STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014856	A. BUILDING: _____ B. WING _____	C 06/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE WINDSOR PARK	2649 EAST 75TH ST CHICAGO, IL 60649

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S 000	Initial Comments Complaint Investigation: 2585515/IL194624	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)2)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. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following	S9999		

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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.

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.

This REQUIREMENT is not met as evidenced by:

Based on observation, interview and record review, the facility failed to provide wound care treatment and change wound dressing as ordered by physician to one (R1) resident identified as a high risk for development of pressure ulcer. This failure affected one (R1) out of three residents reviewed for improper nursing care. As a result of this failure, R1 had worsening/deterioration and infection of pressure ulcer.

The findings include:

R1's admission record showed admission date of 5/12/2025 with diagnoses not limited to Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side, Essential (primary) hypertension, Aphasia following cerebral infarction, Dysphagia following cerebral infarction, Acute respiratory failure with hypoxia, Pneumonitis due to inhalation of food and vomit,

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Encounter for attention to gastrostomy, Pressure ulcer of sacral region unstageable.

R1's MDS (Minimum Data Set) dated 5/20/2025 showed R1 was rarely or never understood. R1 needed total assistance or dependent with oral, toileting and personal hygiene, shower/bathe self, upper and lower body dressing, chair/bed and toilet transfer. Always incontinent of bowel and bladder. MDS showed unstageable pressure ulcer that was present upon admission.

R1's risk assessment/Braden Score was assessed on 5/14/25, 5/26/25, 6/2/25 and 6/11/25 and documented as 12 (high risk for acquiring pressure wounds).

On 6/22/25 at 11:18AM Wound care observation conducted with V4 (Wound Care Director, Registered Nurse/RN) assisted by V8 (Restorative Aide, Certified Nursing Assistant/CNA). R1 was observed lying in bed, alert but nonverbal with enteral feeding infusing. R1 observed with wound dressing to sacral area dated 6/18/25, soaked with yellowish and some pinkish discharges. V4 stated wound dressing was dated 6/18/25 and the wound treatment order is daily. V4 said R1 has an unstageable pressure ulcer to sacrum extending to the buttocks. Observed wound bed pinkish with yellowish slough. V4 cleansed the wound with normal saline and pat dry with gauze. V4 applied skin prep on surrounding wound area. V4 applied Gentamycin ointment to wound bed then Santyl ointment to slough area and metronidazole cream to surrounding area prevent contamination per V4 then covered with dry gauze and foam dressing and dated 6/22/25.

On 6/22/25 at 11:54AM V24 (Inhouse Nurse

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Practitioner/NP) stated she is following R1 and aware of the sacral wound and the wound care team is following/evaluating it. V24 stated there was a concern of wound infection so a wound culture was taken, and the result came out yesterday and read as positive for Proteus Mirabilis, A. Baumanii, CRE (Carbapenem-resistant Enterobacteriaceae). V24 stated R1 is currently on antibiotic treatment for wound infection. V24 said as a standard nursing practice, the wound dressing is dated when the dressing is changed to know when it was done or for communication purposes. She stated if the wound treatment or dressing is not changed as ordered it could potentially cause infection or wound deterioration.

On 6/22/25 At 1:03pm V4 (Wound Care Director, RN) stated she has been working in the facility for almost a year. She stated the Wound MD (medical doctor) or NP is coming to facility weekly to follow up/evaluate resident's wound/pressure ulcer. V4 said wound treatments should be done and dressing should be changed as ordered by physician. She said the dressing is dated on the day of the treatment to know when it was done. V4 stated it is the facility's policy that the wound dressing should be dated. She said all treatment orders should be done and sign in the TAR (treatment administration record) once treatment was provided. V4 said nursing standard of practice when it was not signed, it was not done. She said when wound treatment was not done or dressing was not changed as ordered, potentially it can lead to decline or worsening of wound or infection. R1's EHR (electronic heath record) reviewed with V4 and stated R1's was admitted with unstageable pressure ulcer to sacrum, measured 2 x 1.3cm x unknown depth. V4 said on 5/27/25 sacrum pressure wound extended to

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the right buttock. On 6/17/25 wound assessment: Unstageable to sacrum extending to the right buttock, measurement: 8 x 8 cm x unknown. V4 said wound has worsened or declined due to increase of wound size. She said wound treatment order is Santyl and gentamicin to necrotic tissue, metronidazole cream for contamination and zinc to peri area then cover with dry dressing daily. V4 said sacral wound was observed getting bigger in size and ordered for wound culture. She said wound culture result dated 6/21/25 showed light growth proteus mirabilis and light growth CRE. V4 said R1 is on oral antibiotic for wound infection. V4 stated R1 has an order for moisture barrier cream with zinc to protect skin and prevent further breakout.

