

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/06/2024
NAME OF PROVIDER OR SUPPLIER BRIA OF PALOS HILLS		STREET ADDRESS, CITY, STATE, ZIP CODE 10426 SOUTH ROBERTS PALOS HILLS, IL 60465		
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S 000	Initial Comments Complaint Investigation 2499199/IL180691	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)3)6) 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. 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 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. d) Pursuant to subsection (a), general	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/17/24

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S9999	<p>Continued From page 1</p> <p>nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to prevent one resident (R3) who was admitted to the facility with healed scar tissue to sacrum and identified as moderate risk for skin breakdown from developing a facility acquired pressure ulcer measuring 2 centimeters (cm) length X 1.5cm width x 0.3cm depth within three days after admission for one of three residents reviewed for wounds.</p> <p>Findings Include:</p> <p>R3 diagnoses include paraplegia, moderate protein-calorie malnutrition, diabetes and osteomyelitis in the left foot. Brief interview for mental status dated 9/13/24 documents a score of fourteen which indicates cognitively intact. R3's face sheet documents: admission date 9/6/24.</p>	S9999			

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S9999	<p>Continued From page 2</p> <p>On 12/03/24 at 11:16am, R3, who was assessed to be alert and oriented to person place and time, said she was left soiled with stool on the overnight shift twice when she was admitted which caused her to have an open wound on her buttock. R3 said she did not have an open wound on her buttock upon admission. R3 said she was devastated. She said she never thought she would be left soiled in feces.</p> <p>Wound care note dated 9/7/24 documents: Admission: R3 was admitted to facility with admitting diagnosis of rehabilitation related to Osteomyelitis. Head to toe skin assessment completed by wound team: Resident noted with healed scar tissue to sacrum. Barrier cream applied/initiated. Resident is incontinent of bowel and bladder, needing assistance with turning and repositioning. Resident may have a chair cushion, heel boots and will be turned/repositioned. Although interventions will be in place resident will continue to be at risk for further skin breakdowns due to unidentified factors. Pulmonary initial evaluation dated 9/10/24 documents: R3 was also found to have osteomyelitis of her foot.</p> <p>On 12/06/24 at 11:11am, V35 (treatment nurse) said she completed R3's skin assessment on 9/7/24. R3 had a healed scar tissue on her sacrum area. R3 was given barrier cream at that time. R3 did not have an unavailability charting upon admission. Unavailability charting is completed when the resident has a change in condition or worsened wound. R3 did not acquire unavailability charting because she did not have any issues with her sacrum wound. R3 was found to have a facility acquired wound during rounds on 9/9/24 by V36 (treatment nurse) and V37 (wound doctor).</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Skilled Wound Expert Skin and Wound Note date of service 9/9/24 documents: Wound: 2, Location: sacrum, Primary Etiology: Pressure, Stage/Severity: Stage 3 Wound Status: Present on Admission, Odor Post Cleansing: None, Size: 2 cm x 1.5 cm x 0.3 cm. calculated area is 3 sq cm. Wound Base: 75-99% granulation, 25-49% slough Wound Edges: Attached, Peri wound: Intact, Fragile, Exudate: None amount of None.</p> <p>On 12/06/24 at 1:30pm, V36 (treatment nurse) said, R3 had a facility acquired a wound that was notice during round on 9/9/24 with V37. R3 was at moderate risk for skin breakdown to being very moist and incontinent of bowel and bladder. R3 was alert and able to report if she had any issues or concerns.</p> <p>Braden Scale for predicting pressure sore risk dated 9/6/24 documents a score of thirteen with indicates: Moderate risk related to very moist: Skin is often, but not always moist.</p> <p>Unavoidability/ Avoidability Determination dated 9/19/24 document: R3's wounds were unavoidable.</p> <p>Unavoidability/Avoidability Determination dated 10/28/24 document: R3's wound were avoidable.</p> <p>Facility policy Skin Care Prevention revised 9/2023 documents: Resident will receive appropriate care to decrease the risk of skin breakdown. Clean skin at time of soiling and at routine intervals.</p> <p>(B)</p>	S9999		