Illinois D	epartment of Public	Health			FORM APPROVEI
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		IL6005896	B. WING		C 10/07/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
ΜΔΥΕΙΕΙ	D CARE AND REHAE	5905 WE	ST WASHING	TON	
		CHICAGO	D, IL 60644		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
S 000	Initial Comments		S 000		
	Complaint Investiga 2487809/IL178560	ation			
S9999	Final Observations		S9999		
	Statement of Licens	sure Violations:			
	300.610a) 300.1210a) 300.1210d)2)				
	Section 300.610 R	esident Care Policies			
	procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall compl The written policies the facility and shal	dvisory physician or the ommittee, and representatives or services in the facility. The ly with the Act and this Part. shall be followed in operating I be reviewed at least annually documented by written, signed			
	Section 300.1210 (Nursing and Persor	General Requirements for nal Care			
	with the participatio resident's guardian applicable, must de comprehensive car includes measurabl meet the resident's	Resident Care Plan. A facility, n of the resident and the or representative, as evelop and implement a e plan for each resident that le objectives and timetables to medical, nursing, and mental eeds that are identified in the			
LABORATORY	tment of Public Health 7 DIRECTOR'S OR PROVID ically Signed	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	(X6) DATE 10/22/24

If continuation sheet 1 of 9

	IT OF DEFICIENCIES OF CORRECTION	Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C	
		IL6005896			10/	07/2024
IAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
IAYFIEL	D CARE AND REHAE	3	ST WASHING 9, IL 60644	ION		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
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	allow the resident to practicable level of provide for discharg restrictive setting by needs. The assess the active participal resident's guardian applicable. (Section d) Pursuant to subs care shall include, a and shall be practic seven-day-a-week 2) All treatments a administered as or These regualtions w Based on interview failed to provide wo of 3 residents who The facility failed to 1. Provide wound site. 2. Develop skin c 3. Ensure wound scale assessment of R1.	basis nd procedures shall be dered by the physician. were not met as evidenced by: and record review, the facility bund treatments for 2 (R1,R4) were reviewed for wounds.				
	the hospital on 9/4/	Ited in R1 being admitted to 24 for dehiscence of the a and R4's wound dressing not y.				
	The findings includ	e:				

STATEMEN	Inois Department of Public Health TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUF ND PLAN OF CORRECTION IDENTIFICATION		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
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		IL6005896	B. WING		10/07/2024	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
MAYFIEL	D CARE AND REHAE	3	ST WASHING1 O, IL 60644	ON		
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	date on 8/20/24 wit Hemiplegia and her infarction affecting diabetes mellitus, C calories, Essential Hyperlipidemia, An- anemia, Atheroscle coronary artery, Pe Encounter for other Depression, Other mobility, Other lack R4's admission rec date on 3/14/23 wit Central Cord syndre spina cord, Chronic Disease, Retention Malnutrition, Pressu Pressure Ulcer Of I Ulcer Of Other Site Chronic Ulcer Of Si Unspecified Severit Disorder, Periphera Absence Of Left Le Atherosclerosis Of With Ulceration Of Non-pressure Chro Foot With Fat Laye R1's progress notes in part: Resident w escort. Resident w	ord documented admission h diagnoses not limited to ome at C5 level of cervical c Obstructive Pulmonary Of Urine, Mild Protein-Calorie ure Ulcer Of Right Hip Stage 4 Right Heel Stage 3, Pressure Stage 4, Non-Pressure kin Of Other Sites With ty, Anemia Due To Enzyme al Vascular Disease, Acquired og Above Knee, Native Arteries Of Left Leg Other Part Of Foot, nic Ulcer Of Other Part Of Left	, t			
	R1's cognition was needed set up or cl	ta Set) dated 8/27/24 showed moderately impaired. She ean up assistance with upper ervision or touching				

Illinois D	epartment of Public	Health			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION		SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMI	PLETED
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		IL6005896	B. WING		10/0	07/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
MAVEIEI	D CARE AND REHAE	5905 WE	ST WASHING	TON		
		CHICAGO	D, IL 60644			
(X4) ID		TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF		(X5) COMPLETE
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				DEFICIENC	Y)	
S9999	Continued From pa	ige 3	S9999			
		-				
		eting and personal hygiene, ; Partial / moderate assistance				
		ssing, chair / bed, and toilet				
		wed R1 had surgical wound.				
		wearren haa sargioar woarra.				
	R1's wound / skin a	ssessment dated 8/21/24				
	documented in part	: Lt Inner Thigh measuring				
	4.5 x 1.5 x 0.1cm w	ith light serosanguinous				
	drainage.					
	P1's Admission History and Dhysical notas dated					
	R1's Admission History and Physical notes dated 8/21/24 documented in part: Patient underwent					
		to the knee popliteal bypass				
		INTER FOR OTHER				
		ICAL AFTERCARE - Monitor				
		al site as per facility protocol.				
	0 40/00/04 440					
		11am Interview with V3				
		e, Licensed Practical Nurse / arted working in the facility in				
		d resident's skin condition is				
		ission and if there is skin				
		pressure, non-pressure or				
	surgical wounds, as	ssessment and documentation				
		ekly as it would give				
		he wound that include				
	-	ment, treatment, and status of				
		in alteration, need to have a				
		Treatment will make the prevent infection. If there is				
		it, could lead to infection,				
		g of wound. Braden scale				
		entify if the resident is at risk				
		. It is done upon admission /				
	readmission x 4 we	eks then quarterly and				
		Reviewed R1's electronic				
) with V3 and stated R1 was				
		cal site to her left inner thigh				
		ulation. R1 had stent moral popliteal bypass. She				
inoio Don	rtment of Public Health	noral popilical bypass. Ole				

