STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ COMPLETED C IL6005896 B. WING 01/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5905 WEST WASHINGTON MAYFIELD CARE AND REHAB** CHICAGO, IL 60644 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation: 2280386/IL142464 S9999 Final Observations S9999 Complaint Investigation: 2280386/IL142464 STATEMENT OF LICENSURE VIOLATIONS: 300.610a) 300.1210b) 300.1210d)2)5) 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 Attachment A resident to meet the total nursing and personal Statement of Licensure Violations care needs of the resident.

nois Department of Public Health
BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Illinois Department of Public Health

TITLE

(X6) DATE

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AND MAN OF CORRECTION IDENTIFIC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING		(X3) DATE SURVEY COMPLETED  C 01/28/2022	
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	Nursing and Person d) Pursuant to subscare shall include, a and shall be practice seven-day-a-week be 2) All treatments and administered as ord 5) A regular program pressure sores, heat breakdown shall be seven-day-a-week benters the facility wit develop pressure so clinical condition densores were unavoidal pressure sores shall services to promote	section (a), general nursing It a minimum, the following ed on a 24-hour,				
	Based on observation reviews, the facility fawounds, prevention a sensure residents doesores, (B) ensure that reatments, (C) place residents on a turn are (D) follow manufacture settings on the low a rhese failures resulted eveloping facility acception of the company of the control of the c	nd repositioning schedule, ure's instruction for proper ir mattress. ed in R1, R2, and R13 quired pressure wounds; ), stage 4 (left ear), ck), [R2] stage 3(right 3(right foot), stage 3 (right				
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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 C IL6005896 B. WING 01/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5905 WEST WASHINGTON MAYFIELD CARE AND REHAB CHICAGO, IL 60644 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 2 S9999 abdomen wound), stage 2 (right buttock), stage 2 (left shin), [R13] stage 3(right hip), and stage 2 (left buttock). Findings include: 1/25/22 at 10:30 AM, R1's medical record read admitted on 4/5/19, medical diagnosis of chronic obstructive pulmonary disease, nutritional anemia, and dependence of supplemental oxygen, pressure ulcers and decrease in mobility. R1's TAR [treatment administration record] R1 did not receive wound care treatments that was prescribed on the following dates: Sacrum-1/8/22. 1/9/22,1/15/22,1/16/22, 1/18/22, and 1/22/22. Right back-1/22/22. R1's weekly wound assessment dated [1/21/22] Site #2- Stage 4 sacrum measures 8x6x not measurable, Site #3 Stage 4 left ear measures 0.5x0.3x0.1cm, and Site#4- unstageable wound to the right back measures 6x8x not measurable cm all three areas classified as facility acquired pressure wounds. 1/25/22 at 11:10 AM surveyor observed R1 resting on a low air loss mattress (set at 140 pounds) lying supine position with bilateral heel boots in place. R1 was alert/oriented to person, time, place and situation. R1 stated, "I have sores down on my feet and my back side, my bandages are not changed every day. I wait a while to get cleaned up sometimes. No one helps me turn from side to side. I lay on my back all day just like this." R1's current weight is 114.3 lbs.; air loss mattress was not set according to R1's weight. Progress note dated [1/19/22]- documents in part

V26 [Wound Care Nurse]:

