	epartment of Public	Health		<u> </u>			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL	LE CONSTRUCTION		(X3) DATE SURVEY	
		A. BUILDING:		COM	COMPLETED		
		D WING			С		
IL6005904			B. WING		05/2	27/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
MAINIDSO	R ESTATES NSG & R	FHAR	UTH LAVER				
AAIIADOO	TESTATES NOS WIT	COUNTR	CLUB HILI	LS, IL 60478			
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
S 000	Initial Comments		S 000				
#12	Complaint Investiga	ation			4		
:	2193487/IL134081					At 10	
S9999	Final Observations		S9999		. 160		
1(4	Statement of Licens	sure Violations		ii .		.0	
	300.610a) 300.1210b) 300.1210d)5)		T. E.				
	Section 300.610 Re	esident Care Policies	<u>.</u>	#1			
	procedures governi facility. The written	have written policies and ng all services provided by the policies and procedures shall Resident Care Policy ng of at least the		= 12			
¥ 4	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	\$ <u>\$</u> \$			\$ 8 # 8		
85 PE	and dated minutes	of the meeting. General Requirements for	20	3) 21		=	
	and services to atta practicable physical well-being of the reseach resident's com- plan. Adequate and	provide the necessary care in or maintain the highest mental, and psychological sident, in accordance with aprehensive resident care properly supervised nursing care shall be provided to each		Attachment A Statement of Licensure Viole	dions -		

