

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000772</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/12/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BEACON HILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2400 SOUTH FINLEY ROAD LOMBARD, IL 60148</b>
--	--

(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
S 000	Initial Comments  Annual Health Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.1210a) 300.1210b) 300.1210d)5)  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  a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental	S9999		

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

TITLE

(X6) DATE  
07/02/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000772</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/12/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BEACON HILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2400 SOUTH FINLEY ROAD LOMBARD, IL 60148</b>
--	--

(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 1</p> <p>and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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 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 regulations were not met as evidenced by:</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000772</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/12/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BEACON HILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2400 SOUTH FINLEY ROAD LOMBARD, IL 60148</b>
--	--

(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 2</p> <p>Based on observation, interview, and record review the facility failed to identify a pressure injury before becoming a deep tissue injury and failed to ensure pressure reducing interventions were in place for 2 of 3 residents (R34, R12) reviewed for pressure injuries in the sample of 14.</p> <p>These failures contributed to R34 developing a deep tissue injury and the worsening of R12's deep tissue injury.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>On 06/10/24 at 12:56 PM, R34 was sitting up in his wheelchair at the bedside with the over bed tray table in front of him eating lunch. R34's left heel was resting directly on the floor. R34 stated "I have a sore on my bottom due to radiation and one on my heel that developed here from my heel being on the bed too much. They put on an air mattress and heel boots after I got the wounds."</li> </ol> <p>On 06/12/24 at 09:25 AM, V4 (Wound Registered Nurse) said R34 was admitted with redness that was blanchable to the sacral area, no other wounds. V4 said R34 now has a pressure wound to the sacral area from radiation burns and an unstageable pressure wound to his left heel. V4 said R34's heel pressure wound was found as a deep tissue injury which has deteriorated and opened up.</p> <p>R34's Admission Skin Only Evaluation dated 5/2/24 shows R34 has a burn to his coccyx area. There were no other skin injuries documented.</p> <p>R34's Skin Only Evaluation dated 5/8/24 shows R34 has a burn to his coccyx area. There were no new skin injuries documented.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000772</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/12/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BEACON HILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2400 SOUTH FINLEY ROAD LOMBARD, IL 60148</b>
--	--

(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 3</p> <p>R34's next Skin Only Evaluation is dated 5/29/24 and shows R34 has a burn to his coccyx area, but there were no other skin injuries documented.</p> <p>R34's Skin and Wound Evaluation dated 5/31/24 shows R34 has a deep tissue injury to his left heel, in-house acquired, measuring 6.0 cm (centimeters) x 2.5 cm x 3.0 cm.</p> <p>On 06/12/24 at 12:00 PM, V4 said nurses are to do a weekly skin evaluation and skin should be checked daily during care. V4 said she was notified on 5/31/24 of R34's wound and she did an assessment. V4 said she was not sure why R34's left heel wound was not found before it became so large.</p> <p>On 06/12/24 at 12:45 PM, V12 (Nurse Practitioner) said the facility is to follow their skin check protocol for assessing residents for wounds and implement pressure reducing interventions. V12 said she was notified when R34's wounds were found and assessed them. V12 said R34 was referred to the wound doctor.</p> <p>On 6/12/24 at 1:01 PM, V4 said there was no documentation of R34's heel wounds until 5/31/24 and there were no weekly skin assessments done between 5/8/24 to 5/29/24.</p> <p>R34's Initial Wound Evaluation and Management Summary by the wound doctor dated 6/5/24 and shows " R34 has unstageable necrosis to the left heel measuring 3 x 3.2 x 0.1 cm."</p> <p>R34's Admission Scale for Predicting Pressure Sore Risk dated 5/2/24 shows R34 is at moderate risk for developing pressure.</p> <p>The facility's undated Prevention of Pressure</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000772</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/12/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BEACON HILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2400 SOUTH FINLEY ROAD LOMBARD, IL 60148</b>
--	--

(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 4</p> <p>Injuries Policy shows "Assess the resident on admission (within eight hours) for existing pressure injury risk factors. Repeat the risk assessment weekly and upon any changes in condition."</p> <p>2. R12's Admission Record shows he was admitted to the facility on August 9, 2018 with diagnoses including sepsis, urinary tract infection, lack of coordination, need for assistance with personal care, alzheimer's disease, muscle weakness, and major depressive disorder.</p> <p>R12's Scale for Predicting Pressure Sore Risk dated May 26, 2024 shows he is at risk for developing pressure injuries.</p> <p>R12's Treatment Administration Record dated June 1, 2024-June 30, 2024 shows, "Off load heels at all times when in bed. Turn and reposition every two hours and as needed every shift."</p> <p>R12's Care Plan initiated May 29, 2024 shows R12 has a deep tissue injury to his left lateral heel related to decreased mobility. Remind and assist resident to turn/reposition at least every two hours, more often as needed or requested. Off load heels at all times when in bed.</p> <p>R12's Initial Wound Evaluation and Management Summary dated June 5, 2024 shows that R12 has a deep tissue injury to his left heel that measures 1.5 cm long, 2.0 cm wide and the depth is not measureable. The surface area of R12's pressure injury was 3.0 cm squared. Recommendations include float heels in bed and offload wound.</p> <p>On June 10, 2024 at 11:47 AM, R12 was laying</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000772</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/12/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BEACON HILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2400 SOUTH FINLEY ROAD LOMBARD, IL 60148</b>
--	--

(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 5</p> <p>on his right side in his bed. R12's right heel was directly on the bed. V10 CNA (Certified Nursing Assistant) placed tennis shoes onto R12's feet. While V10 was placing R12's left tennis shoe on, R12 winced and said "ouch". At 1:01 PM, V10 removed R12's tennis shoes and socks. R12 had a large darkened area to his left outer heel. On June 11, 2024 at 1:50 PM, R12 was sitting up in his bed eating his lunch. V8 CNA lift R12's blanket and R12's bilateral heels were directly on the bed, with no socks on.</p> <p>R12's Wound Evaluation and Management Summary dated June 12, 2024 shows R12's deep tissue area measured 3.0 centimeters long and 3.5 cm wide. The surface area of R12's pressure injury is 10.5 cm squared. (&gt;3 x larger than prior wound evaluation.) Recommendations include float heels in bed and offload wound.</p> <p>On June 12, 2024 at 9:32 AM, V4 Wound Care Nurse) said pressure injury prevention interventions include offloading heels with pillows. V4 said she ordered R12 heel boots yesterday (June 11, 2024) because she noticed R12's heels were not off loaded. V4 said she would not recommend R12 wearing closed toes shoes, but that has not been put in place yet for R12. V4 said R12's wound was small and dry when it was first identified. V4 said if heels are not offloaded, then the pressure injury could deteriorate and can slow the healing process.</p> <p>The facility's Wound Care Policy reviewed April 1, 2022 shows, "It is the policy of (facility) to utilize evidence based clinical practices to provide pressure injury and wound treatments in our skilled nursing and rehabilitation health centers. (Facility) will comply with current nursing standards, as well as state and federal guidelines</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000772</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/12/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BEACON HILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2400 SOUTH FINLEY ROAD LOMBARD, IL 60148</b>
--	--

(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 6  related to the identification, treatment, and documentation of alterations in the skin integrity of our residents." (B)	S9999		