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Illinois E	Department of Public	Health			FORM	APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6005896	B. WING			C 28/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					LUIZUZZ	
MAYFIELD CARE AND REHAB  5905 WEST WASHINGTON CHICAGO, IL 60644  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES						
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S9999	Continued From pa	ge 3	S9999			
	R1 was assessed b skin condition to left shearing to upper R applied/initiated. Incomoisture Barrier to fredistributing mattre bed. R1 is turned/re 1/25/22 at 11:50 PM admitted 10/21/21 w contracture of musc upper arm, left upper ulcers, gastrostomy Plans documents in unable to use the cafrequent rounds. R2 self-care performance 2-person assist for bat Due to contractures, keep clean and prev R2's TAR [treatment not receive wound caprescribed on the fol medial foot-1/15/22, right foot-1/15/22, right proximal foot-1/1/22/22. Barrier creatincontinence episode 12/8/21, 12/11/21, 12/12/28/21, 12/30/21, 11/3/22, 1/4/22, 1/5/22	y wound team. R1 noted with the ear due to oxygen tubing and hight Back. Treatment continence care provided with follow every shift. R1 pressure eas. Heel Boots on while in positioned q2 hours and Prn  R2's medical record read with medical diagnosis les of left lower leg, right earm, dementia, pressure and cerebral infarction. Care part; dated [ 11/16/21] R2 is all light, and staff to make has an activity of daily living be deficit and requires for mobility/transfers, one thing, and personal hygiene. provide skin care daily to eent skin breakdown.  administration record] R2 did are treatments that was lowing dates; right distales 1/16/22, 1/17/22, 1/22/22, and 15/22, 1/16/22, 1/17/22, 1/22/22, and 15/22, 1/16/22, 1/17/22, 1/2/21, 12/1/21, 12/14/21, 12/18/21, 12/25/21, 12/26/21, 12/27/21, 12/31/21, 1/1/22, 1/13/22, 1/17/22-1/11/22, 1/13/22, 1/17/22-1/11/22, 1/13/22, 1/17/22-1/11/22, 1/13/22, 1/17/22-1/11/22, 1/13/22, 1/18/22, 1/18/22, 1/18/22, 1/18/22, 1/19/22, 1/18/22, 1/18/22, 1/19/22, 1/18/22, 1/19/22, 1/18/22, 1/19/22, 1/18/22, 1/19/22, 1/18/22, 1/19/22, 1/18/22, 1/19/22, 1/18/22, 1/19/22, 1/18/22, 1/19/22, 1/18/22, 1/19/22, 1/18/22, 1/20/22, 1/20/22, 1/18/22, 1/20/22, 1/20/22, 1/20/22, 1/20/22, 1/20/22, 1/20/22,	39999			
		essment dated [1/21/22]				

