

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007918	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/19/2024
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NAME OF PROVIDER OR SUPPLIER LANDMARK OF RICHTON PARK REHAB & NSC	STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471
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S 000	Initial Comments Facility Reported Incident of 1/13/24/IL170324 Complaint Investigation 2490892/IL169378	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 2) 300.610a) 300.1210b) 300.3240e) Section 300.610 Resident 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 300.1210 General Requirements for Nursing and Personal 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	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/01/24
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S9999	<p>Continued From page 1</p> <p>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.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>e) When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to prevent an incident of physical abuse during a resident to resident verbal altercation for one resident (R4) of five reviewed for abuse in a total sample of 11. This failure resulted in R4 being physically attacked by R5 suffering from a bruised face and bleeding from the mouth after being hit in the face by R5.</p> <p>Findings Include:</p> <p>R4 is a 62 year old with the following diagnosis: schizoaffective disorder, psychosis, post traumatic stress disorder, and subdural hematoma.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R5 is a 71 year old with the following diagnosis: Alzheimer's disease.</p> <p>A Nursing note dated 1/13/23 documents around 2 AM the nursing staff responded to a call from R4. Upon arrival to the room, R5 was observed assaulting R4. A general assessment on R4 was remarkable for left lower eye bruising/swelling and minimal buccal bleeding.</p> <p>On 3/1/24 at 12:26PM, R4 denied remembering getting into a fight with any other residents in the facility. R4 denied any having any problems with any other residents in the facility. This surveyor assessed cognition and R4 was only able to state name and a location of Chicago. R4 was not able to state the date, president, or what kind of place R4 was living in.</p> <p>On 3/1/24 at 12:39PM, R5 denied getting into a fight with anyone at the facility. R5 was unable to recall if R5 was called a racial slur by anyone at the facility. R5 was unable to respond to questions with answers that made sense due to cognition. This surveyor assessed cognition and R5 was only able to state R5's name. When asked other questions, R5 would respond with an answer that was unrelated to the question asked.</p> <p>On 3/1/24 at 6:31PM, V6 (CNA) stated staff heard R4 screaming and when they entered the room, R5 was punching and slapping R4 in the face. V6 reported R4 was lying in bed and R5 was standing over R4 and hitting R4. V6 stated R5 was using open and closed fists when hitting R4. V6 denied hearing R4 using any racial slurs before hearing R4 call for help. V6 reported R4 had bruising on the face and R4's lip was bleeding. V6 stated this would be considered physical abuse.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 3/5/24 at 11:09AM, V9 (Nurse) stated staff notified V9 of the altercation between R4 and R5 and both residents were separated by the time V9 came into the room. V9 reported R4 had bruising and "possibly" some bleeding but V9 able to recall where. V9 stated this would be physical abuse. V9 reported R4 is not able to walk and could only lie in bed and defend R4's self.</p> <p>On 3/5/24 at 11:34AM, V1 (Administrator) stated while investigating this altercation, it was believed that R4 called R5 a racial slur and R5 proceeded to hit R4 after being called the N-word. V1 stated both residents are confused and did not remember the altercation but R5 did report being called the N-word by R4.</p> <p>The Hospital Transfer Form dated 1/13/24 documents R4 was being sent to the hospital for left lower eye swelling and bruising.</p> <p>The Hospital Transfer Form dated 1/13/24 documents R5 was sent to the hospital for an evaluation after a physical altercation.</p> <p>The Police Report dated 1/13/24 documents the police were dispatched to the facility for an assault occurring between residents. When the police arrived, V9 told police two mentally deficient residents were involved in a physical altercation. V9 told the police that R5 physically assaulted R4 by hitting R4 in the face.</p> <p>The Hospital Records dated 1/13/24 documents R4 was brought to the emergency department after an altercation with another resident. R4 was punched in the face by another resident, and was struck around the eye. Upon assessment, R4 has minimal bruising noted around the left orbit and</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>scattered abrasions over the left lower leg. R4 had a discharge diagnosis of facial trauma.