STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		( )		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		IL6003875	B. WING 11/		/07/2024	
	PROVIDER OR SUPPLIER	RIS 1223 ED	DDRESS, CITY, ST <b>GEWATER</b>	TATE, ZIP CODE		
		MORRIS	, IL 60450			
(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	TION SHOULD BE	(X5) COMPLET DATE
S 000	Initial Comments		S 000			
	First Probationary L	icensure Survey.				
S9999	Final Observations		S9999			
	Statement of Licensure Violations:					
	1 of 2					
	300.1210 d)2) 300.1210 d)5)					
	Nursing and Person d) Pursuant to subs care shall include, a and shall be practic seven-day-a-week 2) All treatment administered as orc 5) A regular pro- pressure sores, hea breakdown shall be seven-day-a-week enters the facility w does not develop p individual's clinical the pressure sor resident having pre- treatment and servi	section (a), general nursing at a minimum, the following sed on a 24-hour, basis: ts and procedures shall be dered by the physician. ogram to prevent and treat at rashes or other skin e practiced on a 24-hour, basis so that a resident who ithout pressure sores ressure sores unless the condition demonstrates that es were unavoidable. A ssure sores shall receive ices to promote healing, nd prevent new pressure				
	Based on observati review, the failed to	as not met as evidenced by: ion, interview, and record ensure a resident's pressure with a dressing as ordered by				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		IL6003875	B. WING		11/0	07/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
SERENII	Y ESTATES AT MOR	RIS	GEWATER , IL 60450			
(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 ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
S9999	Continued From pa	ige 1	S9999			
	This applies to 1 of pressure ulcer the s	3 residents (R4) reviewed for sample of 7.				
	The findings include	e:				
	R4's weekly wound assessment, dated November 4, 2024, shows a Stage 3 pressure ulcer which measured 5 cm (centimeters) in length x 5 cm in width x 0.1 cm in depth.					
	2024, shows to clean normal saline, appl	er Sheet, dated November 4, anse open area to sacrum with y silver alginate to wound bed n dressing every day shift and	1			
	(Both Certified Nurs R4 to the bathroom incontinence brief v feces. R4 had a sta no dressing and wa wiped off the feces perineal area. They brief and assisted F said R4 has been h movements since h V11 and V12 also s care to R4 at 8 AM R4 had no dressing	24, at 1:16 PM, V11 and V12 sing Assistants/CNA) assisted vhich was fully soiled with age 3 sacral ulcer which had as covered with feces. V11 and cleaned R4's back y put on a new incontinence R4 back to the wheelchair. V11 having frequent bowel be became positive with Covid. said they provided incontinence and at 10 AM, and both times to the sacral ulcer. V11 said 3 (Wound Care Nurse) about and dressing.				
	stated V13 had not R4 since after the in 2:45 PM, R4 was re bedroom. V13 cam	024, around 2:30 PM, V12 provided the new dressing to ncontinence care. At around eceiving therapy in his e into R4's room and was needing a wound dressing.				

FBCK11

		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
	IL6003875 B. WING					
AME OF PRO	VIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
ERENITY	ESTATES AT MOR	RIS	GEWATER , IL 60450			
(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 T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V di P ain M p O C p f (F d d n s c c u u o C P f (F d d n s c c u u o l (E 2 30 S N d c ai a a A in m p o C c p f (F a a A a in s c c a a a a a a a a a a a a a a a a a	ff; she also said the ressing was at 6:3 M, R4 finished his and R4 remained we coording to OT state continence brief a covement during the rovided wound ca an November 7, 20 are Nurse) stated ressure ulcer, and R4's) dressing cha aily and as needer oblied or falls off. To overed and should rine for a long per r worsening of the 3) of 2 00.1210 d)1) ection 300.1210 C ursing and Person ) Pursuant to subs	notified her R4's dressing fell he last time she did the 30 AM that morning. At 2:52 s occupational therapy (OT), without a wound dressing. aff, he just changed R4's after he had a bowel herapy. At 2:53 PM, V13 re to R4. D24, at 1:00 PM, V13 (Wound I, "(R4) has a stage 3 sacral d he was admitted with it. ange or wound care is done d. The staff should call or en the wound dressing gets he wound should always be d not be exposed to feces and iod of time to prevent infection e wound."	S9999	DEFICIENC	YY)	

FBCK11

STATEMENT OF DEFICIENCIES ( AND PLAN OF CORRECTION		· · ·		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
	IL6003875 B.		B. WING	B. WING		07/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
SERENII	TY ESTATES AT MOR	RIS	GEWATER , IL 60450			
(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
S9999	Continued From pa	age 3	S9999			
	Based on observation, interview, and record review, the facility failed to administer medication as ordered by the physician. There were 31 medication opportunities with 4 errors, resulting to 12.90 % error rate. This applies to 3 of 6 residents (R8, R9, R10)					
	reviewed for medication administration. The findings include:					
	oral tablet 400 milli daily for mucus (or and Oxymetazoline	ord (MAR) shows Guaifenesin grams (mg) to be given twice der date November 4, 2023) e HCl Nasal Solution to be day for allergic rhinitis (order				
	administered multip However, the Guait Oxymetazoline HC available. V15 said	024, at 4:32 PM, V15 (Nurse) ole medications to R9. fenesin 400 mg tablet and I nasal solution were not it was not available. There s Oxymetazoline nasal spray edication drawer.				
	stated the Oxymeta	024 at 10 AM, V17 (Nurse) azoline for R9 was not sent a request delivery to the				
	(Registered Pharm HCI nasal solution drug. The pharmac the facility. The faci	D24, at 10:58 AM, V14 acist) stated Oxymetazoline is an over the counter (OTC) by does not provide the OTC to ility is responsible for providing ns as a house stock				

If continuation sheet 4 of 5

		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	(2) MULTIPLE CONSTRUCTION . BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6003875	B. WING		11/0	7/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	•		
SERENI	TY ESTATES AT MOR	RIS	EWATER IL 60450				
(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 CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From pa	ige 4	S9999				
	2. R10's November 2024 MAR shows, Omeprazole oral tablet Delayed Release (DR) 20 mg to be given once daily for acid reflux (order date October 30, 2024).						
	On November 6, 2024, at 5:03 PM, V15 (Nurse) administered multiple medications to R10. However, the Omeprazole 20 mg tablet was not given as prescribed. V15 stated it was not available.						
	of Nursing) showed medications that we the Omeprazole 20	ere available, which include mg and the Guaifenesin 400 as no Oxymetazoline HCl					
		r, dated January 17, 2023, for 00 mcg (microgram), 1 tablet rning.					
	medication pass, V mcg of Cyanocobal AM, V8 (LPN/Licen she was ready to a including Cyanocobal out the Cyanocobal was going to give the ordered 100 mcg b	024 at 9:02 AM, during 8 prepared one tablet of 500 lamin for R8. Then at 9:18 sed Practical Nurse) stated dminister medications to R8, balamin 500 mcg. V8 pulled lamin 500 mcg and stated she he 500 mcg instead of the ecause that was all she had. supposed to give the ordered <sup>5</sup> Cyanocobalamin.					
	(B)						
	rtment of Public Health						

FBCK11