

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005714	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER ALDEN LONG GROVE REHAB &HC CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 2308 OLD HICKS ROAD LONG GROVE, IL 60047		
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 2) 300.610a) 300.1210a) 300.1210b) 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	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>meet the resident's medical, nursing, and mental 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>These requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure a resident with a JP (Jackson Pratt) drain dressing was changed as ordered. This failure resulted in R22's JP drain site not being assessed for 11 days and becoming infected. The facility also failed to change non-pressure dressings as ordered and failed to ensure a resident's elastic wraps were applied to lower legs as ordered. This applies to 3 of 32 residents (R22, R37 & R113) reviewed for quality of care in the sample of 32.</p> <p>The findings include:</p> <p>1. On December 2, 2024 at 9:20 AM, R22 was lying in bed. He had a tube with a bulb hanging</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>from his stomach. He stated, that was his JP drain because he needed his gallbladder out. He showed this surveyor the dressing on the drain. The dressing was dated November 21, 2024 (11 days prior). He stated, no one does anything with it. They don't change the dressing or empty it. He empties it himself.</p> <p>On December 3, 2024 at 2:09 PM, V5 (Wound Care Nurse/WCN) was changing R22's dressing to his JP drain. The dressing was still dated November 21, 2024 (same dressing as the day before). She removed the dressing from the drain. The dressing was heavily soiled with a bloody drainage. The site around the tube had crusted dried blood on it, had an odor, was red and tender to touch. V5 (WCN) verified that R22's orders were to be changed daily and it should be done by the staff nurses.</p> <p>R22's progress notes dated December 3, 2024 by V5 (WCN) shows, "Pt. (patient) cooperative at this time. Was able to change JP drain dressing. Sl. (slight) erythema (redness) to incisions side and few stitches, in place. No s/s (signs and symptoms) of inf. (infection) T dressing applied as ordered post ns (normal saline) cleanse. Pt. nurse at bed side, will monitor erythema. Tx. (treatment) order changed to daytime 11am per pt. request."</p> <p>R22's treatment administration record (TAR) for November and December 2024 shows, JP drain site- cleanse with normal saline, pat dry, cover with T-dressing and secure with tape. The order was signed out every day that the site was assessed and the dressing was changed. The same record did not show, R22 refused or the nurses did not change the dressing.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On December 4, 2024 at 11:29 AM, V5 (WCN) stated, she re-assessed R22's JP drain site. The skin around his tube/drain was red and had edema (swollen). She called the doctor and got an order for bacitracin cream (antibiotic ointment) to be applied with the dressing changes.</p> <p>R22's progress notes dated December 4, 2024 shows, "JP drain site assessed with pt. nurse. Assessed with sl. erythema and serosang. (bloody) exudate (drainage). (V11 Nurse Practitioner/NP) made aware with new orders for daily bacitracin (antibiotic ointment) and ca (calcium) alginate and cover with T dressing daily and PRN (as needed)."</p> <p>On December 4, 2024 at 11:42 AM, V11 (NP) stated, "yes, possibly" the staff not changing the dressing or assessing the JP drain site for 11 days could result in needing an antibiotic ointment to the site.</p> <p>R22's physician orders shows, "Bacitracin Ointment 500 UNIT/GM (gram) (Bacitracin (Topical), Apply to JP drain site topically one time a day for Skin Condition CLEANSE AREA W/NS (with/normal saline), PAT DRY, APPLY OINTMENT, ca (calcium) alginate and COVER W/T DRSG (dressing) and secure with tape. AND Apply to JP drain site topically as needed for skin condition CLEANSE AREA W/NS, PAT DRY, APPLY OINTMENT, ca alginate and COVER W/T DRSG and secure with tape."</p> <p>R22's electronic medical record did not show any non-compliance/refusals by R22 for dressing changes to the JP drain site.</p> <p>The facility's Jackson Pratt drain care policy dated September 2020 shows, "Policy: A</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Jackson-Pratt drain (or grenade drain) will be cared for to prevent incision complications."</p> <p>2. On 12/2/2024 at 12:36 PM, R37 was observed sitting up in her room in her wheelchair with a dressing wrapped around her head. R37's dressing had brownish colored drainage on the left side of her head, approximately dime sized. R37 said her dressing was last changed on Friday (11/29/2024) by the wound care nurse. R37 said her dressing doesn't always get changed on the weekends, but the wound care nurse changes it during the week.</p> <p>On 12/3/2024 at 1:30 PM, V6 (Registered Nurse/RN) said R37's dressing change is done daily and as needed. V6 said the nurse or wound care nurse should be doing the dressing changes. V6 said the primary nurse is responsible for the dressing changes on the weekends. V6 said the nurse should document when the dressing change is done or if the resident refuses the dressing change.</p> <p>R37's Treatment Administration Record (TAR) dated 11/1/2024 - 11/30/2024 shows an order for Collagen Micro Scaffold Wound Dressing 4.25 x 4.5 pad (Puracol Plus) Apply to scalp topically every day shift for skin condition related to unspecified open wound of scalp, initial encounter cleanse area w/ns, apply collagen/adaptic, 4x4 and cover with kerlix, order date 10/11/2024.</p> <p>R37's TAR has no documentation listed on 11/16/2024, 11/17/2024 and 11/23/2024, indicating if the dressing change was completed by the nursing staff.</p> <p>The facility provided Prevention and Treatment of Pressure Injury and Other Skin Alterations policy</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>dated 3/2/2021 states, . . . Implement preventative measures and appropriate treatment modalities for pressure injuries and/or other skin alterations through individualized resident care plan. . .</p> <p>3. R113's Physician Order Sheet (POS) dated 12/24 shows R113 has diagnoses that include diabetes mellitus with diabetic neuropathy. The same document shows R113 with an order of ace wrap or tubi grip to right foot on in am off at night with an order date of 8/29/24.</p> <p>On 12/2/24 at 1 PM, R113 was sitting in her wheelchair in her room alert and pleasant. R113 said she has neuropathy, "this hurts" pointed to her legs, pulled her pants up. Both of R113's lower legs were noted to be swollen. no tubigrip or ace wrap was noted.</p> <p>On 12/3/24 at 12:00 PM, R113 was in her room sitting in her wheelchair. R113 showed this surveyor her lower legs again and said still no tubigrip and acewrap noted to her right lower legs.</p> <p>Review of R113's Treatment Sheet for November and December 2024 show R113's tubigrip was being applied.</p> <p>V7 (Registered Nurse/RN) said she does not know why R113's treatment sheet was being signed (with initials) as applied but obviously R113 does not have her tubigrips on.</p> <p>At 12:10 PM, V7 (RN) said ace wrap or tubigrip are applied normally on night shift before the resident gets up. V7 then asked R113 if she wanted her tubigrip on, R113 responded "of course I need that." V7 said R113 needs her tubigrip to help decrease her leg swelling. V7</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>said she will apply the tubigrip now.</p> <p>(B)</p> <p>Statement of Licensure Violations (2 of 2)</p> <p>300.625i) 300.625j) 300.625k)</p> <p>Section 300.625 Identified Offenders</p> <p>i) For current residents who are identified offenders, the facility shall review the security measures listed in the Identified Offender Report and Recommendation provided by the Department of the State Police.</p> <p>j) Upon admission of an identified offender to a facility or a decision to retain an identified offender in a facility, the facility, in consultation with the medical director and law enforcement, shall specifically address the resident's needs in an individualized plan of care.</p> <p>k) The facility shall incorporate the Identified Offender Report and Recommendation into the identified offender's care plan. (Section 2-201.6(f) of the Act)</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to obtain the risk level of an identified offender and failed to incorporate resident needs and recommendations into the residents care plan. This applies to 1 of 4 residents (R99) reviewed for identified offender protocol in the</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>sample of 32.</p> <p>The Identified Offender Facility Report completed by the Illinois Department of Public Health (IDPH) shows that R99 was admitted to the facility on 2/23/24 and was determined to be an identified offender. The facility notified IDPH and the Identified Offender Program on 3/4/24 that R99 was an identified offender.</p> <p>On 12/2/24 during the survey, V1 (Administrator) provided the facility's Identified Offender folder which contained R99's information. Inside the folder was a letter from IDPH to the facility indicating they had received the needed information, and the Criminal Analysis Security Recommendation Report should be received within 45 business day and if it is not received the facility should reach out to the Illinois State Police (ISP) to obtain the report. There was not a report in R99's information inside the facility provided folder.</p> <p>R99's Care Plan does not identify that he is an Identified Offender and has no interventions or risk level incorporated into the Care Plan.</p> <p>On 12/3/24 at 12:33 PM, V4 (Social Services Director) said when a resident is found to be an identified offender the procedure is for fingerprints to be done and then a risk assessment (Criminal History Analysis Report) is received from the ISP, and from there the facility collaborates with them and develops a plan of care for the resident. V4 said in R99's situation they dropped the ball and someone should have followed up with the ISP to obtain the report to determine what his risk level is. V4 said the risk level should be identified and interventions incorporated into the care plan, and it is important</p>	S9999		

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S9999	Continued From page 8 to have that information to know if they are high risk. V4 said some residents who are high risk could need to be transferred to other facilities. The facility provided Registered Sex Offenders and Identified Offender policy dated 2/24 shows that residents who are identified offenders should have a risk assessment completed and the recommendations will be incorporated into the residents care plan. (C)	S9999		