STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014963	A. BUILDING: _____ B. WING _____	C 04/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR NORTH SHORE	2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035

(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 #1611700/IL84418	S 000		
S9999	Final Observations Statement of LicensureViolations : 300.610a) 300.1210b) 300.1210d)5) 300.3240a) 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 and shall be practiced on a 24-hour,	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014963	A. BUILDING: _____ B. WING _____	C 04/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR NORTH SHORE	2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035

(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		

seven-day-a-week basis:
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.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These requirements are not met as evidenced by:

Based on observation, interview, and record review the facility failed to identify pressure ulcers before they advanced to full-thickness pressure wounds. The facility failed to provide ongoing assessment and provide interventions to reduce pressure after pressure wounds were identified. The facility failed to ensure a physician ordered treatment was in place for a resident with a sacral pressure wound.
This applies to 1 of 3 residents (R3) reviewed for pressure ulcers in the sample of 3.
The findings include:
R3's Physician order sheets dated April 2016 shows R3 has diagnoses including muscle weakness, diabetes mellitus, end stage renal disease, and cellulitis of left lower leg.
R3's Care Plan dated February 2016 shows she requires extensive assist of 2 persons with bed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014963	A. BUILDING: _____ B. WING _____	C 04/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR NORTH SHORE	2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035

(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		

mobility and transfers. R3's Braden Scale dated February 2016 has a score of 12 (high risk) for developing pressure sores. The facility's Wound Report dated April 5, 2016, shows R3 developed 3 facility acquired pressure ulcers. R3's first pressure ulcer was identified on March 8, 2016, on her right heel.
On March 8, 2016 R3's wound assessment report completed by E3 (Wound Nurse) showed a 5.0 centimeter (cm) x 5.50 cm 100% deep maroon suspected deep tissue injury to her right heel.
On March 16, 2016 Z1's (Wound Physician) wound assessment shows the right heel measured 4 cm x 5.5 cm and was unstageable with eschar.
On April 5, 2016 at 11:45 AM, R3 was sitting at edge of bed and stated, "My feet hurt."
On April 5, 2016 at 12:30 PM, E3 (Wound Nurse) provided wound care to R3's wounds. R3's right heel had a large (golf ball size) necrotic area. R3 stated during the dressing change "that's tender (my heel)."
The facility's Wound Report dated April 5, 2016 shows R3 developed a two additional pressure ulcers on March 15, 2016 to her left heel and sacrum.
On March 11, 2016 the nurse's note for R3 shows the nurse practioner was notified of wounds to her heels (four days later a wound assessment was done). On April 6, 2016 E3 said he was not aware of an additional wound. He discovered the wound on March 15, 2016.
On March 15, 2016 R3's wound assessment report completed by E3 showed a 2.5 cm x 2.50 cm 100% deep maroon suspected deep tissue injury to the left heel.
On March 16, 2016 Z1's wound assessment showed a 2.5 cm x 2.50 cm a suspected deep tissue injury to the left heel.
On April 5, 2016 at 12:30 PM, E3 provided

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014963	A. BUILDING: _____ B. WING _____	C 04/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR NORTH SHORE	2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035

(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		

wound care to R3. R3's left heel was black (eschar).
On April 5 2016 at 1:30 PM, R3 stated, "I don't like those things (heel protectors) can you just use the pillow."
On March 15, 2016 R3's wound assessment report completed by (E5) showed a 2.00 cm x 1.00 cm suspected deep tissue injury to the sacrum.
On March 16, 2016 Z1's wound assessment report showed a 1.5 cm x 1.3 cm unstageable eschar wound to the sacrum.
On April 5, 2016 at 12:30 PM, E3 provided wound care to R3. R3 did not have a dressing to her sacrum. R3 had a small black (eschar) area to her sacrum.
On April 5, 2016 at 1:40 PM, E3 said, "I'm not sure" how (R3) developed three acquired pressure ulcers. I don't know why R3 did not have a dressing to her sacrum. "It may have come off. No one told me." Staff should let nursing know if the dressing came off.
On April 5, 2016 at 1:45 PM E4 (Certified Nursing Assistant) said if a dressing comes off notify the nurse right away. Residents who are high risk for pressure should be repositioned every 2 hours, elevate heels, and keep clean.
On April 5, 2016 at 1:52 PM, E5 and E6 (Both Certified Nursing Assistants) said they provided incontinence care to R3 prior to her dressing change. They both said there was no dressing to her sacrum. E5 & E6 said R3 prefers pillows to elevate her legs.
On April 5, 2016 at 2:00 PM E3 said, R3 should have had interventions in place prior to her wounds developing. "It's hard to tell" if her wounds were avoidable.
On April 6, 2016 at 11:50 AM, E3 said skin checks are done weekly for residents who are high risk. "I think they should be done more

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014963	A. BUILDING: _____ B. WING _____	C 04/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR NORTH SHORE	2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035

(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		

frequently."
R3's Treatment Administration record dated March 2016 shows skin checks are done weekly. Skin checks should be checked daily as of March 18 (10 days after first pressure ulcer identified 7 days later two additional pressure ulcers were identified to her left heel and sacrum).
R3's Skin checks were not performed 13 out of 14 days in March 2016.
R3's Care Plan date initiated March 18, 2016 (10 days after the first pressure ulcer was identified) shows interventions were implemented. R3's care plan documents she is at high risk for pressure and should be repositioned every two hours, skin check every shift, pressure relieving mattress and cushion to her wheelchair. Administer treatment as ordered, monitor dressing daily to ensure it is intact and adhering.
On April 5, 2016 at 11:00 PM, E5 said, residents who are at risk for pressure should be repositioned every 2 hours, off load heels, relieve any pressure points.
On April 6, 2016 at 12:50 PM, Z1 (Wound Physician) said if R3 was not willing to wear to heel protectors staff could use a pillow to elevate her heels and monitor that her legs are elevated. "Wounds should not be found with eschar" on discovery if skin checks are being performed. "My job is not identifying the cause of the wound. It is to treat the wound."
The facility's Wound Care Program dated August 2013 states, " residents whose clinical conditions and medical diagnosis potentiate the risk for skin breakdown and development of pressure ulcer are ...assessed and managed ....inspection of the skin every shift ...establish an individualized turning and repositioning schedule ...every 2 hours or as indicated, off load heels, ... the care plan shall be evaluated and revised based on residents response to treatment, ...develop a care

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014963	A. BUILDING: _____ B. WING _____	C 04/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR NORTH SHORE	2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035

(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 plan with appropriate interventions, ... (B)	S9999		