYN,	, IL 60402					
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S9999	Continued From pa	ige 6	S9999			_		
	V12's company due in the year. V12 rep is treated by V12 is resident has a skin risk for developing being incontinent, a in the past. V12 rep resident's skin at le reported the wound notified immediately resident's skin so tr stated maggots get eggs in the warm man't say exactly hot to become maggots or two." V12 reporte from entering a wor flies, which is difficulareas of the skin shathe flies aren't laying can cause infection wound to decline and the SBAR Commundocuments R1 had extremity and was sevaluation documents R1 had extremity	e to R1;s wound healing earlier ported the only way a resident of staff notify V12 that a concern. V12 stated R1 is at wounds due to immobility, and previously having wounds ported most facilities assess east on a weekly basis. V12 dicare company should be yif there is any openings in a reatment can begin. V12 tinto a wound by a fly laying noist environment. V12 said, "I bow long it takes for the fly eggs is, but I would say within a day ed in order to prevent maggots and he area needs to clear of all so the wound or any open nould be covered to make sure ag eggs. V12 stated maggots in a wound and cause the end become worse. Inication Form dated 7/6/24 swelling to the left lower sent to the hospital. The skin into there's only swelling to the other indication that R1 has yight part of the skin. The Hospital ed 7/6/24 documents R1 was for new or worsening edema. Source ulcers/injuries. The skin nents R1 currently does not ulcers or other wounds. Indicated 6/8/24 documents a nig R1 is at risk for developing and chair fast, very limited						
	mobility, and slightly	y limited sensation. There is a d that healed on the right						

STATE FORM 6899 If continuation sheet 7 of 9 54MG11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				SURVEY LETED
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\$9999	Continued From particles of the documentation, 7/1/24 and 7/4/24 apresent at the time is no documentation the feet were composed of the documentation the feet were composed of the document R1 having open wounds. The documents R1 is at integrity with a Brack intervention include bath days, report all follow appropriates Care Plan dated 1/2 diabetes mellitus. Aplan includes to wa and water and insports, pressure are redness then report. The Minimum Data documents R1 has Status score as a 1 Section M of the Mideveloping pressure.	ge 7 s treated in the facility in r 07/2024 were reviewed. Per R1 received a bed bath on nd had no new wounds of these assessments. There n of any daily skin checks to leted. reviewed and does not g any current care plan for Care Plan dated 6/28/24 risk for impairment to skin	S9999		PRIATE	DATE
	orders and there ar treatments for be p The Medication Adr	er Sheet was reviewed for all e no orders for wound erformed to the right foot. ministration Record for 24 were reviewed and does				

Illinois Department of Public Health

not document any dressing changes to the right

STATE FORM 6899 54MG11 If continuation sheet 8 of 9

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ZAHAV C	F BERWYN	3601 SOU BERWYN,	TH HARLEN IL 60402	N AVENUE		
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S9999	Continued From pa	ge 8	S9999			
	foot. Per V1 (Administrator), there is no Treatment Administration Record for R1 for 06/2024 and 07/2024. The policy titled, "Wound Prevention and Healing," dated 07/24/23 documents, "Policy Statement: To provide wound care treatments/services based on evidence based standards of care under the direction of a physician. 1. Assessment and Prevention c. Facility will inspect skin during showers, daily and or weekly skin checks as scheduled, and PRN11. The Multidisciplinary Wound Care Team: 1. The wound care team is responsible for identifying problems, coordinating care, and promoting development of the team in the program. 2. Certified wound care nurses and trained nurses are responsible for oversight of wound care rendered to all wound care patients, including the patient assessments, evaluation, treatment, measurements, plans of care, care outcomes, and cost effective of the treatment plan of care."					
	(B)					

Illinois Department of Public Health STATE FORM

6899 54MG11 If continuation sheet 9 of 9