STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE SU COMPLE	
		IL6012975	B. WING		05/29/	/2015
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	03/23/	2013
LEXING	ON OF STREAMWOO	מר	IRVING PAF WOOD, IL 60			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
S9999	Final Observations		S9999			
	STATEMENT OF L	ICENSURE VIOLATIONS:				
	300.1210b)					
	300.1210b)3)					
	300.1210b)4)					
	300.1210b)4)A)B)C	;)D)				
	300.1210d)5)					
	300.3240a)					
	Nursing and Person b) The facility shall and services to atta practicable physica well-being of the re- each resident's com plan. Adequate and care and personal of resident to meet the care needs of the re- shall include, at a m procedures:	General Requirements for hal Care provide the necessary care in or maintain the highest I, mental, and psychological sident, in accordance with nprehensive resident care I properly supervised nursing care shall be provided to each total nursing and personal esident. Restorative measures ninimum, the following				
	tment of Public Health / DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		6) DATE

STATEMEN	Pepartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		IL6012975	B. WING		05/	29/2015		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE				
LEXING1	TON OF STREAMWO		r irving Par Wood, IL 60					
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF	CORRECTION	(X5)		
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE		
S9999	Continued From pa	age 1	S9999					
	resident's condition	n, including mental and						
		, as a means for analyzing and						
		equired and the need for						
	further medical eva	luation and treatment shall be						
		aff and recorded in the						
	resident's medical record.							
	 Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but 							
	not be limited to, th							
		hall have proper daily personal						
		attention, including skin, nails, hair, and oral						
	hygiene, in addition to treatment ordered by the							
	physician.							
	B) Each resident shall have at least one complete							
	bath and hair wash weekly and as many							
		d hair washes as necessary						
	for satisfactory pers							
		hall have clean, suitable						
		be comfortable, sanitary, free nt in appearance. Unless						
		by his/her physician, this						
	should be street clo							
		hall have clean bed linens at						
		and more often if necessary.						
		section (a), general nursing						
		at a minimum, the following						
	and shall be practic							
	seven-day-a-week	m to prevent and treat						
		at rashes or other skin						
		e practiced on a 24-hour,						
		basis so that a resident who						
		ithout pressure sores does not						
	develop pressure s	ores unless the individual's						
		emonstrates that the pressure						
		dable. A resident having						
		all receive treatment and						
		e healing, prevent infection,						
	and prevent new pr	ressure sores from developing.						

	IT OF DEFICIENCIES OF CORRECTION	Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY PLETED
		IL6012975	B. WING		05/	29/2015
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	•	
EVING	ON OF STREAMWO	815 EAS	T IRVING PAR	K ROAD		
		STREAN	1WOOD, IL 60	107		-
(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 1 DEFICIENC	TION SHOULD BE	(X5) COMPLE DATE
S9999	Continued From pa	age 2	S9999			
		Abuse and Neglect see, administrator, employee o hall not abuse or neglect a	r			
	THESE REGULAT EVIDENCED BY:	IONS WERE NOT MET AS				
	review the facility fa facility acquired pre (R15). The facility care nurse in a time	ion, interview and record ailed to identify and prevent essure sores for one resident also failed to notify the wound ely manner to assist in the aling of R15's Pressure sores.				
	sore to the right but pressure sore to the	5 acquiring a stage 3 pressure ttocks / thigh area; a stage 2 e coccyx area; and multiple s on his back and the need for				
		resident (R15) of 5 residents ure sores in a total sample of				
	The findings includ	e:				
	showed he is a 73 Sclerosis with para right arm. R15 also chronic indwelling of	ectronic medical record year old male, has Multiple plegia and hemiplegia of the has a history of colostomy, catheter due to neurogenic y and has been in the facility				
	R15 is shown to be	cognitively intact with a score				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		- (X3) DATE SURVEY COMPLETED	
		IL6012975	B. WING		05/	29/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
EXING	ON OF STREAMWO		T IRVING PAR IWOOD, IL 60			
(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 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
\$9999	(BIMS) on the 3/19, R15's functional sta documents him to r people with dressin one assist for perso On 5/27/15 at 10:00 bed sitting up finish very strong foul odd staff have not come his bedding. R15 s morning and chang once a day. On 5/27/15 at 10:10 - CNA) came in R1 going to change his assist R15 with turn noted to be saturate green fluid from his both sides. There of dressing on R15's r completely saturate Under these dressi on the coccyx area the right buttock. F shoulder to his mid discolored a dark b areas. All the linen saturated with foul thad not been clean stated, "I don't know	Atterview for Mental Status (15 Minimum Data Set (MDS), atus on the same MDS need extensive assist from two g and an extensive assist with onal hygiene. D AM, R15 was in his room in ing breakfast. There was a or in the room. R15 stated the e to clean him up or change tated they usually come in the pe his bedding and cleaning D AM, E6 (Certified Nurse Aide 5's room and stated she was a bedding. E6 proceeded to hing on his left side. R15 was ed in a foul smelling brownish a shoulders to mid thighs on were two thick absorbent right buttock that were also ad with this foul smelling fluid. Ings there were open wounds and multiple open areas on R15's posterior skin from his thighs was completely rown color and open oozing and mattress were completely smelling fluid. R15 stated he ed up since yesterday. E6 w I wasn't here yesterday." E6				
	and began to walk assistance while lead called back to cove	"I can't do this, I can't do this,' out of R15's room to get aving R15 exposed, until r him. E6 was also asked if come with her to assess him.				

