	epartment of Public	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION		SURVEY
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		06/12/2024	
		IL6009799				
NAME OF F	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE	• • •	-
	OF WAUKEGAN		SHINGTON S			
	OF WAUKEGAN	WAUKEG	AN, IL 6008	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure	and Certification				
S9999	Final Observations	3	S9999			
	Statement of Licer	nsure Violations (1 of 2)				
	300.610a) 300.1210b) 300.1210d)5)					
	Section 300.610 F	Resident Care Policies				
	procedures govern facility. The written be formulated by a Committee consist administrator, the medical advisory of of nursing and othe policies shall comp The written policies the facility and sha	advisory physician or the committee, and representatives er services in the facility. The oly with the Act and this Part. s shall be followed in operating ill be reviewed at least annually documented by written, signed				
	Section 300.1210 Nursing and Perso	General Requirements for nal Care				
	care and services practicable physica well-being of the re each resident's co	y shall provide the necessary to attain or maintain the highest al, mental, and psychological esident, in accordance with mprehensive resident care d properly supervised nursing				
BORATORY	tment of Public Health DIRECTOR'S OR PROVI cally Signed	DER/SUPPLIER REPRESENTATIVE'S SIG	SNATURE	TITLE		(X6) DATE 07/01/24

If continuation sheet 1 of 6

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION					
		IDENTIFICATION NUMBER:	A. BUILDING: B. WING		COMPLETED			
		IL6009799			06/*	12/2024		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
PAVILIO	N OF WAUKEGAN		SHINGTON ST GAN, IL 60085					
(X4) ID	_	SUMMARY STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF		(X5)		
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE		
S9999	Continued From pa	ige 1	S9999					
		care shall be provided to each e total nursing and personal esident.						
	nursing care shall in	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis:						
	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	rogram to prevent and treat at rashes or other skin e 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 dable. A resident having Ill receive treatment and e healing, prevent infection, ressure sores from developing						
	These requirement by:	s were not met as evidenced						
	review the facility fa interventions to pre developing. This fai developing an unsta left heel on 4/15/24	ion, interview, and record ailed to implement vent a pressure ulcer from ilure resulted in R77 ageable pressure ulcer to his . This applies to 1 of 1 ewed for pressure ulcers in the						
	The findings include	e:						
	that R77 was admit with diagnoses inclu	onic Medical Record) shows tted to the facility on 4/5/24 uding Presence of Left , Peripheral Vascular Disease,						

	epartment of Public	(X1) PROVIDER/SUPPLIER/CLIA				
		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 06/12/2024	
		IL6009799				
NAME OF F	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
PAVILION	N OF WAUKEGAN		SHINGTON S AN, IL 60085			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
	Chronic Kidney Dis Weakness.	ease Stage 3 and Muscle				
	his left foot elevated a Low Air Loss mat foot was wrapped in was attached and h bed. R77 stated, "I was supposed to be	AM, R77 was lying in bed with d on a pillow. R77 also lying on tress set at 400 lbs. R77's left n a dressing and a wound vac hanging from the side of the have an ulcer on my foot. I here for just a couple weeks ment) and then I got this (heel here."				
	stated, "He develop everything in place. the boots. He goes	AM V13 (LPN- Wound Nurse) bed the wound here but he has He has the air mattress and out now to the wound clinic d the wound vac last week."				
	4/9/24 state, "Skin of Resident has surgio other skin issues no appointment sched Ortho stated that re until the 12th. Then	tes written by V13 and dated check done on resident. cal incision to left knee. No bted. Resident has Ortho uled for 4/26. Spoke with sident is to keep dressing on this writer is able to remove open to air. Resident able to current dressing."				
	Director of Nursing left heel, pain scale pain, skin noted to Resident stated pai	tes written by V4 (Assistant) states, "Resident c/o pain on 8/10, stated of throbbing be intact, no open sore noted. n is worse after walking with equested to have prn pain ed"				
	Risk) dated 4/5/24 (15-18= At Risk).	e (for Predicting Pressure Sore shows that R77 scored a 17				
iois Depar ATE FORI	tment_of Public Health M		6899 🖸	16M11	If continu	ation sheet 3