</p> <p>The Hospital Records dated 1/13/24 documents R5 was brought to the emergency room for aggressive behavior toward another resident. R5 was confused with disorganized thoughts.</p> <p>The Facility Incident Report Form dated 1/13/24 documents the nurse heard R4 yelling and entered the room. R5 was observed hitting R4 in the face. R4 was noted to have swelling to the left lower eye and scant amount of bleeding to R4's mouth. R4 is noted to call R5 racist names. R5 does not remember the incident. When asked about the incident, R4 just said, "Oh, that n*gger."</p> <p>The Care Plan dated 4/17/20 documents R4 demonstrates behavioral distress as manifested by verbally abusive behavior, use of profanity, verbal threats, and yelling, racial slurs. R4 also exhibits physically, abusive behavior when agitated by attempting to push, shove, scratch, or harm another person. R4 was involved in altercations on 4/16/20, 8/10/20, 9/5/21, 1/29/22, and 1/13/23. The Care Plan dated 12/14/20 documents R4 has a history that reveals a previous suspected abuse and/or neglect or factors that may increase susceptibility to abuse/neglect. R4 demonstrates behavioral symptoms and difficulty in adjustment with mood.</p> <p>The Minimum Data Set (MDS) dated 11/8/23 documents a Brief Interview for Mental Status score as eight (moderate cognitive impairment). Section E of the MDS documents R4 has not had any physical or verbal behavioral symptoms directed towards others since the last assessment.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>The Care Plan dated 1/13/24 documents R5 displays conflictual, difficult behavior as manifested by complaints about roommate and unprovoked expressions of anger towards staff and peers. R5 was the aggressor in an altercation with a roommate.</p> <p>The Minimum Data Set (MDS) dated 2/7/24 documents a Brief Interview for Mental Status score as six (severe cognitive impairment).</p> <p>The policy titled, "Abuse Prevention Program," dated 01/2019 documents, "It is the policy of the facility to prohibit and prevent resident abuse, neglect, exploitation, mistreatment, and misappropriation of resident property and a crime against a resident in the facility ... This facility will not tolerate resident abuse or mistreatment or crimes against a resident by anyone, including staff members, other residents, consultants, volunteers, and staff of other agencies, family members, legal guardians, friends, or other individuals ... For the purpose of this policy and to assist staff members in recognizing abuse, the following definition shall pertain: 1. Abuse: The willful inflection of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm or pain or mental anguish, or deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, psychosocial well-being. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm ...4. Physical Abuse: Hitting, slapping, pinching, kicking, etc. It also includes controlling behavior through corporal punishment."</p> <p>(B)</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>Statement of Licensure Violations (2 of 2)</p> <p>300.610a) 300.1210b) 300.1210d)5)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to perform dressing changes as ordered by the wound physician for one resident (R6) of three reviewed for wound care in a total sample of 11. This failure resulted in R6's wound(s) declining by increasing in size on two separate occasions.</p> <p>Findings Include:</p> <p>R6 is a 48 year old with the following diagnosis: paraplegia, osteomyelitis, pressure ulcer of the sacral region stage four, pressure ulcer of the right buttocks stage four, and pressure ulcer of the right hip stage 4.</p> <p>On 3/5/24 at 3:13PM, R6 stated, there is one full time wound nurse (V13) and one part time wound nurse (V12). R6 stated V13 left the country for over a month and the only time R6's dressings would be changed was when V12 was in the</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>facility. R6 reported telling V2 (DON) the dressing changes weren't being changed and V2 reported "having a conversation with the nurses about doing the dressing changes." R6 admitted the nurses continued to not change the dressing for about two weeks until R6 went to the hospital. R6 stated when R6 got back from the hospital V13 had returned to work and the dressing changes now take place as ordered. R6 reported nurses told R6 they refused to do the dressing changes because "they were not certified for that care." R6 was unaware how many dressing changes were missed and was not aware if the wounds declined or not.