STATEMEN	Department of Public NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		IL6012975	B. WING		05/	29/2015
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
EXING	TON OF STREAMWOO	70	T IRVING PAR			
	SUMMARY STA			PROVIDER'S PLAN OF ((X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ige 4	S9999			
	R15's room. They When asked E7 ho she (E7) stated she need to go and get and left. E6 procee wipe down R15's ba on his back was co then stated, "Keep itches." E7 and E9 R15's room. E9 do washing R15's back the same wash clot cloth to cover the m gloves and began w the buttock / coccy2 then changed her g began applying an back. E9 (RN) stat anti-fungal cream fo 2015 Physician Orc the antifungal cream 8/22/13. E7 then without handwashir cream to R15's but absorbent dressing were then changed cleaned. R15 had a No one provided ca groin area. R15 stat the groin area every R15 stated, "I get a could use it more o On 5/27/15 at 10:45 came into the room R15 in a long time. her to see a resider stated R15 has had	PN), E8 (CNA) came back to turned him on his left side. w long R15 had been like this, e didn't know. E7 stated she medicine for R15's wounds eded to take a wash cloth and ack when pieces of R15's skin ming off and bleeding. R15 going down the spine, it (Registered Nurse) arrived in nned gloves and began k and buttocks and sores with th. There was no protective nattress. E7 also donned viping with a dry cloth across k wounds and R15s back. E7 gloves, no handwashing and antifungal cream to R15's ed he had been using that or at least 2 years. The May der Sheet (POS) did confirm m was originally prescribed changed her gloves again, ng, and applied a barrier tocks and then placed dry s on the area. R15's sheets and the mattress was never an indwelling urinary catheter. atheter care or washed his ted they are supposed to wash y shift and they don't do it. shower twice a week but I ften, they just don't do it."				