On 6/22/25 At 2:54PM V2 (Director of Nursing/DON) stated he has been working in the facility for over a year now. He said staff is expected to do wound treatment and changed dressing as ordered. He said wound dressings should be dated on the day that it was done. V2 said moisture barrier cream with zinc oxide if it is ordered for the resident, should be done and signed in TAR (Treatment Administration Record). V2 said the standard nursing practice, if it was not signed or documented, then it was not done. He stated the purpose of moisture barrier cream is to prevent skin breakdown. V2 said he is aware of R1's wound culture. The result was received yesterday and showed CRE. He said R1 is currently on antibiotic for wound infection. V2 said if dressing was not changed or treatment was done as ordered, it could potentially lead to worsening/deterioration of the wound or infection.

On 6/23/25 at 10:44AM V26 (Wound Doctor) was interviewed via phone and stated he has been a Wound MD for 30 years and servicing the facility

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for over a year. He said he comes to the facility once a week to see/evaluate resident's wounds/pressure ulcers. V26 said wound treatment should be done and dressing should be changed as ordered. If the staff is not providing wound care or treatment or if the dressing not changed as ordered, it could lead to worsening of wound or infection. V26 said moisture barrier cream with zinc is to prevent skin breakdown. He said he is following R1 and aware of sacral wound culture result with current order of antibiotic for wound infection.

Skin/Wound Notes dated 5/27/2025 showed in part: R1's sacral wound now extends to right buttock.

R1's May and June 2025 TAR (Treatment Administration Record) showed treatment order not limited to: Moisture Barrier with Zinc 10% Apply to buttocks topically every shift for Skin Care. Treatment order was not signed as treatment was provided on the following dates: 5/13/25 to 5/27/25, 5/30/25, 6/7/28 to 6/9/25, 6/12/25 and 6/16/25 to 6/21/25.

V24's (NP) notes dated 6/21/2025 documented in part: R1 was seen by a wound care team, concerned about infection. Culture was collected and started on doxycycline.

V26 (Wound Doctor) notes dated 5/15/25 showed in part: R1 with unstageable pressure on sacral measured 2.5 x 1.5 x 0.1cm. V26's notes dated 6/19/25 showed Unstageable pressure on sacral measured 9 x 7 x 0.3cm. Recommended: Doxycycline for wound infection.

R1's wound assessment report dated 5/13/25 showed in part: Sacrum - Unstageable pressure.

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Size: 2 x 1.3 cm x unknown depth. Wound assessment dated 6/17/25 showed in part: Sacrum extending to right buttock. Size: 8 x 8 cm x unknown depth.

R1's laboratory final result dated 6/21/25 showed in part: culture, wound: 1. Proteus mirabilis. 2. Ac. Baumanii - CRE. Isolation precautions may be required.

R1's POS (Physician Order Sheet) dated 6/22/25 showed active order not limited to:
-Doxycycline Hyclate Oral Tablet 100 MG (Doxycycline Hyclate) Give 1 tablet via G-Tube every 12 hours for Wound infection for 10 Days. Date ordered: 6/21/25.
-Ciprofloxacin HCl Tablet 500 MG Give 1 tablet by mouth every 12 hours for Wound Infection for 7 Days. Date ordered 6/21/25.
-Gentamicin Sulfate External Ointment 0.1 % (Gentamicin Sulfate (Topical) Apply to sacrum to R buttocks topically every day shift for wound care cleanse with NS, apply zinc oxide on peri-wound, apply Gentamicin to wound bed, calcium alginate cover with a foam dressing AND apply to sacrum to R buttocks topically as needed for wound care. Date ordered 6/12/25.
-Santyl External Ointment 250 UNIT/GM (Collagenase) Apply to sacrum to R buttocks topically every day shift for unstageable pressure injury Cleanse with normal saline. Pat dry with gauze. Skin Prep to periwound. Apply treatment and cover with foam dressing. AND apply to sacrum to R buttocks topically as needed for wound care. Date ordered: 6/12/25.
-Moisture Barrier with Zinc 10% Apply to buttocks topically every shift for Skin Care. Date ordered 5/12/25.

Care plan dated 5/14/25 showed in part: R1 has

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S9999	Continued From page 7 Pressure Injury to Sacrum, is at risk for delayed wound healing, and is at risk for further alteration in skin integrity related to: Cerebral Vascular Accident, History of Pressure Ulcers, Hypertension, Immobility, Incontinence of Bowel, and Incontinence of Urine. Care plan interventions included but not limited to: Moisture barrier cream/ointment after each incontinent episode. Treatment as ordered by provider. Facility's pressure injury and skin condition assessment policy dated 1/17/18 showed in part: Dressings which are applied to pressure ulcers, wounds shall include the date of the licensed nurse who performed the procedure. Dressing will be checked daily for placement, cleanliness and signs and symptoms of infection. Physician ordered treatments shall be initialed by the staff on the electronic treatment administration record after each administration. (B)	S9999		