Illinois D	epartment of Public	Health			FORM	IAPPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		IL6006670	B. WING		10/	23/2024
NAME OF F	PROVIDER OR SUPPLIER	L	DDRESS, CITY, S	STATE, ZIP CODE		
SYMPHO	ONY NORTHWOODS		ARL STREET RE, IL 61008			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Health Lice	nsure Certification				
S9999	Final Observations		S9999			
	Statement of Licen	sure Violations 1 of 2				
	300.610a) 300.1210b) 300.1210c) 300.1210d)2 300.1210d)5					
	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 comp 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				
	and services to atta practicable physica well-being of the re each resident's con plan. Adequate and	provide the necessary care ain or maintain the highest I, mental, and psychological sident, in accordance with nprehensive resident care I properly supervised nursing care shall be provided to each				
	tment of Public Health Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIG	GNATURE	TITLE		(X6) DATE
	ically Signed					11/07/24
TATE FORM	N		⁶⁸⁹⁹ K	NQX11	If continua	ation sheet 1 of

STATEMEN	Pepartment of Public	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	·····		PLETED
		IL6006670	B. WING		10/	23/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
сумрно	ONY NORTHWOODS		ARL STREET RE, IL 61008			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLETI DATE
S9999	Continued From pa	ge 1	S9999			
	resident to meet the care needs of the re	e total nursing and personal esident.				
		-giving staff shall review and about his or her residents' care plan.				
		d procedures shall be lered by the physician.				
	pressure sores, hea breakdown shall be seven-day-a-week enters the facility w develop pressure s clinical condition de sores were unavoid pressure sores sha services to promote	m 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 monstrates that the pressure lable. A resident having II receive treatment and healing, prevent infection, essure sores from developing.				
	These Requiremen evidenced by:	ts were NOT MET as				
	failed to identify pre 3 for a resident at ri of pressure (R1). T in assessing and ob prevent pressure in The facility failed to were in place for a pressure injury (R7)	and record review the facility ssure injuries prior to a stage isk for pressure with a history his failure resulted in a delay otaining treatment orders to juries from worsening for R1. ensure pressure interventions resident with a left heel 2). This applies to 2 of 5 previewed for pressure injuries				

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION				K2) MULTIPLE CONSTRUCTION BUILDING:		E SURVEY PLETED
		IL6006670	B. WING		10/	23/2024
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE. ZIP CODE	1 10/	23/2024
			ARL STREET			
STWFRC		BELVIDE	RE, IL 61008			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ge 2	S9999			
	in the sample of 18					
	The findings include	e:				
	6/5/23 shows R1 re dependence with in hygiene, bed mobili R1's skin integrity c and revised on 9/27 impaired skin integr impairment, immob plan identified that I	leficit care plan initiated on equires extensive to total staff icontinence care, personal ity, and transferring. are plan initiated on 6/29/24 7/24 shows she is at risk for rity due to cognitive ility and nutrition. The care R1 currently has pressure uttock, left hip and left				
	completed on 8/12 Care Nurse) shows risk for pressure. T	Assessment (Braden scale) /24 by V12 (former Wound R1 scored a 12 and is at high he assessment shows that erved and assessed regularly.				
	completed by V7 (V 9/13/24 shows R1 h to her left hip which	n and Management Summary Vound Care Physician) on nad a stage 3 pressure injury was healed on 9/13/24. The show any additional pressure /13/24.				
		ed completed on 9/21/24 assessed head to toe and had ations.	Ł			
	V13 (LPN) on 9/24/ observed an open s resident. Open sore center, beefy red tis	notes for R1 completed by 24 states, "This nurse skin area to the hip on the to hip dark discolored area in ssue surrounding. Acute skin ight/left buttocks. Area				

