	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		IL6003958	B. WING		10/04/202	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S		1 10/	04/2024
	PARK HEALTHCAR	10935 S	OUTH HALSTE O, IL 60628			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Certification	n Survey				
S9999	Final Observations		S9999			
	Statement of Licen	sure Violations:				
	300.610a) 300.1010h) 300.1210b) 300.1210c) 300.1210d)2) 300.1210d)3)					
	Section 300.610 R	Resident Care Policies				
	procedures govern facility. The written be formulated by a Committee consist administrator, the a medical advisory or of nursing and othe policies shall comp The written policies the facility and shall	advisory physician or the committee, and representatives er services in the facility. The ly with the Act and this Part. s shall be followed in operating II be reviewed at least annually documented by written, signed				
		Medical Care Policies				
	physician of any ac change in a resider health, safety or we but not limited to, th manifest decubitus	shall notify the resident's ccident, injury, or significant nt's condition that threatens the elfare of a resident, including, he presence of incipient or ulcers or a weight loss or gain nore within a period of 30 days				
	tment of Public Health ′ DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	TITLE		(X6) DATE
Electroni	cally Signed					10/24/24

TATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6003958	B. WING		10/	04/2024
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		•
IORGA	N PARK HEALTHCAR	F	DUTH HALSTE D, IL 60628	D STREET		
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ige 1	S9999			
	The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.					
	Section 300.1210 Nursing and Person	General Requirements for nal Care				
	care and services t practicable physica well-being of the re each resident's con plan. Adequate and care and personal of	shall provide the necessary o attain or maintain the highes I, mental, and psychological sident, in accordance with nprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal esident.	t			
		care-giving staff shall review able about his or her residents' care plan.				
	nursing care shall in	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis:				
		nts and procedures shall be dered by the physician.				
	resident's condition emotional changes determining care re further medical eva	bservations of changes in a n, including mental and , as a means for analyzing and equired and the need for iluation and treatment shall be aff and recorded in the record.				
	These requirement	s are not met as evidenced by	:			

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		IL6003958	B. WING		10/	04/2024
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, ST	TATE ZIP CODE	1	
		10935 SC	OUTH HALSTE			
MORGA	N PARK HEALTHCAR		D, IL 60628			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 2	S9999			
	review, the facility fa wound care order a dry for one resident policies for proper h residents reviewed caused harm to R4 diagnosed surgical orders for IV (Intrav skin and soft tissue were not cleaned, a changed as ordered wound dressing and	on, interview, and record ailed to follow the doctor's and keep a wound clean and (R442) and failed to follow handling of garbage for 7 in a sample of 35. This failure 42, who was admitted with a wound and hospital discharge renous therapy) antibiotics for infection. R442's wounds and wounds' dressings d, causing the resident's d wound to appear uncleaned of further infection/delaying the				
	Findings include:					
	needs are not being pain to his left leg. If surgery to his left leg about 71 staples. R medication, and it of they are not doing t that he has been in it's been 3 or 4 days changed. R442 stat care nurse about th he states that woun would be back next covering R442's lef what appears like la color drainage (fluid Another large dress leg (shin area) note amounts of dark bro	12:38 PM R442 states that his g met. He says he has a lot of R442 states that he had eg, and he that the leg has 442 states that he takes pain loes help. R442 states that he wound care and he states the facility over a week, and s since the dressing has been tes that he asked the wound he dressing being changed and d care told him that they Monday. One large dressing t lower leg (back) noted with arge amounts of dark brown d that comes out of a wound). sing covering R442's left lower d with what appears like large pown color drainage. No labels dressing change are on the				