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NAME OF PROVIDER OR SUPPLIER  IL 6005896  STREET ADDRESS, CITY, STATE, ZIP CODE  905 WEST WASHINGTON CHICAGO, IL 60644  S905 WEST WASHINGTON CHICAGO, IL 60644  S9099  SAMAMAP STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MIST SEP PRECEDED BY FULL REGULATION OR LISC DESTITATION ON THE APPROPRIATE TAG  Continued From page 4  O.1cm, slage 3 right foot measures 2.5 x 3.5 x 0.1 cm, slage 3 right foot measures 2.6 x 3.5 x 0.1 cm, slage 3 right foot measures 2.5 x 3.5 x 0.1 cm, slage 3 right foot measures 2.5 x 3.5 x 0.1 cm, slage 2 right buttook measures 2.4 x 10.1 cm, slage 2 right buttook measures 2.5 x 4x not measurable cm, and stage 2 left shin measures 5  x 1.5 x 0.1 cm, 11/25/22 at 12:10 PM surveyor observed R2 resting on an air loss mattress bed (set at >350 pounds) lying in supine position (back) with gastric tube in place. Current weight 1.40.4 lbs. The air loss mattress was not set according to R2's weight.  11/25/22 at 1:00 PM, 1:20 PM, 1:50 PM, 2:25 PM surveyor observed R2 resting in bed lying supine position, without repositioning.  11/27/22 at 9.46 AM surveyor observed R2 lying in supine position on a square cloth chuck with no sheet on the mattress.  Progress Note dated [1/10/22] V26 [Wound Care Nurse] documents in part; R2 was assessed by wound team. R2 noted with skin conditions to Right Dorsal foot, and Right Lateral ankle. Treatment applied/finitated. See assessments for measurements. R2 lower legs are contracted backwards where her feet are under her buttooks causing pressure and mobiture to her feet and that leads to skin breakdowns.  (B)	Illinois Department of Public STATEMENTOF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	F CONSTRUCTION			
NAME OF PROVIDER OR SUPPLER  STREET ADDRESS, CITY, STATE, ZIP CODE  \$905 WEST WASHINGTON CHICAGO, It. 69644  SUMMARY STATEMENT OF DEFICIENCIES EACH OPENCIEVE MUST BE PRECEDED BY FULL REGULATION OF LICE OF DETINING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCIES EACH OPENCIEVE MUST BE PRECEDED BY FULL REGULATION OF LICE OF DETINING INFORMATION)  SPERIX SP999  Continued From page 4  0.1 cm, slage 3 right foot measures 2.5 x 3.5 x 0.1 cm, slage 3 right foot measures 1 x 1 x 0.1 cm, slage 3 right stall medial foot measures 0.6 x 15 x 0.1 cm, stage 4 post surgical wound abdomen full thickness measures 1 x 1 x 0.1 cm, slage 2 right buttook measures 2.5 x 4x not measurable cm, and stage 2 left shin measures 5 x 1.5 x 0.1 cm, slage 3 right distall medial foot measures 5 x 1.5 x 0.1 cm, slage 2 right buttook measures 2.5 x 4x not measurable cm, and stage 2 left shin measures 5 x 1.5 x 0.1 cm, slage 3 right foot measures 2.5 x 4x not measurable cm, and stage 2 left shin measures 5 x 1.5 x 0.1 cm, slage 3 right foot measures 2.5 x 4x not measurable cm, and stage 2 left shin measures 5 x 1.5 x 0.1 cm, slage 3 right buttook measures 2.5 x 4x not measurable cm, and stage 2 left shin measures 5 x 1.5 x 0.1 cm, slage 3 right buttook measures 2.5 x 4x not measurable cm, and stage 2 left shin measures 5 x 1.5 x 0.1 cm, slage 3 right buttook measures 2.5 x 4x not measurable cm, and stage 2 left shin measures 5 x 1.5 x 0.1 cm, slage 3 right distall medial foot measures 5 x 1.5 x 0.1 cm, slage 3 right distall medial foot measures 5 x 1.5 x 0.1 cm, slage 3 right distall medial foot measures 5 x 1.5 x 0.1 cm, slage 3 right distall medial foot measures 5 x 1.5 x 0.1 cm, slage 3 right distall medial foot measures 5 x 1.5 x 0.1 cm, slage 3 right distall medial foot measures 5 x 1.5 x 0.1 cm, slage 3 right distall medial foot measures 5 x 1.5 x 0.1 cm, slage 3 right distall medial foot measures 6 x 1.5 x 0.1 cm, slage 3 right distall medial foot measures 6 x 1.5 x 0.1 cm, slage 3 right distall medial foot measures 6 x 1.5 x 0.1 cm, slage	AND PLAN OF CORRECTION		F CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MAYFIELD CARE AND REHAB  5905 WEST WASHINGTON CHICAGO, IL 80844  (A)D  SUMMARY STATEMENT OF DEFICIANCES PLAN OF CORRECTION (EACH DEFICIENCY WAST REPRESENT TAGE)  (CA)D  SUMMARY STATEMENT OF DEFICIANCES PLAN OF CORRECTION (EACH DEFICIENCY WAST RE PRESENT REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFEX TAGE  Continued From page 4  0.1cm, slage 3 right foot measures 2.5 x 3.5 x 0.1 cm, slage 3 right foot measures 2.5 x 3.5 x 0.1 cm, slage 3 right distal medial foot measures 0.6 x 1.5 x 0.1cm, slage 2 right buttook measures 2 x 4x not measurable cm, and slage 2 left shin measures 5 x 1.5 x 0.1cm, and slage 2 left shin measures 5 x 1.5 x 0.1cm, and slage 2 left shin measures 5 x 1.5 x 0.1cm, slage 4 lost extending to R2's weight.  1/25/22 at 12.10 PM surveyor observed R2 resting on an air loss mattress bed (set at >350 pounds) lying in supine position place) with gastric tube in place. Current weight 140.4lbs. The air loss mattress was not set according to R2's weight.  1/25/22 at 1:00 PM, 1:20 PM, 1:50 PM, 2:25 PM surveyor observed R2 resting in bed lying supine position, without repositioning.  1/27/22 at 9:46 AM surveyor observed R2 lying in supine position position on a square cloth chuck with no sheet on the mattress.  Progress Note dated (1/10/22) V26 [Wound Care Nuse] documents in part; R2 was assessed by wound team. R2 noted with skin conditions to Right Dorsal foot, and Right Lateral ankle. Treatment applied/initiated. See assessments for measurements. R2 lower legs are contracted backwards where her feet are under her buttocks causing pressure and moisture to her feet and that leads to skin breakdowns.  (B)			IL6005896	B. WING			1	