Illinois D	epartment of Public	Health			FORM	IAPPROVEI
STATEMEN	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED		
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NAME OF	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, S	TATE, ZIP CODE		
	_D CARE AND REHAE	5905 WE	ST WASHING	TON		
	D CARE AND REHAD	CHICAG	O, IL 60644			
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S9999	Continued From pa	ge 4	S9999			
	surgical site on left place with moderate She said Treatment every Monday, Wea needed. Upper par closed. She said sid dissolvable. Stated treatment order sha order sheet) and re administration reco each treatment. If it was not done or pro- doctor's appointme the hospital. Diagn the wound on the le was not aware that opened. It was a cl Reviewed R1's POS did not see treatme inner thigh surgical assessment complet there should have a 8/28/24 but was no went to the hospital assessment was no surgical wound sho would include intervie for the staff on how Reviewed R1's skir intervention found. upon admission on and 9/3/24. At 12:19am Intervie resident has a surg documentation sho reference regarding Care plan should in	as done on 8/21/24, showed inner thigh with sutures in e serosanguinous drainage. t: Border gauze dry dressing dnesday, Friday and as t of the left groin area site was urgical sutures are I standard of practice, buld be in the POS (physician flected in the TAR (treatment rd), should be signed after not documented, treatment by ided. R1 went out for a nt and was directly admitted to osis: Worsening / Dehisce of eff groin area. V3 said, she wound on left groin area re losed wound that re open. S and TAR with V3 and said ent order for left groin and left wound. Weekly skin wound eted on 8/21/24. She said another documentation on t completed. On 9/4/24, R1 so weekly skin wound ot completed. She said uld have a care plan that ventions to provide guidance to care for the resident. a care plan with V3, no Braden scale was completed 8/20/24. None for 8/27/24				

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
IL6005896	B. WING	WING		C 07/2024
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EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
ng standard practice, if it was n it was not done. If e or provided could possibly ioration / worsening / decline d infection. She said on for doctor's appointment and d to the hospital due to wound said there was an odor in the ere the odor was coming from und. She said the wound dor was not from the wound. ter working as a CNA (V18) in m Interview with V18 ing Assistant) stated she has facility for over a year. She who had a surgery, stent was g. It was inserted to the groin has 2 surgical sites, on left eg. She said R1's surgical erly taking care of. She 24 for Doctor's appointment the odor. She said the surgical sites on left groin ted. The doctor said that R1 o the hospital to clean up the from appointment, R1 was he hospital. She said R1 was	5			
	ILEOUSESSESSESSESSESSESSESSESSESSESSESSESSES	IDENTIFICATION NUMBER: A. BUILDING: IL6005896 B. WING STREET ADDRESS, CITY, ST 5905 WEST WASHINGT CHICAGO, IL 60644 CHICAGO, IL 60644 EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION) ID PREFIX TAG ge 5 S9999 nt order for every wound and S (Physician Order Sheet), ninistration Record), or MAR tration Record). After ded TAR should be signed or ng standard practice, if it was n it was not done. If e or provided could possibly oration / worsening / decline d infection. She said on for doctor's appointment and d to the hospital due to wound said there was an odor in the tre the odor was coming from. und. She said the wound dor was not from the wound. er working as a CNA (V18) in m Interview with V18 ing Assistant) stated she has facility for over a year. She who had a surgery, stent was g. It was inserted to the groin has 2 surgical sites, on left eg. She said R1's surgical erly taking care of. She 24 for Doctor's appointment the odor. She said the surgical sites on left groin ted. The doctor said that R1 o the hospital. She said R1 was he hospital. She said R1 was he hospital. She said R1 was sive Care Unit), tracheostomy re inserted. R1 is still	IDENTIFICATION NUMBER: A. BUILDING: IL6005896 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE S905 WEST WASHINGTON CHICAGO, IL 60644 EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCIES jp 5 S9999 int order for every wound and G (Physician Order Sheet), ninistration Record), or MAR tration Record). After ded TAR should be signed or g standard practice, if it was n it was not done. If e or provided could possibly oration / worsening / decline d infection. She said on for doctor's appointment and d to the hospital due to wound said there was an odor in the tre the odor was coming from. und. She said the wound, dor was not from the wound, er working as a CNA (V18) in m Interview with V18 ing Assistant) stated she has facility for over a year. She who had a surgery, stent was j. It was inserted to the groin has 2 surgical sites, on left eg. She said R1's surgical erly taking care of. She surgical sites on left groin ted. The doctor's appointment the odor. She said the surgical sites on left groin ted. The doctor's appointment the odor. She said R1 was he hospital. She said R1 was sive Care Unit), tracheostomy re inserted. R1 is still	IDENTIFICATION NUMBER: A BUILDING: COM IL6005896 B WING 10/ STREET ADDRESS, CITY, STATE, ZIP CODE S905 WEST WASHINGTON CHICAGO, IL 60644 10/ EMENT OF DEFICIENCIES MUST BE PRECOEDED BY FULL CIDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION CHICAGO, IL 60644 PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) je 5 S9999 nt order for every wound and S (Physician Order Sheet), ninistration Record), or MAR tration Record). After tration Record). After the or provided could possibly oration / worsening / decline i freaton. She said on for doctor's appointment and d to the hospital due to wound said there was an odor in the re the odor was coming from. und. She said the wound. er working as a CNA (V18) in m Interview with V18 ing Assistant) stated she has facility for over a year. She who had a surgery, stent was j. It was inserted to the groin has 2 surgical sites, on left ag. She said R1's surgical etty taking care of. She 24 for Doctor's appointment the odor. She said the surgical sites on left groin ted. The doctor said that R1 o the hospital to clean up the to mappointment, R1 was he hospital. She said R1 was sive Care Unit), tracheostomy

