(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
ISENTI IS NOT THE REPORT OF THE PARTY OF THE		A. BUILDING:		С					
IL6000335		B. WING		09/04/2024					
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE			
S 000	Initial Comments		S 000						
	Complaint Investiga 2476837/IL177258	ation							
S9999	Final Observations		S9999						
	Statement of Licens	sure Violations:							
	300.610a) 300.1010h) 300.1210b) 300.1210d)3) 300.1210d)5)								
	Section 300.610 R	esident 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 300.1010	Medical Care Policies							
	physician of any acchange in a resider health, safety or we but not limited to, the manifest decubitus	shall notify the resident's cident, injury, or significant nt's condition that threatens the elfare of a resident, including, ne presence of incipient or ulcers or a weight loss or gain ore within a period of 30 days.							

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

09/19/24 **Electronically Signed**

TITLE

Illinois Department of Public Health

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	plan of care for the accident, injury or c of notification.	tain and record the physician's care or treatment of such change in condition at the time				
	Nursing and Persor	General Requirements for nal 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 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.					
	nursing care shall in	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis:				
	resident's condition emotional changes determining care re further medical eva	bservations of changes in a , including mental and , as a means for analyzing and equired and the need for luation and treatment shall be aff and recorded in the record.				
	pressure sores, head breakdown shall be seven-day-a-week enters the facility widevelop pressure social condition desores were unavoid	ogram to prevent and treat at rashes or other skin practiced on a 24-hour, basis so that a resident who ithout pressure sores does not ores unless the individual's emonstrates that the pressure lable. A resident having II receive treatment and				

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	` ´COMBL		
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		WESTMO	NT, IL 60559				
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		e healing, prevent infection, essure sores from developing.					
	These requirement	s are not met as evidenced by:					
	Based on observation, interview, and record review the facility failed to perform skin assessments in order to prevent pressure injuries from developing for 1 of 5 residents (R2) reviewed for pressure in the sample of 6. This failure resulted in R2 developing a facility acquired pressure injury that was not identified until it was a Stage 3.						
	The findings include	e:					
	On 9/3/24 at 11:50 AM, R2 was dressed and sitting bedside in his room. R2 had a low air loss mattress on his bed. R2 said he has a pelvic fracture in two places which causes him some pain. R2 said he is able to walk with a walker, move in bed, and takes himself to the bathroom. R2 said he got the low air loss mattress when they found a sore on his bottom. R2 said he didn't have any sores when he came in.						
	admitted to the faci and oriented to per- and is able to make	ed dated 8/6/24 shows R2 was lity from the hospital, is alert son, place, time, and situation, his needs known. The same en areas, skin is intact."					
	R2's Progress Note is intact.	dated 8/8/24 shows R2's skin					
	R2's Progress Note dated 8/9/24 shows "skin intact." There are no progress notes regarding R2's skin until 8/18/24 when R2 was found with a Stage 3 pressure injury to his sacral area.						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	R2's Wound Manage 8/18/24 shows R2 vacquired Stage 3 pmeasuring 1 x 1 cm R2's Wound MD Preshows R2 has a Stage Coccyx, measuring serous exudate. On 9/4/24 at 10:40 said R2 is alert and	gement Detail Report dated was found to have an in house ressure injury sacrum area in with serous drainage. Togress Note dated 8/29/24 age 3 pressure injury to 1.5 x 0.3 x 0.1 cm with scant AM, V11 Nurse Practitioner uses a walker with minimal				
	assistance. V11 said she was notified of R2's pressure injury on his sacrum when it was found at a stage 3. V11 said pressure injuries should be found before they are a Stage 3 and staff should be doing skin assessments during care.					
	Nurse Practitioner's she was on vacation returned from vaca assessment on all of a Stage 3 pressure said she notified V1 and put pressure revision of the CNA is supposed shower room to do said the nurse signal a skin assessment were new openings and get orders, let in notify the Director of and able to turn and pain from his fracture reposition.	AM, V10 Wound Licensed said R2 was admitted when n. V10 said when she tion, she did a skin of the new residents and found injury on R2's bottom. V10 I1 and got treatment orders educing interventions in place. Nursing Assistants (CNA) look care and then on shower days ed to call the nurse into the a full skin assessment. V10 is off on the shower sheet that was done and then if there is the nurse would call the NP ther know of the wound, and off Nursing. V10 said R2 is alert did reposition himself but had are and needed reminders to				

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STATEMENT OF DEPICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X		(X3) DATE SURVEY	
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shows R2 received on 8/12/24, and recand then on 8/18/24 the Nurse Signature shower on 8/15/24 a check mark on the on the sacral area of the control of the	a shower on 8/8/24, refused eived a shower on 8/15/24, d. This Report has initials in a column for all showers. The is completed in pencil and has e open area column and an x on the body diagram. PM, V10 reviewed R2's Bath that his surveyor. V10 said /24 and 8/15/24 have an x and a open area column but the so marking on 8/8/24 only on a is an x on the sacral area. Initialed both showers but she other who the initials were. If ound an open area they are nurse. V10 reviewed the /15/24 and could not initials were for the nurse or could have been agency. In obably didn't tell the nurse a catually do the skin at signed off on the form. M, V4 Registered Nurse said 5/24 but that was not her ower sheet. V4 said she was g a wound until V10 found it dithe nurse is supposed to go m and look at the resident's				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
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	The facility's undate Prevention/Manage "Resident's skin will bathing, dressing, s	ed Pressure Ulcer and Wound ement Program shows I be inspected during daily showering, and incontinency tention to bony prominences						
	(B)							

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