MAYFIELD CARE AND REHAB  S005 WEST WASHINGTON CHICAGO, It. 60644  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL) FROM PRETAL TAG  CONTINUED FROM PROPERTY  S9999  Continued From page 4  0.1cm, stage 3 right foot measures 2.5 x 3.5 x 0.1 cm, stage 3 right foot measures 2.5 x 4.7 not measures 1 x 1 x 0.1 cm, stage 3 right tistal medial foot measures 0.6 x 1.5 x 0.1cm, stage 2 right buttook measures 1 x 1 x 0.1 cm, stage 2 right buttook measures 2.5 x 4x not measurable cm, and stage 2 left shin measures 5 x 1.5 x 0.1cm.  1/25/22 at 12:10 PM surveyor observed R2 resting on an air loss mattress bed (set at >550 pounds) lying in supine position lback) with gastric tube in place. Current weight 140,4lbs. The air loss mattress was not set according to R2's weight.  1/25/22 at 10.0 PM, 1:20 PM, 1:50 PM, 2:25 PM surveyor observed R2 resting in bed lying supine position, without repositioning.  1/27/22 at 3-46 AM surveyor observed R2 lying in supine position on a square cloth chuck with no sheet on the mattress.  Progress Note dated (1/10/22) V26 [Wound Care Nurse] documents in part; R2 was assessed by wound team. R2 noted with skin conditions to Right Dorsal foot, and Right Lateral ankle. Treatment applied/initiated. See assessments for measurements. R2 lower legs are contracted backwards where her feet are under her buttocks causing pressure and moisture to her feet and that leads to skin breakdowns.  (B)	NAME OF	PROVIDER OR SUPPLIER				01	01/28/2022	
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S9999  Continued From page 4  0.1cm, slage 3 right foot measures 2.5 x 3.5 x 0.1 cm, slage 3 right foot measures 0.6 x 1.5 x 0.1cm, stage 4 post-surgical wound abdomen full thickness measures 1 x 1x 0.1cm, slage 2 right buttock measures 2 x 4x not measurable cm, and stage 2 left shin measures 5 x 1.5 x 0.1cm.  1/25/22 at 12:10 PM surveyor observed R2 resting on an air loss mattress bed (set at >560 pounds) lying in supine position plackly with gastric tube in place. Current weight 140.4lbs. The air loss mattress was not set according to R2's weight.  1/25/22 at 1:00 PM, 1:20 PM, 1:50 PM, 2:25 PM surveyor observed R2 resting in bed lying supine position, without repositioning.  1/27/22 at 9:46 AM surveyor observed R2 lying in supine position, without repositioning.  1/27/22 at 9:46 AM surveyor observed R2 lying in supine position on a square cloth chuck with no sheet on the mattress.  Progress Note dated [1/10/22] V26 [ Wound Care Nurse] documents in part; R2 was assessed by wound team. R2 noted with skin conditions to Right Dorsal foot, and Right Lateral ankle. Treatment applied/initiated. See assessments for measurements. R2 lower legs are contracted backwards where her feet are under her buttocks causing pressure and moisture to her feet and that leads to skin breakdowns.  (B)		SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF		RECTION	(Ve)	
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1.5 x 0.1cm, stage 4 post -surgical wound abdomen full thickness measures 1 x 1x 0.1cm, stage 2 right buttock measures 2 x 4x not measurable cm, and stage 2 left shin measures 5 x 1.5 x 0.1cm.  1/25/22 at 12:10 PM surveyor observed R2 resting on an air loss mattress bed (set at >350 pounds) lying in supine position [back] with gastric tube in place. Current weight 140.4lbs. The air loss mattress was not set according to R2's weight.  1/25/22 at 1:00 PM, 1:20 PM, 1:50 PM, 2:25 PM surveyor observed R2 resting in bed lying supine position, without repositioning.  1/27/22 at 9:46 AM surveyor observed R2 lying in supine position on a square cloth chuck with no sheet on the mattress.  Progress Note dated [1/10/22] V26 [ Wound Care Nurse] documents in part; R2 was assessed by wound team. R2 noted with skin conditions to Right Dorsal foot, and Right Lateral ankle. Treatment applied/initiated. See assessments for measurements. R2 lower legs are contracted backwards where her feet are under her buttocks causing pressure and moisture to her feet and that leads to skin breakdowns.		stage 3 right foot m	leasures 2.5 x 3.5 x 0.1 cm,					
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