

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002851	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/24/2020
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NAME OF PROVIDER OR SUPPLIER ELEVATE CARE IRVING PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 4340 NORTH KEYSTONE CHICAGO, IL 60641
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S 000	Initial Comments	S 000		
S9999	<p>Complaint Investigation #2088969/IL128664</p> <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>1 of 2</p> <p>300.610 a) 300.1010 h) 300.1210 b) 300.1210 d)2) 300.1210 d)5) 300.3240 a)</p> <p>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.</p> <p>Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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>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:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>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.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>These regulations are not met as evidenced by:</p> <p>Based upon observation, interview, and record review, the facility failed to enter (12/9/20) treatment orders as prescribed, failed to clarify (12/11/20) treatment orders, failed to administer treatments as ordered, and failed to notify the Physician and/or Nurse Practitioner of change in wound condition for one of four residents (R7) reviewed for wound care. These failures resulted in R7 developing a wound infection including proteus mirabilis, pseudomonas aeruginosa, and MRSA (Methicillin Resistant Staphylococcus Aureus) bacteria which requires isolation.</p> <p>Findings include;</p> <p>R7's Physician order sheets include; (11/13/20) clean left leg and ankle with 1/2 dakins, apply silver calcium alginate to wound openings and wrap with kerlix every day shift. (12/11/20) Left ankle dressing: alginate 4x4, ABD, and kling daily [cleaning instructions and/or frequency are not included].</p> <p>R7's (November/December 2020) Treatment Administration Record affirms treatments are not documented on 11/13, 11/17, 11/18, 11/19, 11/20, 11/22, 11/23, 11/24, 12/3, 12/7, 12/9, 12/10, 12/11, and 12/12/20.</p> <p>R7's (12/7/20) WBC (White Blood Cell Count) was 8.3, (12/14/20) WBC was 10.1 (increasing).</p> <p>R7's (12/10/20) left leg wound assessment states Odor: No. Exudate Type: Serous.</p> <p>On (Monday) 12/14/20 at 2:00 PM, surveyor inquired about R7's current treatment orders. V7 (Licensed Practical Nurse) reviewed the EMR</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>(Electronic Medical Record) and stated, "We put calcium alginate (daily) to the left ankle." At 2:03 PM, surveyor requested to observe R7's dressing change. R7 stated, "I went to the hospital on Friday (12/11/20) they were cutting my leg, like an operation. They put this dressing on at the hospital, nobody's changed it since Friday." At 2:27 PM, V7 removed R7's left lower extremity dressing and a foul odor was noted. The wound was covered with thick green purulent drainage [indicative of pseudomonas infection]. V7 stated, "The drainage is pus like and has an odor." Surveyor inquired about the color of the drainage. V7 responded "yellowish-greenish." V7 cleansed the medial side of the wound with dakins and cleansed the lateral side of the wound with normal saline. R7 stated, "You're doing it wrong". Alginate, ABD, and kling were then applied.</p> <p>(12/15/20) Review of R7's nurse's notes affirm the (12/14/20) change in exudate, odor, and/or physician notification for change in wound condition were not documented</p> <p>On (Wednesday) 12/16/20 at 11:13 AM, V11 (Wound Care Nurse Practitioner) affirmed that she was unaware of R7's (12/14/20) increasing WBC's and/or changes in wound condition. V11 (Wound Care Nurse Practitioner) stated, "I saw him last week, it's a chronic long term wound it hasn't changed much. If there were any concerns or changes I would see him sooner." Surveyor inquired if V11 was notified of R7's (12/14/20) change in wound drainage and/or odor V11 responded "No." Surveyor inquired about R7's treatment orders. V11 stated, "I changed his treatment last week (12/9/20) they should be cleaning it with dakins 1/2 strength and wrapping it with dakins soaked gauze, an ABD, and kerlix." Surveyor inquired who enters the orders. V11</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>stated V2 (Director of Nursing) "has been doing rounds with me and she's the one I've been sending the notes to." [12/9/20 treatment orders were not on R7's physician order sheets and/or December 2020 treatment administration record]. At 11:42 AM, V11 removed R7's dressing and alginate was adhered to his wound. V11 stated, "I'll probably use the dakins and get a culture of the wound." R7 stated, "They only took the bandage off twice since Friday". V11 responded, "They're supposed to be changing it every day."</p> <p>On 12/16/20 at 2:25 PM, V2 affirmed new treatment orders override prior orders. Surveyor inquired about concerns with R7's (12/11/20) treatment orders. V2 stated, "The cleaning solution for the wound is not there it should have been entered and there's no schedule on here."</p> <p>R7's (12/16/20) wound culture results include; proteus mirabilis, pseudomonas aeruginosa, and MRSA (Methicillin Resistant Staphylococcus Aureus) bacteria.</p> <p>(12/21/20) Review of R7's nurse's notes affirm the physician was not notified regarding aforementioned (abnormal) wound culture results until after surveyor inquiry.