STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005896	A. BUILDING: _____ B. WING _____	C 01/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAYFIELD CARE AND REHAB	5905 WEST WASHINGTON CHICAGO, IL 60644

(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: 2280386/IL142464	S 000		
S9999	Final Observations 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 resident to meet the total nursing and personal care needs of the resident.	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 Section 300.1210 General Requirements for Nursing and Personal Care 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: 2) All treatments and procedures shall be administered as ordered by the physician. 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 regulations were not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to (A) follow their wounds, prevention and management policy to ensure residents does not develop pressure sores, (B) ensure that residents received wound treatments, (C) place decreased mobility residents on a turn and repositioning schedule, (D) follow manufacture's instruction for proper settings on the low air mattress. These failures resulted in R1, R2, and R13 developing facility acquired pressure wounds; [R1] stage 4 (sacrum), stage 4 (left ear), unstageable (right back), [R2] stage 3(right proximal foot), stage 3(right foot), stage 3 (right distal medial foot), stage 4 (post-surgical	S9999		

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S9999	Continued From page 2 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];	S9999		

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S9999	Continued From page 3 R1 was assessed by wound team. R1 noted with skin condition to left ear due to oxygen tubing and shearing to upper Right Back. Treatment applied/initiated. Incontinence care provided with moisture Barrier to follow every shift. R1 pressure redistributing mattress. Heel Boots on while in bed. R1 is turned/repositioned q2 hours and Prn 1/25/22 at 11:50 PM R2's medical record read admitted 10/21/21 with medical diagnosis contracture of muscles of left lower leg, right upper arm, left upper arm, dementia, pressure ulcers, gastrostomy and cerebral infarction. Care Plans documents in part; dated [11/16/21] R2 is unable to use the call light, and staff to make frequent rounds. R2 has an activity of daily living self-care performance deficit and requires 2-person assistance for mobility/transfers, one person assist for bathing, and personal hygiene. Due to contractures, provide skin care daily to keep clean and prevent skin breakdown. R2's TAR [treatment administration record] R2 did not receive wound care treatments that was prescribed on the following dates; right distal medial foot-1/15/22, 1/16/22, 1/17/22, 1/22/22, right foot- 1/15/22, 1/16/22, 1/17/22, 1/22/22, and right proximal foot-1/15/22, 1/16/22, 1/17/22, 1/22/22. Barrier cream on peri area after each incontinence episode- 12/1/21, 12/2/21, 12/7/21, 12/8/21, 12/11/21, 12/12/21, 12/14/21, 12/18/21, 12/19/21, 12/22/21, 12/25/21, 12/26/21, 12/27/21, 12/28/21, 12/30/21, 12/31/21,1/1/22, 1/2/22, 1/3/22, 1/4/22, 1/5/22, 1/7/22-1/11/22, 1/13/22, 1/15/22, 1/16/22, 1/17/22, 1/18/22, 1/20/22, 1/22/22, and 1/25/22. R2's weekly skin assessment dated [1/21/22] Stage 3 right proximal foot measures 2.5 x 2 x	S9999		

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S9999	Continued From page 4 0.1cm, stage 3 right foot measures 2.5 x 3.5 x 0.1 cm, stage 3 right distal medial foot measures 0.6 x 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. (B)	S9999		