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		11 6000700			06/	12/2024
	PROVIDER OR SUPPLIER		DRESS, CITY, ST	06/	12/2024	
			HINGTON ST			
AVILIO	OF WAUKEGAN	WAUKEG	AN, IL 60085			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ige 3	S9999			
	R77's Skin Impairment/ Wound Evaluation dated 4/12/24 shows under additional comments, "100% intact skin redness to left heel." This form does not show measurements for this area and does not show interventions in place to prevent this area from getting worse.					
	4/15/24 (3 days late impairment to his le cm. The area is de Pressure Injury con tissue and 50% Ese	er) shows that R77 has a skin eft heel measuring 4 x 4 x 0.2 scribed as an Unstageable hsisting of 50% Granulation char (devitalized tissue) with a prosanguineous drainage.				
	4/25/24 shows that Pressure Injury me area is described a tissue), 80% escha	nent/Wound Evaluation dated R77 has an Unstageable asuring 4 x 5 x 0.5 cm. The s 10% slough (devitalized r (devitalized tissue) and 10% g tissue with a scant amount s.				
	dressing change to slightly larger than center and white dr NP the area is sligh assessment. R77's Surveyor questione stated, "Just for this turned him on his s	AM, V13 completed a R77's left heel. The area was a golf ball with a pink/red y edges. Per the Wound Care ntly smaller than the previous s mattress was set at 400 lbs. ed V13 about this setting. V13 s (dressing change) because I ide. I will have to check what is it is supposed to be set				
	R77's EMR shows was 239 lbs.	R77's weight taken on 6/11/24				
	R77's care plan dat tment of Public Health	ted 4/15/24 states, "The				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			B. WING			
	IL6009799				06/	12/2024
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST SHINGTON ST			
PAVILIO	N OF WAUKEGAN		GAN, IL 60085	REE I		
(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	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ge 4	S9999			
	pressure ulcer deve Interventions includ air loss mattress an 4/29/24. R77's care resident has potent integrity surgical wo friction, shear, and Interventions includ in bed" initiated on 8 pillows Heel protect 6/10/24. The facility Pressure dated 7/25/16 state	are ulcer and potential for elopment r/t Impaired mobility" e "The resident requires low ad wheelchair cushion- initiated e plan also states, "The ial/actual impairment to skin bund r/t impaired mobility, incontinence" initiated 4/29/24 e, "Heel boot to left heel while 5/7/24 and "May offload with for to left heel" initiated e Ulcer Prevention Policy s, "The injury occurs as a d/or prolonged pressure or ation with shear."				
	Statement of Licens 300.615f)	sure Violations (2 of 2)				
		etermination of Need uest for Resident Criminal rmation.				
	name on the Illinois website at www.isp Department of Corr page at www.idoc.s	chall check for the individual's Sex Offender Registration state.il.us and the Illinois ections sex registrant search state.il.us to determine if the s a registered sex offender.				
	This requirement w	as not met as evidenced by:				

