PRINTED: 12/08/2021 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ C B. WING IL6010086 11/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10426 SOUTH ROBERTS **BRIA OF PALOS HILLS** PALOS HILLS, IL 60465 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Initial Comments S 0001 S 000 Complaint Investigation: 2198488\IL140319 S9999 Final Observations S9999 Statement of Licensure Violations: 300.1210b) 300.1210c) 300.1210d)2)5) 300.3240a) 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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:

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

2) All treatments and procedures shall be

administered as ordered by the physician.

TITLE

Attachment A Statement of Licensure Violations

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: __ COMPLETED IL6010086 B. WING 11/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10426 SOUTH ROBERTS **BRIAOF PALOS HILLS** PALOS HILLS, IL 60465 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **TAG** DATE DEFICIENCY) S9999 Continued From page 1 S9999 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. (Section 2-107 of the Act) These requirements were not met as evidenced by: Based on interviews and records review the facility failed to transcribe treatment orders during admission and failed to follow physician treatment orders for wound care treatment for 1 (R1) of 4 residents reviewed for wound care. This failure resulted in R1's wound worsening, developing sepsis with suspected osteomyelitis and R1 being admitted to the local hospital for septic. Findings include: Review of R1's face sheet documents a 70-year-old male admitted to the facility on 9/25/2021 after a right above the knee

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amputation and left above the knee amputation revision. Minimum Data Sheet (MDS) dated

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Illinois Department of Public Health **FORM APPROVED** STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER. (X3) DATE SURVEY A. BUILDING: COMPLETED C IL6010086 B. WING 11/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10426 SOUTH ROBERTS **BRIAOF PALOS HILLS** PALOS HILLS, IL 60465 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 2 S9999 10/2/2021, section C, documents R1's mental status was severely impaired as noted in the Brief Interview for Mental Status (BIMS) score of 7 out of 15. Section G of MDS documents R1 requiring extensive assistance with all Activities of Daily Living. Review of R1's After Visit Summary from the hospital dated 9/24/21 includes recommended wound care and documents R1 had bilateral lower extremity wounds, a pressure ulcer to the sacrum, and 5 deep tissue pressure injuries to the lumbar-sacral spinal column. After Visit Summary also documents the following plan: Palliative care: Family requests SNF for Wound Care, awaiting placement. Following wound care recommendation. Ortho: Follow up in 2-3 weeks as outpatient Review of R1's Braden scale for predicting pressure sores risk was 13 on admission 9/25/2021. The score of 13 suggests R1 was a moderate risk for pressure ulcers. First visit by wound care doctor is documented on 10/7/2021 via Wound Evaluation & Management Summary. On this wound evaluation V6 (Wound Care Physician) documents, R1 is at high risk for wound decline and new wound development. Review of Physician orders document the following order to start 10/21/2021: Clean Sacrum with normal saline, pat dry, then apply Dakin's soaked gauze and cover with dry dressing daily and as needed.

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6010086 B. WING 11/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10426 SOUTH ROBERTS BRIAOF PALOS HILLS PALOS HILLS, IL 60465 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)**PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE **TAG** DATE DEFICIENCY) S9999 Continued From page 3 S9999 According to Dakin's manufacturer website: getdakins.com, Dakin's kills MSRA, VRE and more within 30 seconds. Effective against biofilm-forming bacteria. On 11/19/2021 WebMD.com documents Dakin's Solution is used to prevent and treat skin and tissue infections that could result from cuts, scrapes and pressure sores. Chlorine, the active ingredient in Dakin's solution, is a strong antiseptic that kills most forms of bacteria and viruses. Review of R1's Wound Treatment Administration Record (TAR) is absent of any initials that wound treatments for R1's sacral wound was done for 10/30/31, 10/31/2021, 11/1/2021 and 11/2/2021. On 11/17/2021 at 2:35 PM V3 (ADON) states she expects nurses to follow doctor's orders. On 11/17/2021 4:32 PM V18 (Wound Care Director) stated "(she) understands if TAR is not signed then it's not done." On 11/18/2021 at 1:38 PM V11 (LPN), states she remembers caring for R1 on 10/30/2021, V11 stated, normally wound care nurse does wound changes and if not, the nurse assigned does it. V11 stated once wound care is done, "we sign off on Treatment administration Records (TAR). It was a pretty busy weekend. I remember signing off the TAR". On 11/18/2021 at 1:44PM V9 (LPN) states she remembers R1 and caring for him on 10/31/2021 and 11/2/2021. V9 stated, if the wound care nurse isn't available, the nurses do the wound care treatments. V9 stated they (Nurses) look at the MAR and TAR and follow treatment per doctor orders, then they sign out the TAR. "I probably didn't sign off on it on the TAR."

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