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		ATE SURVEY OMPLETED		
	IL6012975	B. WING		05/	29/2015		
PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE				
ON OF STREAMWO							
(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE		
Continued From pa	ge 5	S9999					
and change positio	n.						
documents the wou 7/19/13. The woun Moisture Associate facility acquired and 0.05 (L x W x D). T documented 3/14/1 as 10.0 cm x 5.0 cm was not seeing the E11 stated the staff R15's skin and wou	and was initially identified on of was documented as d Skin Damage (MASD) d measured 5.0 cm x 4.5 cm x The last "wound Assessment 5 documents the wound size n x 0.05 cm (L xW x D). R15 wound physician at that time. I nurses were taking care of and after that and was not						
concerning R15's s his wounds and the on what the wounds measurements or w to them. R15 had k cream to his back f documentation of ir the area and if the this period of time. documentation to s	kin, malodorous drainage from ere is also no documentation s looked like, the what type of care was provided been using the same topical or two years and there is no mprovement or worsening of medication is effective after There is also no upport whether R15's primary						
know why the staff (Wound Nurse) of stated it was obviou needed yesterday. know why R15 had medication for two	nurses did not alert E11 R15's worsening wounds. E2 us he didn't get the care he E2 also stated she did not been on the same topical years with unknown results						
	PROVIDER OR SUPPLIER ON OF STREAMWOO SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa and change positio The facility "wound documents the wou 7/19/13. The woun Moisture Associate facility acquired and 0.05 (L x W x D). The documented 3/14/1 as 10.0 cm x 5.0 cm was not seeing the E11 stated the staff R15's skin and wou diagnosed with a put There is no docume concerning R15's shis wounds and the on what the wounds measurements or w to them. R15 had be cream to his back ff documentation of in the area and if the part this period of time. documentation to s physician was award status. On 5/28/15 at 10:30 know why the staff (Wound Nurse) of stated it was obviou needed yesterday. know why R15 had medication for two and also was not awards table the staff of two and also was not awards table the staff of two and also was not awards table the staff of two and also was not awards table the two and also was not awards the two and the two and the two and also was not awards the two and also was not awards the two and the two and also was not awards the two and also was not awards the two and the two and also was not awards the two and the two and the two and the two and also was not awards the two and the two and also was not awards the two and the two an	OF CORRECTION IDENTIFICATION NUMBER: IL6012975 IL6012975 PROVIDER OR SUPPLIER STREET AL ON OF STREAMWOOD STREET AL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES Continued From page 5 and change position. The facility "wound Assessment" dated 2/3/14 documents the wound was initially identified on 7/19/13. The wound was documented as Moisture Associated Skin Damage (MASD) facility acquired and measured 5.0 cm x 4.5 cm x 0.05 (L x W x D). The last "wound Assessment documented 3/14/15 documents the wound size as 10.0 cm x 5.0 cm x 0.05 cm (L xW x D). R15 was not seeing the wound physician at that time. E11 stated the staff nurses were taking care of R15's skin and wound after that and was not diagnosed with a pressure sore at that time. There is no documentation in the nurses notes concerning R15's skin, malodorous drainage from his wounds and there is also no documentation on what the wounds looked like, the measurements or what type of care was provided to them. R15 had been using the same topical cream to his back for two years and there is no documentation of improvement or worsening of the area and if the medication is effective after this period of time. There is also no documentation to support whether R15's primary physician was aware of the decline in wound status. On 5/28/15 at 10:30 E2 (DON) stated she did not know why the staff nurses did not alert E11 (Wound Nurse) of R15's worsening wounds. E2 stated it was obvious he didn't get the care he needed yesterday. E2 also stated she did not know why R15 had been on	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: IL6012975 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 5 S9999 and change position. Stream Added 2/3/14 documents the wound was initially identified on 7/19/13. The wound was documented as Moisture Associated Skin Damage (MASD) facility acquired and measured 5.0 cm x 4.5 cm x 0.05 (L x W x D). The last "wound Assessment documented 3/14/15 documents the wound size as 10.0 cm x 5.0 cm x 0.05 cm (L xW x D). R15 was not seeing the wound physician at that time. There is no documentation in the nurses notes concerning R15's skin, malodorous drainage from his wounds and there is also no documentation on what the wounds looked like, the measurements or what type of care was provided to them. R15 had been using the same topical cream to his back for two years and there is no documentation of improvement or worsening of the area and if the medication is effective after this period of time. There is also no documentation to support whether R15's primary physician was aware of the decline in wound status. On 5/28/15 at 10:30 E2 (DON) stated she did not know why the staff nurses did not alter E11 (Wound Nurse) of R15's worsening wounds. E2 stated it was obvious he didn't get the care he needed yesterday. E2 also stated she did not know why R15 had been on the same topical medication for two years with unknown results and also was not aware of R15's worsening skin	OF CORRECTION IDENTIFICATION NUMBER: IL6012975 A. BUILDING: B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 815 EAST IRVING PARK ROAD STREAMWOOD, IL 60107 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDERTS PLAN OF O (EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDERTS PLAN OF O (EACH ORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY Continued From page 5 and change position. S9999 S9999 ID PREFIX TAG PROVIDERTS PLAN OF O (EACH ORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY Moisture Associated Skin Damage (MASD) facility acquired and measured 5.0 cm x 4.5 cm x 0.05 (L × W x D). The last "wound Assessment documented 3/14/15 documents the wound size as 10.0 cm x 5.0 cm x 0.05 cm (L xW x D). R15 was not seeing the wound physician at that time. E11 stated the staft nurses were taking care of R15's skin and wound after that and was not diagnosed with a pressure sore at that time. There is no documentation no what the wounds looked like, the measurements or what type of care was provided to them. R15 had been using the same topical cream to his back for two years and there is no documentation of selfactive after this period of time. There is also no documentation of selfactive after this period of time. There is also no documentation to support whether R15's primary physician was aware of the decline in wound status. On 5/28/15 at 10:30 E2 (DON) stated she did not know why the staft nurses did not altert E11 (Wound Nurse) of R15's wor	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COM IL6012975 B. WING 057 PROVIDER OR SUPPLER STREET ADDRESS. CITY, STATE, ZIP CODE B15 EAST IRVING PARK ROAD SUMMARY STATEMENT OF DEFICIENC MUST BE PRECEDED BY FULL PREMAWOOD, IL 60107 PROVIDER'S PLAN OF CORRECTION SHOULD BE (EAST IRVING PARK ROAD SUMMARY STATEMENT OF DEFICIENC MUST BE PRECEDED BY FULL PRETA CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL PRETA Continued From page 5 S9999 and change position. S9999 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Cost L, XW X D). The last 'wound Assessment' dated 2/3/14 docouments the wound was initially identified on 7/19/13. The wound was induced as Moisture Associated SKIN Damage (MASD) facility acquired and measured 5.0 cm x 4.5 cm x 0.05 cm (L, XW X D). R15 was not secility for und physician at that time. F15 skin and wound after that and was not diagnosed with a pressure sore at that time. There is no documentation in the nurses notes concerning R15's skin, malodorous drainage from his wounds and there is also no documentation or improvement or worsening of the area and if the medication is effective atter this period of time. There is also no documentation or improvement or worsening of the area and if the medication is effective atter this period of time. There is also no documentation or improvement or worsening of the area and if the medication is effective atter this period of time. There is also no documentation to suport whether R15's primary physician was aware o		