P16M11

		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	II 6009799	B. WING		06/12/2024	
ROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE	00/	12/2024
I OF WAUKEGAN					
(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	TION SHOULD BE	(X5) COMPLET DATE
Based on observati review the facility fa not listed on the Illir 10 of 10 residents (R80, R135, R284, F Identified Offender The findings include On 06/10/24 at 1:13 R77, R80, R135, R2 pre-admission screent not show their name Sex Offender Regis On 06/10/24 at 01:1 said, I only look at t The facility's Abuse 07/28/22 shows, Pr Potential Residents resident's name on	ion, interview, and record ailed to ensure residents were hois Sex Offender Web site for (R21, R35, R53, R67, R77, R285, R286) reviewed for in the sample of 18. e: 3PM, R21, R35, R53, R67, 284, R285, R286 ening back ground checks did e was checked on the Illinois stration Web site. 13 PM, V14 Business Office the National Sex Offender site. Prevention Policy, revised re-Admission Screening of s; this facility will, Check for the the Illinois Sex Offender				
	T OF DEFICIENCIES OF CORRECTION PROVIDER OR SUPPLIER I OF WAUKEGAN SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa Based on observati review the facility fa not listed on the Illin 10 of 10 residents (R80, R135, R284, I Identified Offender The findings include On 06/10/24 at 1:13 R77, R80, R135, R pre-admission scre not show their nam Sex Offender Regis On 06/10/24 at 01: said, I only look at t The facility's Abuse 07/28/22 shows, Pr Potential Residents resident's name on Registration Web s	T OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009799 PROVIDER OR SUPPLIER STREET AL 2217 WA WAUKEGAN IOF WAUKEGAN 2217 WA WAUKEG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 Based on observation, interview, and record review the facility failed to ensure residents were not listed on the Illinois Sex Offender Web site for 10 of 10 residents (R21, R35, R53, R67, R77, R80, R135, R284, R285, R286) reviewed for Identified Offender in the sample of 18. The findings include: On 06/10/24 at 1:13PM, R21, R35, R53, R67, R77, R80, R135, R284, R285, R286 pre-admission screening back ground checks did not show their name was checked on the Illinois Sex Offender Registration Web site. On 06/10/24 at 01:13 PM, V14 Business Office said, I only look at the National Sex Offender site. The facility's Abuse Prevention Policy, revised 07/28/22 shows, Pre-Admission Screening of Potential Residents; this facility will, Check for the resident's name on the Illinois Sex Offender Registration Web site. www.isp.state.il.us.	T OF DEFICIENCIES OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:(X2) MULTIPLE A. BUILDING:IL6009799B. WINGPROVIDER OR SUPPLIERSTREET ADDRESS, CITY, STOF WAUKEGAN2217 WASHINGTON ST WAUKEGAN, IL 60085SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)D PREFIX TAGContinued From page 5S9999Based on observation, interview, and record review the facility failed to ensure residents were not listed on the Illinois Sex Offender Web site for 10 of 10 residents (R21, R35, R53, R67, R77, R80, R135, R284, R285, R286) reviewed for Identified Offender in the sample of 18.The findings include:On 06/10/24 at 1:13PM, R21, R35, R53, R67, R77, R80, R135, R284, R285, R286 pre-admission screening back ground checks did not show their name was checked on the Illinois Sex Offender Registration Web site.On 06/10/24 at 01:13 PM, V14 Business Office said, I only look at the National Sex Offender site.The facility's Abuse Prevention Policy, revised 07/28/22 shows, Pre-Admission Screening of Potential Residents; this facility will, Check for the resident's name on the Illinois Sex Offender Registration Web site. www.isp.state.il.us.	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: IL6009799 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2217 WASHINGTON STREET WAUKEGAN VAUKEGAN 2217 WASHINGTON STREET WAUKEGAN ID PROVIDER'S TATEMENT OF DEFICIENCES ID REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX Continued From page 5 S9999 Based on observation, interview, and record S9999 Based on observation, interview, and record CROSS-REFERENCED of 10 of 10 residents (R21, R35, R53, R67, R77, R80, R135, R264, R285, R286) reviewed for 10 of 00 fold Offender in the sample of 18. The findings include: On 06/10/24 at 1:13PM, R21, R35, R53, R67, R77, R80, R135, R264, R285, R286 Pre-admission screening back ground checks did not show their name was checked on the Illinois Sex Offender Registration Web site. On 06/10/24 at 01:13 PM, V14 Business Office said, I only look at the National Sex Offender site. 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WING (X3) DATL COM ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 06/ ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 06/ SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH OPERCETIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH OPERCETIVE ACTION SHOULD BE (EACH OPERCETIVE ACTION SHOULD BE (EACH DEFICIENCY) Continued From page 5 S9999 Saged ased on observation, interview, and record review the facility failed to ensure residents were not listed on the Illinois Sex Offender Web site for 10 of 10 residents (R21, R35, R53, R67, R77, R80, R135, R284, R285, R286) reviewed for Identified Offender in the sample of 18. 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