STATEMEN	DEPARTMENT OF Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		IL6006670	B. WING		10/	23/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
SYMPHC	ONY NORTHWOODS		RL STREET RE, IL 61008			
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 3	S9999			
	nurse."					
	completed on 9/25/ Care Nurse) shows R1 had the f identified: 1. Right Buttock- St (Centimeters) x 1.0 (LxWxD/length widt 2. Left Buttock- Sta cm10 cm. 3. Left Buttock- uns 0.5 cm. x unknown 4. Right Trochanter 1.50 cm. x 3.40 cm described as 80% p non-granulating to t bed necrotic (dead wound assessment center of the wound 5. Right hip- Stage cm. x 0.00 cm.	th and depth) ge 2 measuring 1.0 cm. x 1.5 tageable measuring 0.5 cm. x depth (hip)- unstageable measuring . x .10 cm. this wound is bink or red tissue with the skin and 20% of the wound tissue). The picture on the c clearly shows the black bed. 1 measuring 7.00 cm. x 5.00 tage 1 measuring 3.00 cm. x				
	and documented th with his revised/cur wounds identified.	und Care Physician) saw R1 e following pressure injuries rent stages and additional				
	hip pressure injury 9/25/24) identified a x 1.9 cm. x 0.2 cm. having 20% thick a tissue to the wound	kness pressure injury (no left was documented by V12 on as a stage 3 measuring 3.0 cm This wound is described as dherent devitalized necrotic bed that required debriding 7/24 by V12, and 20% slough ble tissue.				

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NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
SYMPHO	NY NORTHWOODS		RL STREET RE, IL 61008			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	COMPLET DATE
S9999	Continued From pa	ge 4	S9999			
	pressure injury a sta cm. x 0.2 cm. this w debridement by V12 3. Left upper media pressure injury a sta cm x 0.2 cm. 4. Right upper media pressure injury a sta cm. x 0.10 cm. 5. Right lower butto injury a stage 2 mea 0.10 cm. 6. Right hip partial t stage 2 measuring - On 9/27/24, V12 ide wounds listed above with a gauze island changed daily and F On 10/22/24 at 9:23 said the former wou at the facility wound ca said she came into would do her best to the wounds. V3 said discovered as a sta Nursing Assistants) skin changes to the the wounds and imm orders. V3 said skir	2 on 9/27/24. I buttock a full thickness age 3 measuring 3.0 cm. x 1.1 ical buttock partial thickness age 2 measuring 0.5 cm. x 0.5 ck partial thickness pressure asuring 1.4 cm. x 1.0 cm. x hickness pressure injury a 4.2 cm. x 3.5 cm x 0.1 cm. entified treatment orders for all e to be leptospermum honey bordered dressing to be				
	re-positioning and in V3 confirmed R1 is dependent on staff re-positioning and in (Director of Nursing	a resident who is completely for her cares including ncontinence cares. V2) requested to be and was prated with V3 during the				

TATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
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ЗҮМРНС	ONY NORTHWOODS		ARL STREET RE, IL 61008			
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S9999	Continued From pa	ge 5	S9999			
		s wounds. V2 verified that 6 discovered on R1 between ′ saw R1.				
	Physician) said pre- stage 2 are a little la identified, especially in the wound beds I now advanced and just happen overnig nurses and CNA's f wounds sooner if th patient and doing in them regularly they sooner, multiple sta- identified and press the body is concern had co-morbidities developing the wou he feels sometimes get the same care a because the assum	39 PM, V7 (Wound Care ssure injuries found past a ate to the game being y wounds with necrotic tissue because these wounds are more difficult to heal and don't ght. V7 said that is on the for not identifying these ney are providing care to the noontinence cares and turning should be noticing the areas age 3 pressure injuries being sure injuries to both sides of hing. V7 said even though R1 that would contribute to her ands since she was on hospice a residents on hospice do not as non hospice residents option is they are going to die and treatment sometimes is				
	been totally depend months. V6 said tur incontinence care s residents every 1-2 assessed at that tin	4 AM, V6 (CNA) said R1 has lent on staff for her cares for rning and repositioning and should be provided for hours and skin should be ne and any abnormalities dness should be immediately se.				
	tested positive for C should have been in	36 AM, V2 said that R1 had Covid on 9/16/24 and that staff n the room a lot. V2 also /13/24 R1 had no active n her body.				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	
		IL6006670	B. WING		10/2	23/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
SYMPHC	NY NORTHWOODS		ARL STREET ERE, IL 61008			
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S9999	Continued From pa	ge 6	S9999			
	revised on 10/16 sh evaluated daily for o and dependent resi	d Skin Care Prevention policy nows residents will be changes in their skin condition dents will be assessed during ges in skin including redness.				
	stage 4 pressure in requires extensive s and re-positioning. R72's Pressure Ris	a shows she has an active jury to her left heel, and staff assistance with turning k Assessment History (Brader scored a 12 which is high risk are injury.	n			
	by V3 (Wound Care she has a healing s	ent Details Report completed e Nurse) on 10/16/24 shows stage 4 pressure injury and the rotective heel boots to be				
	put R72 to bed. After care they covered h against the mattres pillow under her her 10/21/24 at 11:18 A	9 AM, V8 and V9 both (CNA's) er they were finished with her her up and left her heels flat s with no heel protectors on or els offloading them. On .M, R72 was still in bed with st the mattress and not				
	risk for pressure or offloading of heels v On 10/22/24 at 9:50 aware of R72 not ha	14 AM, V3 said for residents a who have pressure they use with a pillow or heel protectors 0 AM, V3 said she was not aving her heels off loaded but cause she does have a ury.				