6899

	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6003958	B. WING		10/	04/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
MORGA	N PARK HEALTHCAR	F	OUTH HALSTE O, IL 60628	D STREET		
(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 T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
\$9999	R442's current face 60-year-old individu 9/23/2024 and has disruption of extern R442's current phys documents in part: Sites (Medial and L saline pat dry apply dressing. One time related to disruption (surgical) wound, o R442's current phys in part: ceFAZolin in Solution 2-0.9 GM/ in Sodium Chloride every 8 hours for sl 8 Days, order start On 10/02/2024, 10: bed. One large dres lower leg (back) no large amounts of da that comes out of a dressing covering F area) noted with wh of dark brown color or time of dressing R442 states that his	e sheet document R442 is a ual admitted to the facility on diagnoses not limited to: al operation (surgical) wound. sician order sheet (POS) Left Lower Leg Fasciotomy ateral Calf) Clean with normal v Xeroform cover with a dry a day every Mon, Wed, Fri n of external operation rder start date 09/27/2024. sician order sheet documents n Sodium Chloride Intravenous 100ML-% (Cefazolin Sodium) Use 2 gram intravenously kin and soft tissue infection for	5			
	the nighttime. On 10/03/2024, 9:5 covering R442's lef what appears like la color drainage (fluid Another large dress	es that he mostly has pain in 60 AM, one large dressing was it lower leg (back) noted with arge amounts of dark brown d that comes out of a wound). sing was covering R442's left a) noted with what appears like				

	NT OF DEFICIENCIES OF CORRECTION	Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6003958	B. WING		10/	04/2024
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST		1 10/	04/2024
		10935 SC	DUTH HALSTE			
MORGA	N PARK HEALTHCAR	F	O, IL 60628	-		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ige 4	S9999			
	labels with date or t the dressings. R442 not been changed a states that the dress R442's left upper in staples, dry dressin On 10/03/2024, 10: Care/Licensed Prace has worked for the She has been the v V16 states that the that there are residen need an initial skin that the importance complete skin asset to prevent skin breat resident doesn't hat the hospital or from has not performed states that if wound the wound can be e and the wound can bleeding, odor, and that the resident can pain, and possibly s it is important to foll prevent further harr On 10/03/2024, 11: Coordinator/License this her 4th day woo coordinator. V17 sta wound care experien not seen R442. V17	36 AM, V16 (Wound ctical Nurse) states that she facility for almost a month. yound care nurse for a week. wound care team is aware ents that are in the facility that assessment done. V16 states of or the resident to have a essment by wound care team is akdown and to check if the ve any wounds coming from a home. V16 states that she any wound care for R442. V16 I care is not done as ordered, exposed to further infection get worse. V16 states that an a appear with mucus, color, is hot to touch. V16 states in experience fevers, chills, signs of sepsis. V16 states that low wound care orders to	t			

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		IL6003958	B. WING		10/	04/2024			
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE	·				
MORGA	N PARK HEALTHCAR	F	DUTH HALSTE O, IL 60628	D STREET					
(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 T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE			
S9999		-	S9999						
	familiar with his ord provided the wound report is due on Fri did not have access days, and she will r see them. V17 state treatment is not dor V17 states that the pain, redness, warr odor. V17 states the these signs to be in just indicators. V17	s not seen R442 and is not lers. V17 states that she was d care list yesterday, since the day. V17 states that she also s to the computer the past 3 eview everyone on the list and es that if the wound care ne, a wound can get infected. signs of infection are swelling, nth, elevated temperature, and at they do not have to have all ifected. V17 states they are states that residents that were en yesterday for wound care,	9						
	to R442 what they we care. V17 assessed that his pain level is V17 called R442's medication. R442 a care. One large dreated lower leg (back) no large amounts of dathat comes out of a dressing covering F area) noted with who f dark brown color felt numbness to hi areas of his left lower leg that comes areas of his left lower leg that lower leg that comes areas that comes areas of his left lower leg that lower leg that lower leg that care lower lower lower lower leg that care lower lower lower leg that care lower	03 PM V16 and V17 explained were there to do his wound d R442 for pain. R442 states is a 7 on a 0 to 10 pain scale. hurse to administer his pain agreed for V17 to start wound essing covering R442's left ted with what appears like ark brown color drainage (fluid wound). Another large R442's left lower leg (shin hat appears like large amounts of drainage. V17 states that he is shin area. R442 felt some ver leg. Observed V17 sing at a time, slowly due to							
	being very stuck to saline to wet areas dressings. V17 was sees and V17 state is, she said it can b or dried blood. V17 graft done and R44	the wounds. V17 using norma and slowly removing s asked to describe what she is that without knowing what it e collagen, eschar, dead skin, asked R442 if he had a skin 2 responded no, and he said i 8442 states that when he got							