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		IL6005896	B. WING			C)7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
MAYFIEL	_D CARE AND REHAE	3		ΤΟΝ		
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S9999	Continued From pa	ge 6	S9999			
	Left femoral above with Graft. V17 sta sites. He assumes incision on left groin inserted and should should notify the wo changes. Treatmen assessment of wou site, nursing should check is done. He vulnerable area - it dehiscing process. wound before from he does not know to the surgical wound					
	surgical incision in No weekly skin ass 9/4/24 for R1's left i R1's POS, MAR an	essment found on 8/28/24 and inner thigh surgical site. d TAR for August and eviewed, no treatment order for				
	The resident has po	d 8/21/24 documented in part: otential / actual impairment to nterventions documented /				
	9/4/24 with lock dat respectively showe	sment dated 8/20/24 and e on 9/8/24 and 9/9/24 d low risk for skin breakdown. nent found on 8/27/24 and				
	bed, alert, and orien no odor. Air mattre	am R4 was observed lying in nted x 3, verbally responsive, ass in placed. R4 stated his nould be changed daily, but				

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MAYFIEL	D CARE AND REHA	3	ST WASHING ⁻ O, IL 60644	ΤΟΝ		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLETI DATE
S9999	Continued From pa	age 7	S9999			
	treatment is done t	done. He said wound horoughly every Wednesday octor is here in the facility.				
	Dakins then pack w to dry, cover with b and as needed. Tr	p and buttock: Cleanse with vound loosely with dakins wet order gauze one time a day eatment was not signed as 4, 9/24/24 and 9/25/24.				
	Intact. Dependent	showed R4 was cognitively with ADLs. MDS showed 2 ulcers, 2 venous and arterial				
	R4 Care plan Upda Treatment to wound	te Review on 9/11/24 showed: ds as directed.				
	documented in part for the care, manage surgical wounds to promote optimal he safety. All surgical and documented up and during each dra Comprehensive wo completed after eact change. In patients diabetes, obesity of states, more freque specialized care man R4's TAR: Right hi Dakins then pack w to dry, cover with be and as needed. Tr	ound documentation must be ch assessment and dressing s with co-morbidities such as r immune-compromised ent wound assessment and				
		showed R4 was cognitively with ADLs. MDS showed 2				

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MAYFIEL	D CARE AND REHAE	3	ST WASHING ⁻ D, IL 60644	TON		
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S9999	Continued From pa	ige 8	S9999			
	Stage IV pressure ulcers present.	ulcers, 2 venous and arterial				
	R4 Care plan Upda Treatment to wound	te Review on 9/11/24 showed: ds as directed.				
	documented in part for the care, manage surgical wounds to promote optimal he safety. All surgical and documented up and during each dre comprehensive wo completed after eace change. In patients diabetes, obesity of	ound documentation must be ch assessment and dressing s with co-morbidities such as r immune-compromised ent wound assessment and				
		tment procedure (undated) t: Apply treatment as ordered.				
	dated September 2 changes in residen	ection and reporting policy 2024 documented in part: All t's skin must be documented nic health record) care will be				
	(A)					
	tment_of Public Health					

If continuation sheet 9 of 9