</p> <p>On 3/7/24 at 10:21AM, V12 (Wound Care Nurse) stated staff nurses are responsible for completing the ordered wound treatment when V12 or V13 (Wound Care Coordinator) are not in the building. V12 reported if a wound has a decline then the wound could get larger in size, have more necrotic tissue, or develop foul odor. V12 stated all wound treatments should be completed as ordered and there is no reason the treatments should not be completed. V12 stated R6 has mentioned to V12 that the staff nurses have not been completing the wound treatments but V12 was unsure of how many. V12 denied checking the Treatment Administrator Record to see if the wound treatments were being completed on R6 and denied notifying the physician or management about the missed wound treatments. V12 reported residents who have wound treatments are round on by the wound doctor weekly. V12 stated a staff nurse should round with the wound physician if V12 or V13 are not in the building so residents can still receive the weekly wound assessment.</p> <p>On 3/7/24 at 11:04AM, V13 stated, V13 was out</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>of the country from 01/01/24 through the second week of 02/2024. V13 reported V12 and V13 normally take care of the dressing cares but in their absence staff nurse need to complete the wound treatments. V13 stated the orders for what treatments to provide are in the TAR and that can be accessed by the nurses. V13 stated residents are rounded on by the wound physician weekly. V13 was unaware that the wound physician was not able to assess resident wounds in the facility on one or two occasions and reported a staff nurse should have rounded with the physician so the wounds could have been assessed. V13 stated the importance of the wound physician seeing residents each week is to observe and document any changes to the wound and changes treatment as necessary. V13 reported if dressing changes are not completed then a wound could have a decline. V13 defined a decline in a wound as the wound growing in size or developing a smell. V13 stated all wound treatments in the TAR should be documented as completed and if they are not documented then it is considered not done.</p> <p>On 3/7/24 at 11:35AM, V2 (DON) denied R6 reporting wound treatments were not being completed when V13 was out of town. V2 stated R6 has a habit of refusing wound treatments but the refusal should be documented in a progress note if R6 refuses. V2 reported staff nurses are responsible for completing the wound treatments when V12 and V13 are not in the building. V2 denied there being a reason an ordered treatment should not be completed. V2 reported the nurses might have completed the treatments on the days that the TAR are empty but understands if the treatment is not charted then it is considered not completed. V2 stated the wound physician sees residents with wounds on a weekly basis to</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>assess the wounds to see if there are any changes in the wounds. V2 recalled "maybe two" occasions when the wound physician had to cancel weekly visits because no one was able to round with the physician.</p> <p>On 3/7/24 at 1:08PM, V14 (Wound Physician) stated V14 visits the facility weekly to round on the residents. V14 reported on two occasions staff was not available to round with V14 so those weeks the rounds were not completed. V14 stated the residents were not seen until the following week due to V14 going to other facilities. V14 reported having no staff to round with to V2. V14 stated per the wound company's regulations V14 has to have a staff member round with V14. V14 reported V14 assesses the wounds weekly because it is part of the residents wound care plan. V14 denied being made aware by staff that R6's wound treatments were not being completed as ordered. V14 stated that unless clinically contradicted then the wound treatments should be completed as ordered. V14 did not recall R6 refusing any wound treatments. V14 reported wounds can possibly get worse if the dressing changes aren't done. V14 defined "getting worse" as increasing in size or developing an infection/more necrosis.</p> <p>On 3/7/24 at 4:12PM, V16 (Nurse) stated if a resident refuses a wound treatment then it is documented on the TAR as refused. V16 reported if the TAR is empty a nurse could have forgotten to chart the treatment was completed, but stated if it is not charted then there is no way to prove the treatment was completed. V16 reported R6 did report to V16 that nurses were not doing the wound treatment but V16 did not follow up with R6's statement by notifying V2 or V14. V16 stated if the wound treatments are not completed then</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>the wound can get worse by getting bigger or becoming infected.</p> <p>The Treatment Administration Record (TAR) dated 01/2024 has orders for a treatment to the sacrum, right hip, and right ischium that are ordered to be completed every day shift. R6 missed a total of six treatments for each wound from 01/19/24 through 1/31/24.