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ЗҮМРНС	ONY NORTHWOODS		RL STREET RE, IL 61008			
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S9999	Continued From pa	ge 7	S9999			
	heel protectors that is in bed or up in he	she should have on when she r wheelchair.				
	with a revised date	d Skin Care Prevention policy of 10/16 shows residents at own will have their heels off surface.				
	(B)					
	Statement of Licens	sure Violations 2 of 2				
	300.610a) 300.1210b) 300.1210d)3					
	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 shall	dvisory physician or the ommittee, and representatives r services in the facility. The ly with the Act and this Part. shall be followed in operating l be reviewed at least annually documented by written, signed				
	Section 300.1210 (Nursing and Persor	General Requirements for nal Care				
	and services to atta practicable physical well-being of the res	provide the necessary care in or maintain the highest l, mental, and psychological sident, in accordance with pprehensive resident care				

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S9999	Continued From pa	ge 8	S9999			
	care and personal or resident to meet the care needs of the re	l properly supervised nursing care shall be provided to each e total nursing and personal esident. section (a), general nursing				
		at a minimum, the following ed on a 24-hour,				
	resident's condition emotional changes determining care re further medical eva	vations 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.				
	These Requiremen evidenced by:	ts were NOT MET as				
	failed to notify the d a resident with a sig (pounds) 6.2% in or in a delay in dietary implemented and a weight loss in one w	and record review the facility lietician in a timely manner of gnificant weight loss of 8 lbs. ne month. This failure resulted interventions being n additional 3.4 lb. 2.81% veek. This applies to 1 of 18 iewed for weight loss in the				
	The findings include	e:				
	facility on 9/21/24 a cognitive communio	nows she was admitted to the nd has diagnoses including cation deficit, other disorders or assistance with personal jia.				
	R77's weight summ	nary sheet shows she weighed				

If continuation sheet 9 of 11

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
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			ARL STREET			
SYMPHO	DNY NORTHWOODS	BELVIDE	RE, IL 61008			
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S9999	Continued From pa	ge 9	S9999			
	121.2 lbs. which is a weight loss in 24 da weighed 121.2 lbs.	24 on 10/14/24 she weighed an 8 lbs. 6.2% significant ays. From 10/14/24 she and on 10/21/24 she weighed as an additional 3.4 lbs. 2.81% /s.				
	(Dietician) on 10/22/24 DON {V2} on the even resident {R77} has lost latest weight 117.8# do significant weight x 1 n for R77 include a high	ew note completed by V4 2/24 states, "I was notified by vening of 10/21/24 that lost weight as of 10/14. Res. 4 does indicate an 8.6% 1 month." Interventions added igh calorie drink 120 milliliters is a day), and double portions				
	order for dietary col shows the order for dinner and a high c a day were added c progress notes do r	tian Order Summary shows an insultation as needed and double portions at lunch and alorie drink 120 ml four times on 10/22/24. R77's nursing not show that R77's physician ut her weight loss prior to				
	said she notified V4 significant weight lo	D AM, V2 (Director of Nursing) I last evening of R77's loss. V2 said she is new to the sure of the process for nurses is to the dietician.				
	notified about R77's the evening of 10/2 facility weights at th review weight loss, be notifying her imm weight loss in betwee	41 AM, V4 said she was not s significant weight loss until 1/24. V4 said she pulls the le beginning of each month to and ideally the facility should nediately of any significant een so she can implement aid if she was notified sooner				

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IAME OF F	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE. ZIP CODE		
	NY NORTHWOODS	2250 PE/	ARL STREET RE, IL 61008	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / 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 THE APPROPRIATE	(X5) COMPLET DATE
S9999	On 10/23/24 at 8:44 Nurse/LPN) said withe nurse should not the nurse should not the Nurse Practition The facility provided policy with a review purpose of the polic or insidious weight investigation will be weight change of 5 the weight change	iated the same interventions. 3 AM, V5 (Licensed Practical hen a resident has weight loss otify the unit manager and also				
	tment_of Public Health					