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

TITLE

(X6) DATE

NAME OF PROVIDER OR SUPPLIER ISTREET ADDRESS, CTY, STATE, ZIP CODE 18300 SOUTH LAVERGNE COUNTRY CLUB HILLS, II. 60478 COUNTRY CLUB HILLS, II. 60478 IEACH DEPICIENCY MIST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION) S9999 Continued From page 1 resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing and shall be practiced on a 24-hour, 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 sore sore shall she 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 requirements were not met as evidenced by: Based on interview and record review the facility failed to follow its Medication and Treatment Orders policy and notify the Nurse Practitioner of 2 open wound sites and failed to follow its Prevention of Pressure Ucer policy by mot assessing and kientifying an infected sacral wound for 1 (R1) of 3 residents reviewed for pressure ulcers and pressure ulcer prevention. This failure resulted in R1 receiving treatment for the infected sacral wound at the local hospital. Findings include: R1 admitted on 4/21/21. R1's skin wound evaluation with an effective date of 4/22/21 documented 3 sites.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER WINDSOR ESTATES NISG & REHAB SUMMARY STATEMENT OF DEFICIENCIES (COUNTRY CLUB HILLS, IL. 60478 (CALID (CALID E) (CA	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:			С	
WINDSOR ESTATES NSG & REHAB 18300 SOUTH LAVERGNE COUNTRY CLUB HILLS, IL. 60478 CALL DEPICIENCY MAY STATEMENT OF DEFICIENCIES CALL DEFICIENCY MAY BE PRECEDED BY FULL TAG PREFIX PROVIDERS PLAN OF CORRECTION (CACH CORRECTION (CACH CORRECTION ACTION SHOULD BE (CACH DEFICIENCY MAY BE PRECEDED BY FULL TAG PREFIX TAG CONTINUED From page 1 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, 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. These requirements were not met as evidenced by: Based on interview and record review the facility failed to follow its Medication and Treatment Orders policy and notify the Nurse Practitioner of 2 open wound sites and failed to follow its Prevention of Pressure Ulcer policy by not assessing and identifying an infected sacral wound for 1 (R1) of 3 residents reviewed for pressure ulcers and pressure ulcer prevention. This failure resulted in R1 receiving treatment for the infected sacral wound at the local hospital. Findings include: R1 admitted on 4/21/21. R1's skin wound evaluation with an effective date of 4/22/21 documented 3 sites: sacral, lateral left leg and	1L6005904		B. WING				
CAJID PROPRIETE NSG & REHAB COUNTRY CLUB HILLS, IL. 60478	NAME OF F	MAMIE OF PROVIDE IT OF THE PRO					
PREFIX TAG S9999 Continued From page 1 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, 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. These requirements were not met as evidenced by: Based on interview and record review the facility falled to follow its Prevention of Pressure Ulcer policy by not assessing and identifying an infected sacral wound for 1 (R1) of 3 residents reviewed for pressure ulcers and pressure ulcer prevention. This failure resulted in R1 receiving treatment for the infected sacral wound for 1 (R1) of 3 residents reviewed for pressure ulcers and pressure ulcer prevention. This failure resulted in R1 receiving treatment for the infected sacral wound at the local hospital. Findings include: R1 admitted on 4/21/21. R1's skin wound evaluation with an effective date of 4/22/21 documented 3 sites; sacral, lateral left leg and	WINDSO	R ESTATES NSG & R	EUAD				
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, 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. These requirements were not met as evidenced by: Based on interview and record review the facility falled to follow its Medication and Treatment Orders policy and notify the Nurse Practitioner of 2 open wound sites and failed to follow its Prevention of Pressure Ucer policy by not assessing and identifying an infected sacral wound for 1 (R1) of 3 residents reviewed for pressure ulcers and pressure ulcer prevention. This failure resulted in R1 receiving treatment for the infected sacral wound at the local hospital. Findings include: R1 admitted on 4/21/21. R1's skin wound evaluation with an effective date of 4/22/21 documented 3 sites: sacral, lateral left leg and	PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE		
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, 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. These requirements were not met as evidenced by: Based on interview and record review the facility failed to follow its Medication and Treatment Orders policy and notify the Nurse Practitioner of 2 open wound sites and failed to follow its Prevention of Pressure Ulcer policy by not assessing and identifying an infected sacral wound for 1 (R1) of 3 residents reviewed for pressure ulcers and pressure ulcer prevention. This failure resulted in R1 receiving treatment for the infected sacral wound at the local hospital. Findings include: R1 admitted on 4/21/21. R1's skin wound evaluation with an effective date of 4/22/21 documented 3 sites: sacral, lateral left leg and	S9999	Continued From pa	ge 1	S9999			·
care shall include, at a minimum, the following and shall be practiced on a 24-hour, 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. These requirements were not met as evidenced by: Based on interview and record review the facility failed to follow its Medication and Treatment Orders policy and notify the Nurse Practitioner of 2 open wound sites and failed to follow its Prevention of Pressure Ulcer policy by not assessing and identifying an infected sacral wound for 1 (R1) of 3 residents reviewed for pressure ulcers and pressure ulcer prevention. This failure resulted in R1 receiving treatment for the infected sacral wound at the local hospital. Findings include: R1 admitted on 4/21/21. R1's skin wound evaluation with an effective date of 4/22/21 documented 3 sites: sacral, lateral left leg and		resident to meet the total nursing and personal					
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 requirements were not met as evidenced by: Based on interview and record review the facility failed to follow its Medication and Treatment Orders policy and notify the Nurse Practitioner of 2 open wound sites and failed to follow its Prevention of Pressure Ulcer policy by not assessing and identifying an infected sacral wound for 1 (R1) of 3 residents reviewed for pressure ulcers and pressure ulcer prevention. This failure resulted in R1 receiving treatment for the infected sacral wound at the local hospital. Findings include: R1 admitted on 4/21/21. R1's skin wound evaluation with an effective date of 4/22/21 documented 3 sites: sacral, lateral left leg and		care shall include, at a minimum, the following and shall be practiced on a 24-hour,					
by: Based on interview and record review the facility failed to follow its Medication and Treatment Orders policy and notify the Nurse Practitioner of 2 open wound sites and failed to follow its Prevention of Pressure Ulcer policy by not assessing and identifying an infected sacral wound for 1 (R1) of 3 residents reviewed for pressure ulcers and pressure ulcer prevention. This failure resulted in R1 receiving treatment for the infected sacral wound at the local hospital. Findings include: R1 admitted on 4/21/21. R1's skin wound evaluation with an effective date of 4/22/21 documented 3 sites; sacral, lateral left leg and		pressure sores, he breakdown shall be seven-day-a-week enters the facility w develop pressure solinical condition desores were unavoid pressure sores shall services to promote	at rashes or other skin practiced on a 24-hour, basis so that a resident who ithout pressure sores does not ores unless the individual's emonstrates that the pressure dable. A resident having all receive treatment and be healing, prevent infection,				
failed to follow its Medication and Treatment Orders policy and notify the Nurse Practitioner of 2 open wound sites and failed to follow its Prevention of Pressure Ulcer policy by not assessing and identifying an infected sacral wound for 1 (R1) of 3 residents reviewed for pressure ulcers and pressure ulcer prevention. This failure resulted in R1 receiving treatment for the infected sacral wound at the local hospital. Findings include: R1 admitted on 4/21/21. R1's skin wound evaluation with an effective date of 4/22/21 documented 3 sites: sacral, lateral left leg and			s were not met as evidenced		. 21		
R1 admitted on 4/21/21. R1's skin wound evaluation with an effective date of 4/22/21 documented 3 sites: sacral, lateral left leg and		failed to follow its M Orders policy and it 2 open wound sites Prevention of Pres assessing and ider wound for 1 (R1) of pressure ulcers and This failure resulte	Medication and Treatment notify the Nurse Practitioner of and failed to follow its sure Ulcer policy by not ntifying an infected sacral of 3 residents reviewed for d pressure ulcer prevention. In the sacral of th				
evaluation with an effective date of 4/22/21 documented 3 sites: sacral, lateral left leg and		Findings include:		:			,
right hip. All wounds were classified as		evaluation with an documented 3 site right hip. All wound	effective date of 4/22/21 s: sacral, lateral left leg and				

STATE FORM

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ____ C B. WING 05/27/2021 IL6005904 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **18300 SOUTH LAVERGNE** WINDSOR ESTATES NSG & REHAB COUNTRY CLUB HILLS, IL 60478 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 2 unstageable (adhered slough and eschar). Review of Treatment Administration Record (TAR) for April 2021 and May 2021 documented treatment for sacral site and no treatment for lateral left leg and right hip. Physician Order Sheet (POS) review on 5/7/21 shows that date was when the treatment order for left leg lateral and right hip wound sites were initiated. Treatment order was to cleanse with normal saline solution/wound cleanser skin prep to periwound. Apply honey; cover with dry protective dressing daily and as needed. Weekly Wound Assessment Forms for all three sites were reviewed and noted weekly assessments dated 4/22/21, 4/28/21 and 5/5/21. On 5/12/21 weekly wound assessment form stated: Refused, unable to assess due to health. Last documented skin assessment was on 5/5/21, with sacrum documentation as: wound size (2.0 x 1.5) with wound etiology of unstageable, wound bed as 100% slough, periwound intact, and no drainage and wound status recorded as declining. R1 was transferred to local hospital on 5/16/21 for respiratory distress. Hospital records document CT of abdominal pelvis done on 5/16/21 shows skin breakdown overlying the sacrum with probable ostial lysis of the sacrum, concern for sacral decubitus ulcer with underlying osteomyelitis. Correlate with physical exam. R1 received antibiotic treatment in the local hospital. On 5/21/21 at 12:30pm V8 (Wound Nurse Coordinator) stated, "We document in the

Illinois Department of Public Health

Treatment Administration Record (TAR). I forgot the treatment order for left leg and right hip, but I was doing the treatment every time I did the

STATE FORM

ESUI11

(X3) DATE SURVEY

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

	COMPLETED			
IL6005904 B. WING 05/27/2	C 05/27/2021			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 18300 SOUTH LAVERGNE COUNTRY CLUB HILLS, IL 60478				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	D BE COMPLETE			
Segon Continued From page 3 sacral wound. I was just overwhelmed, and I forgot to enter the treatment order. The majority of the time, I was the one seeing R1's wounds. I do understand that staff don't have anything to look at TAR on what treatment to use, but I do tell them what the treatments are." On 5/25/21, V8 stated, "Sacrum was 100% (yellow, brownish and no sign of infection) unstageable. There is no other attempt to do a thorough reassessment for the wound after R1 refused on 5/12/21. R1 went out to hospital; that is why there is no follow up documentation. May 5, 2021 was the last time I did weekly wound assessments with R1, but I assess every time I do the daily treatment." On 5/21/21 at 1:30pm, V9 (Nurse Practitioner) stated, "I know of one site because during my visit, I observed the nurse changing the treatment on the sacral wound. I honestly cannot remember if there were any additional sites. They might have informed me, but I cannot remember everything from one month ago. I am okay with whatever the wound nurse wants to put on R1's wound as the treatment ofer, because they are the experts and they do wounds all the time. I trust staff and the wound care nurse because they are the ones that do the treatment and know what would work and promote wound healing. There should be a written order for treatments for each site so other nurses would know the game plan for each specific wound site to promote wound healing." On 5/25/21 at 3:30pm, V1 (Director of Nursing) stated, "We need to have treatments for each site because each site needs to be monitored differently. Staff would not know what treatment is				

(X2) MULTIPLE CONSTRUCTION

Illinois Department of Public Health

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PRO

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
		IL6005904			C 05/27/2021		
NAMEOF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	, STATE, ZIP CODE			
WINDSO	OR ESTATES NSG & R	FRAR	UTH LAVE	RGNE _LS, IL 60478			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETE DATE	
\$9999	they change the drewound." Medication and Trepolicy documents: Or treatments will be a safe and effective obe administered onling person duly licensed such medication in a licensed practitioner take verbal orders from allowed to write orderugs and biological dated, and signed be authorized to give such medication of Press 2001) Purpose docuprocedure is to providentification of presinterventions for special decimal such as the providentification of presinterventions for special decimal such as the providentification of presinterventions for special decimal such as the providentification of presinterventions for special decimal such as the providentification of presinterventions for special decimal such as the providentification of presinterventions for special decimal such as the providentification of presinterventions for special such as the providentification of presinterventions.	atment Orders (version 2.0) Orders for medications and onsistent with the principles of rder writing. Medication shall by upon the written order of a d and authorized to prescribe this state. Only authorized, rs, or individuals authorized to rom practitioners, shall be ers in the medical record. All I orders shall be written, y the person lawfully uch orders. The purpose of this ide information regarding sure ulcers risk factors and ecific risk factor. General	\$9999				
	timely and appropria are recognized, eval practitioner, physicia The care process sh stabilize, reduce, or factors; to monitor th	ate and changes in condition luated, reported to the an and family, and addressed nould include efforts to remove underlying risk ne impact of the interventions; serventions as appropriate.			A.		
	A	(B)					