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		IL6003958	B. WING		10/	04/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE	· · · ·	
	N PARK HEALTHCAR	E 10935 SC	OUTH HALSTE	D STREET		
NONGA		CHICAG	O, IL 60628			
(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	Continued From pa	ge 6	S9999			
	like this. R442 state first got to the facilit and it didn't look bla R442 asked V17 wl and V16 states "it lo states that it feels li be blood and the dr surveyor that this re some time and V17 make sure that she dressings. Surveyo and they smelled m dressings appear s surveyor was walkin surveyor can look a on the shin area, V wound noted with e granulated skin. V1 looked like black to because of dried bl dressings are long	ooked at it and it did not look es that when he saw it when he ty, it looked like a fresh wound ack like how it looks now. hy the wounds looked black boks like old blood". V17 ke it is a dressing, and it could rainage mixed. V17 informed emoval of dressing can take ' states that she wants to takes her time removing the r got closer to the wounds, halodorous. V17 states that the aturated with drainage. As ing out, V17 states that at the wound bed for the wound 17 states that the top of the eschar, wound bed is dark pink 7 states that the dressing dark burgundy possibly ood. V17 states that the overdue to be changed.				
	skin assessment or	are plan, assessments. No r wound care assessments are progress notes noted.				
	9/26/2024, docume	ata Set (MDS), dated ents R442 has a Brief Interview BIMS) of 15 out of 15, cognitively intact.				
		ata Set (MDS), section M ocuments in part R442 has a				
	September 2024, s wound care treatme	dministration record (TAR) for hows documentation that ent was signed off as repancies noted with R442's				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6003958	B. WING		10/	04/2024
	PROVIDER OR SUPPLIER		DRESS, CITY, ST		1 10/	04/2024
		10935 SO	UTH HALSTE			
IURGAN	N PARK HEALTHCAR	E CHICAGO	, IL 60628			
(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 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ge 7	S9999			
	2024. It documents care treatment on 1 V16, she states tha providing him with a R442's Nurse Pract Assistant note date documents in part t treated in the hospi revascularization w (follow post) LLE (let thromboembolector fasciotomies. ASSE WOUND LEFT LEC -Wound care to see -keep area clean ar -fall precautions	my and compartment ESSMENT/PLAN: SURGICAL G and dry herapy/occupational therapy)				
		(Administrator) via email noted have any completed skin				
	Policy documents in existing pressure at skin impairments, in non-pressure ulcer skin tears, abrasion and documented we designee The go a. Keep the ulcer be	ated 11/2023, titled Wound n part: To promote healing of nd non-pressure ulcers Any ncluding pressure ulcers, wounds, surgical wounds, ns, etc., should be assessed eekly by the Wound Nurse, or als of wound treatment are to: ed moist and the surrounding the ulcer from contamination, aling.				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			B. WING			
		IL6003958			10/	04/2024
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
MORGAN	N PARK HEALTHCAR		UTH HALSTE), IL 60628	DSIREEI		
(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 T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 8	S9999			
	floor of the second- clear plastic bag, w Observed in the ba wear and garbage. was too heavy for h around the unit coll room and then put stated she was more have filled the garb she could not carry to drag garbage on contamination and On 10/03/2024, at 3 Director) stated how carry garbage uprig hallway because gar bacteria and lead to residents can get s (Housekeeping) she up so heavy that she V24 stated the garb hallway of the secon used incontinence of residents rooms an across the hall way the housekeeping of for garbage, then the soiled utility room to in the units which co which can make reserved Facility Policy titled date, documents: V	ould not have loaded garbage the could not carry it or lift it. bage V38 was dragging in the nd floor North unit consisted of wear and garbage from d should not be dragged . It should have been put it in cart which has a compartment the garbage cart emptied in the p prevent cross contamination ould cause germs to spread				
	(B)					

STATEMENT OF DEFICIENCIES (X1) PROVID IDENTIF		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		IL6003958	B. WING		10/	04/2024		
AME OF P	ROVIDER OR SUPPLIER		.DDRESS, CITY, ST	TATE. ZIP CODE	10/	04/2024		
MORGAN PARK HEALTHCARE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628								
PREFIX (EACH DEFICIENCY MUST BE		TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE		