STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000467	A. BUILDING: _____ B. WING _____	C 01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT APPLEWOOD	21020 KOSTNER AVENUE MATTESON, IL 60443

(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 Complaint Investigation 2590217/IL184108	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)2)3)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 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.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000467	A. BUILDING: _____ B. WING _____	C 01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT APPLEWOOD	21020 KOSTNER AVENUE MATTESON, IL 60443

(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 1	S9999		

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:

2) All treatments and procedures shall be administered as ordered by the physician.

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.

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.

These regulations were not met as evidenced by:

Based on observation, interview, and record review, the facility failed to provide treatment and services to prevent development of a pressure ulcer; failed to promote wound healing and prevent infection for a dependent resident who was assessed as being at risk for pressure ulcer; and failed to perform weekly skin assessments as ordered. These failures applied to one (R1) of three residents reviewed for pressure ulcers and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000467	A. BUILDING: _____ B. WING _____	C 01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT APPLEWOOD	21020 KOSTNER AVENUE MATTESON, IL 60443

(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 2	S9999		

resulted in R1 developing a stage 4 facility acquired pressure ulcer to her sacrum, which required hospitalization for treatment of infection and surgical wound debridement.

Findings include:

R1 is a 77-year-old female who was admitted to the facility on 8/30/2024. Her past medical history includes, but not limited to Local infection of the skin and subcutaneous tissue, dysphagia, peripheral vascular disease, pressure ulcer of sacral region stage 3, pressure ulcer of right elbow stage 4, venous insufficiency, hypothyroidism, hyperlipidemia, gastro esophageal reflux disease without esophagitis, chronic kidney disease stage 3, etc.

Pressure ulcer list provided by the facility documented that R1 has 3 facility acquired pressure ulcers, stage 3 to the right elbow, stage 4 to the left leg and stage 4 to the sacrum. Wound note dated 11/5/2024 documented the following: stage 4 pressure wound sacrum full thickness, duration >2 days, wound size 8.0 x 15.5 x not measurable c. Depth is unmeasurable due to presence of nonviable tissue and necrosis.

Hospital record dated 11/11/2024 documented in part, 77-year-old female presented from nursing home with pressure ulcer on the right elbow and worsening of sacral decubitus ulcer with foul smell draining pus. Same hospital records documented empiric treatment with IV (intravenous) Vancomycin and IV Zosyn, general surgery consulted, planning for surgical debridement. The record also documented that based on clinical assessment at admission, patient will require more than 2 medically necessary midnights of in-hospital care because

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000467	A. BUILDING: _____ B. WING _____	C 01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT APPLEWOOD	21020 KOSTNER AVENUE MATTESON, IL 60443

(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 3	S9999		

of sacral decubitus ulcer infection. Infectious disease section of the hospital record documented that R1 will be de-escalated to Unasyn 3 grams every 8 hours to be continued at the nursing home for a total of 6 weeks.

Minimum data set (MDS) assessment dated 9/6/2024 section C (cognitive patterns) scored R1 as a 7 for brief interview for mental status (BIMS). Section GG (functional status) of the same assessment documented that R1 is dependent on staff for all activities of daily living (ADLS). Section H (bowel and bladder) documented that R1 is always incontinent of bowel and bladder.

R1 has an order for weekly skin checks dated 8/30/2024, and there is no documentation of any skin checks in her medical record.

1/13/2025 at 9:40AM, R1 was observed in her bed, awake and alert and stated that she is doing okay. R1 said that she has not been changed today, she was last changed yesterday and feels like she is wet. R1 also said that no one has changed her wound dressing yet, she does not know who is her assigned certified nurse assistant (C.N.A) for today. At 9:46AM, V4 (C.N.A) was observed in the hallway and stated that she is assigned to R1, she has not changed R1 or her roommate yet, she was going to get them next after she finished with the resident she is helping right now.

1/13/2025 at 10:10AM, V4 (C.N.A) and V5 (restorative) were observed coming out of R1's room, holding a bag of dirty linen, V4 said that they just changed resident, her roommate is okay and does not need to be changed. Surveyor asked to see resident's dirty incontinence brief and noted a large area of reddish stain that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000467	A. BUILDING: _____ B. WING _____	C 01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT APPLEWOOD	21020 KOSTNER AVENUE MATTESON, IL 60443

(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 4	S9999		

saturated the brief. V4 stated that R1 was not wet, the stain is from her wounds. Surveyor asked to see resident's wounds and noted a large area of deep wound on resident's sacrum that looks red, with lots of drainage. V4 and V5 applied a clean incontinence brief on R1 with no dressing covering the wound and said that they will inform wound care nurse that resident's wound does not have any cover.

1/13/2025 at 1:05PM, R1 was observed still lying on her back and stated that no one has come to turn her or put a dressing on her wound.
1/13/2025 at 2:00PM, Observed wound care for R1 with V3 (DON) and V11 (Wound Tech). When V3 removed resident's incontinence brief, it was soaked with wound drainage and there was no dressing covering resident's wounds. Surveyor presented this observation to V3 and she said that she was not aware that R1 did not have any dressing to her wounds, no one informed her. She added that the wound should not be left without dressing because it will be losing hemostasis.

1/15/2025 at 11:58AM, V13 (LPN-Licensed Practical Nurse/Wound Care) said that she is familiar with R1 and has been treating her wounds since she was admitted to the facility. V13 said that she first became aware of resident's sacral wound on 11/4/2024, the wound team was just treating residents leg wound that was present on admission and were not aware of anything going on in resident's sacrum. V13 added that the wound care team did not do another skin assessment apart from the one done upon admission. As for the resident's order for weekly skin assessment, the floor nurses are supposed to do that in conjunction with the C.N.A's during ADL care and notify wound care of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000467	A. BUILDING: _____ B. WING _____	C 01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT APPLEWOOD	21020 KOSTNER AVENUE MATTESON, IL 60443

(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 5	S9999		

any skin alterations. V13 added that the facility dropped the ball this time, there was a gap in communication, resident's wound could have been identified earlier.

Facility pressure injury prevention protocol (undated) stated in part: 1. Residents will be assessed to determine their risk factor(s) for pressure injury development, upon admission; weekly x 4 weeks following admission/readmission and at least quarterly thereafter. 4. Residents will have their skin checked and documented utilizing the Treatment Administration Record. This skin check will be performed at a minimum of weekly.

Skin Assessment Policy and Procedure (undated) documented the following: Intact, healthy skin is the body's first line of defense. It is the policy of this facility to monitor the skin integrity for signs of injury and irritation. In addition to ongoing assessment of the skin, the facility will implement measures to protect the resident's skin integrity and to prevent skin breakdown. Upon admission to the facility the following will be assessed: (1) Risk for developing pressure injuries using valid assessment of pressure injury risk; (2) General skin condition; (3) Current injuries. Under procedures, the policy documented in part: All resident's, regardless of risk, will have a documented weekly review of skin condition.

(A)