</p> <p>On 12/22/20 at 3:49 PM, surveyor inquired about staff requirements for change in wound condition. V12 (Medical Director) stated, "They should call the attending physician to take appropriate steps to prevent it from becoming a worse situation." Surveyor relayed concerns about R7's increasing white blood cells (8.3-10.1), purulent wound drainage, and odor. V12 stated, "Usually I like to send them to the hospital for something like that. The white count is usually a response to an infection. The foul smell and the discharge is</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>very concerning." Surveyor inquired about potential harm to R7 with these symptoms. V12 responded, "We always worry about sepsis, infection, or something worse than that like loss of limb."</p> <p>The Skin Condition Assessment & Monitoring policy (revised 6/8/18) states non-pressure skin conditions will be assessed for healing progress and signs of complications or infection weekly. Physician ordered treatments shall be initiated by the staff on the electronic treatment administration record after each administration. A licensed nurse shall observe condition of wound incision daily, or with dressing changes as ordered. Observations such as drainage, dehiscence, redness, swelling, or pain will be documented in the nurse's notes.</p> <p>(B)</p> <p>2 of 2</p> <p>300.610 a) 300.1210 b) 300.1210 d)2) 300.1210 d)5) 300.3240 a)</p> <p>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</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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>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:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>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.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These regulations are not met as evidenced by:</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>Based upon observation, interview, and record review, the facility failed to turn/reposition (R4) every 2 hours, and failed to administer treatments as ordered for two of four residents (R4, R5) reviewed for pressure ulcers. These failures resulted in R4 developing (facility acquired) pressure ulcers and sepsis from osteomyelitis (underlying his pressure ulcers including right heel and exposed coccyx).</p> <p>Findings include;</p> <p>1. R4's wound assessment details affirm he developed a right heel (facility acquired) deep tissue pressure injury (identified 9/20/20) and a stage 3 (facility acquired) coccyx pressure ulceration (identified 10/4/20).</p> <p>R4's POS (Physician Order Sheets) include; (9/25/20) Reposition resident every 2 hours. (10/14/20) Clean sacrum with normal saline, apply medihoney, calcium alginate and foam padding to area every Monday, Wednesday and Friday. (10/28/20) Clean right heel with betadine, apply abd pad, and wrap with kerlix every night.</p> <p>R4's (11/11/20) progress notes state resident noted with odor from wound. Received order to send patient to hospital for evaluation.</p> <p>R4's skin observation documentation states; was the resident assisted/reminded to turn/reposition at least every 2 hours? "Not applicable" was documented on 11/7/20, 11/8/20, and 11/10/20 however R4's (9/10/20) bed mobility assessment affirms he requires extensive assistance; one person physical assist.</p> <p>R4's (October-November 2020) TAR (Treatment Administration Record) affirms treatments were</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>not documented on 10/2, 10/20, 10/23, 10/24, 10/25, 10/31, 11/6, and 11/9/20 as scheduled.</p> <p>On 12/16/20 at 2:42 PM, surveyor inquired about documentation of R4's treatments and turning/repositioning. V2 responded, "Documentation of turning should be in the administration record if it was ordered. I checked the medication and treatment administration and I don't see anything on here. The treatments are documented on the TAR if there's a blank that means it wasn't done or it wasn't documented." Surveyor relayed concerns regarding documentation of R4's treatments. V2 advised she recently hired a wound care nurse and stated, "I had to terminate the last one cause wasn't nothing being done."</p> <p>On 12/22/20 at approximately 3:52 PM, surveyor inquired about potential harm to R4 if his wound had bone exposed. V12 (Medical Director) responded, "Infection or fear of osteomyelitis."</p> <p>R4's (11/25/20) hospital discharge summary states he was admitted because of hypotension and fevers presumed secondary to sepsis from coccygeal and right foot osteomyelitis underlying his pressure ulcers, identified on x-rays. [Computed Tomography (Pelvis) showing sacral decubitus ulcer with osteomyelitis involving exposed coccyx. Bilateral foot x-rays show right cancanal osteomyelitis underlying heel ulcer].</p> <p>2. R5's (12/4/20) wound assessment includes a stage 3 coccyx pressure ulceration.</p> <p>R5's (12/2/20) POS states cleanse sacrum with normal saline solution, apply Medihoney then foam dressing every other day and as needed for wound care.</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>R5's (December 2020) TAR affirms sacrum dressing changes are not documented on 12/2 and 12/8/20 as scheduled.</p> <p>On 12/14/20 at 1:33 PM, R5 stated her dressing is changed "Maybe once a week, I really don't know." V3 (Registered Nurse) removed R5's coccyx dressing (as requested). It was notably soiled with a yellow substance (likely urine) and bowel movement however her incontinence brief was clean and dry. V3 stated, "It's a wound there, it's soiled. I see some fecal matter."</p> <p>The Skin Condition Assessment & Monitoring policy (revised 6/8/18) includes; Purpose: to establish guidelines for assessing, monitoring and documenting the presence of skin breakdown, pressure injuries and other non-pressure skin conditions and assuring interventions are implemented. Physician ordered treatments shall be initialed by the staff on the electronic treatment administration record after each administration.</p> <p>(B)</p>	S9999		