	NT OF DEFICIENCIES OF CORRECTION	Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
		IL6012975	B. WING		05/	29/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
	TON OF STREAMWOO	31.3	IRVING PAR			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
\$9999	"R15 Refuses care cooperative this wo also stated he was caused from a mix stated he hasn't see would assess it the It was documented he refuses ADL car but there is no docu explained and educ benefits so R15 cou accept or decline ca The facility care pla Per E2 on 5/29/15 a are written quarterly then the care plan w April 2015) docume MASD on Right thigh related to unknown what the k is repeated in the ca interventions listed treatment as ordere and bed linen change changes, changes is surrounding tissue. respond to treatmen not followed. The facility care pla also documents sev risk for skin breakd breakdown in skin i these interventions working. The care	a lot and if he was und could be prevented." Z1 aware R15 had a wound of "sliding or pressure." Z1 en the wound in awhile but next day during rounds. R15's Nurses Notes indicating e, turning and repositioning, umentation to show if any one cated R15 with the risks and uld make informed decision to are and services. n with a goal date of 6/11/15 (at 10:00 AM, the care plans y so if the goal date is June would have been written in ents "Alteration is skin integrity nt lower buttocks / Right upper o alter intertriginous." It is plank spaces are for and this are plan three times. The are to educate resident, ed with weekly documentation ging. Monitor and report skin in drainage , odor or Notify physician of failure to nt. These interventions were	S9999			

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		IL6012975	B. WING		05/	29/2015
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE. ZIP CODE		
-	TON OF STREAMWO	0D 815 EAS	T IRVING PAR	KROAD		
				PROVIDER'S PLAN OF		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	COMPLET DATE
S9999	Continued From pa	age 7	S9999			
	and documented R sore on the sacrum with moderate sero stage III pressure s measuring 9.5 cm 3 moderate serous d also changed at tha R15's name was no sores that was give survey entrance da when the surveyor R15's pressure sor time. It was on 5/28 physician saw R15 sore was identified cm) and right butto	he wound physician on 5/28/15 15 has a stage II pressure a measuring 8.0 cm x 2.0 cm bus drainage. R15 also has a sore to the right buttock x 10.5 cm x 0.2 cm with rainage. The treatment was at time. but in the facility list of pressure en to the survey team on the tet, 5/26/15. It was on 5/27/15 observed R15's ADL's care, re was identified for the first 8/15 when the wound care as a Stage II (8.0 cm x 2.0 cks pressure sore was e III (9.5 cm x 10.5 cm x 0.2				
		as also seen by Z1 (primary ted on oral antibiotics.				
	date of 8/2010, doc Braden scale done assessment) on ad quarterly, or followi earliest documente documents R15 to of 14. On 3/11/15 to documented at 13,	tled "Skin Management" with a cuments resident will have a (to determine risk Imission, re-admission, ng a change in status. The ed Braden Score is 4/20/14 and be moderate risk with a score the Braden score was moderate risk. On 5/15/15 vas documented to be 15, at				
	head to toe observation admission, readmission, readmis	nent policy also documents a ation will be done on ssion, weekly and during care ern will be reported to the nurse				

STATEMEN	Pepartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATI COM	E SURVEY PLETED
		IL6012975	B. WING		05/	29/2015
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
	ON OF STREAMWO	915 EAS	T IRVING PAR			
	ION OF STREAMWOO	STREAM	IWOOD, IL 60	107		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ige 8	S9999			
	the head to toe skir "no impairment." C "excoriation" and 5/ The heading under is impaired, please There are no notes skin condition." On stated she did not k as no skin impairm	e May 2015 treatment notes for n check documents on 5/4/15 on 5/11/15 PM shift /25/15 PM shift "impairment." the skin check states,"If skin write a note explaining." explaining R15's impaired a 5/28/15 at 10:00 AM E2 know why it was documented ent on 5/4/15 and also does er documentation was not (B)				