</p> <p>The TAR dated 02/2024 has an order for a treatment to the sacrum, right hip, and right ischium that are ordered to be completed every dayshift. R6 missed a total of one treatment for each of these wounds on 2/9/24.</p> <p>There is no documentation that R6 refused wound care treatments on any of the days the treatments were not completed.</p> <p>The Wound Physician note dated 1/9/24 documents R6 has a stage four sacrum measures 3.3 cm 3.5 cm x 1 cm. The stage 4 wound to the right ischium that measure 6 cm x 6 cm x 1.5 cm. The stage four to the right hip measures 5.5 cm x 6 cm x 1.5 cm.</p> <p>The Wound Physician note dated 1/16/23 documents the stage four to the sacrum measures 3.1 cm 3.2 cm x 1 cm. Wound is documented as improved as evidence by decreased service area. The stage four wound to the right ischium measures 6.4 cm x 7.5 cm x 1.5 cm. This wound is documented as not at goal. The stage four to the right hip measures 5 cm x 5.5 cm x 1 cm and is documented as improved as evidence by decreased surface area.</p> <p>The Physician Wound note dated 1/23/24 documents R6's visit has been rescheduled due</p>	S9999		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 12</p> <p>to facility staffing for rounds. There is no documentation of any assessments of the wounds for this day.</p> <p>The Wound Physician note dated 1/30/24 documents the stage four wound to the sacrum measures 3.1 cm x 3.3 cm x 1 cm. The wound is documented as not goal. The stage four to the right ischium measures 6.5 cm x 6.5 cm x 1.5 cm. This is documented as improved as evidenced by decreased surface area. The stage four to the right hip measures 6 cm x 5.7 cm x 1 cm. This wound is documented as not at goal. This wound increased in size from 1/16/24 to 1/30/24.</p> <p>Weekly wound evaluations are completed in 01/2024 on 1/09/24, 1/16/24, and 1/30/24 (the measurements of the wounds and other documentation coincide with the wound physician notes). There is no weekly wound evaluation for the week of 1/21/24 through 1/27/24. R6 left the facility on 1/31/24 and returned from the hospital on 2/8/24.</p> <p>The physician did not see R6 on the day R6 was readmitted, but a weekly wound evaluation completed for R6.</p> <p>The Weekly Wound Evaluation dated 2/8/24 documents R6 has a right hip wound that is a stage four that measures 5 cm x 5 cm x 0.5 cm. The right ischium stage four measure 5.8 cm x 6.8 cm x 1.5 cm. The stage four to the sacrum measures 3.2 cm 3.2 cm 1.0 cm.</p> <p>No weekly wound evaluation was completed the week of 2/11/24 through 2/17/24. The next weekly wound evaluation was completed on 2/20/24 when the wound physician rounded at the facility.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007918	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/19/2024
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S9999	<p>Continued From page 13</p> <p>There are no wound physician notes in 02/2024 until 2/20/24. The following measurements are for 2/20/24. The stage four to the sacrum measures 3 cm x 3.5 cm x 1 cm and is documented not at goal. The stage four to the right ischium measures 6.9 cm x 7.3 cm x 1 cm and is documented as not at goal. The stage four to the right hip measures 6 cm x 6.2 cm x 1.3 cm and is documented not at goal.</p> <p>All three of these wounds suffered a decline by increasing in size from the last time they were measured and assessed on 2/8/24. There are no documented measurements of the wounds from 2/8/24 through 2/20/24.</p> <p>The Care Plan dated 8/19/22 documents R6 has an alteration and skin integrity and is it risk for additional and/or worsening of skin integrity issues related to comorbidities. Interventions include: Administer wound care treatments per physician orders. See the TAR for current orders.</p> <p>The Braden Scale for Predicting Pressure Sores dated 3/1/24 documents score of 12 indicating R6 is a high risk for developing pressure ulcers.</p> <p>The policy titled, "Skin Integrity - Care and Prevention Policy," dated 8/27/18 documents, "Purpose: To ensure that based on the comprehensive assessment of a resident, a resident that enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable and a resident having pressure sores receives necessary services to promote healing, prevent infection, and prevent new sores from developing. Procedure: ...Monitor and evaluate the impact of the interventions and</p>	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007918	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/19/2024
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 14 revise as appropriate ...c. Wound care nurses will assess and measure wounds weekly and document. d. Wound care nurses will track pressure ulcer/wound progression on weekly wound log." (B)	S9999		