FORM APPROVED 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 C IL6014534 B. WING 02/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11860 SOUTHWEST HIGHWAY PROMEDICA SKILLED NURSING PHW PALOS HEIGHTS, IL 60463 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation: 2291365/IL143721 300.610a) 300.1210b) 300.1210d)2)5) 300.1220b)3) S9999 **Final Observations** S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)2)5) 300.1220b)3) 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 Attachment A Statement of Licensure Violations b) The facility shall provide the necessary care

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

TITLE

(X6) DATE

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3) Developing an up-to-date resident care plan for

comprehensive assessment, individual needs and goals to be accomplished, physician's orders. and personal care and nursing needs. Personnel,

each resident based on the resident's

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wound bed and cover with calcium alginate and

cover with foam dressing daily.

FORM APPROVED 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 IL6014534 B. WING 02/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11860 SOUTHWEST HIGHWAY PROMEDICA SKILLED NURSING PHW PALOS HEIGHTS, IL 60463 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 The Skin & Wound Evaluation report dated 12/7/21 to 12/28/22 showed no assessments were performed. The Wound Physician Progress note dated 1/11/22 documents R5's unstageable sacrum pressure ulcer measuring 4.0 cm x 3.0 cm and unable to determine the depth. R5's Skin and Wound assessment dated 1/22/22 (the next assessment performed 10 days later) documents her unstageable sacrum pressure ulcer measuring 5.1 cm x 6.9 cm. The same report showed her wound is "deteriorating." R5's nursing note dated 1/23/22 documents R5's sacral wound appeared necrotic with black slough and increased drainage. R5's sacral wound has gotten worse with a noticeable odor. R5 was sent out to the local hospital for wound evaluation R5 was admitted to the local hospital with Osteomyelitis (infection that has reached the bone). R5's Treatment Administration Record (TAR) for December 7, 2021, and January 22, 2022 showed her orders include to apply triad (wound dressing) to the sacrum then apply Thera-honey to the wound bed and cover the wound bed with calcium alginate and cover with foam dressing "every day shift every other day." (the treatment order should be daily, not every other day). R5's TAR showed her treatment orders were not performed 29 days out of 45 days. On 2/25/22 at 9:37 AM, V3 (RN) said the facility does not have a wound nurse and the floor nurse's do the treatment orders "as much as

possible." V3 said it's not good for the resident's,

sometimes we don't have time to do the

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 IL6014534 02/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11860 SOUTHWEST HIGHWAY PROMEDICA SKILLED NURSING PHW PALOS HEIGHTS, IL 60463 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **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 4 S9999 treatment orders. V3 said she has notified management regarding this concern, "it's frustrating." On 2/25/22 at 12:52 PM, V2 (Director of Nursing) said we do not have a wound nurse. The nurse's should provide the wound treatments and follow the physician treatment orders. On 2/25/22 at 5:28 PM V10 (Wound Nurse Practitioner) said if a resident's wound is not changed it can build up bio film in the wound bed causing an infection and could progress into osteomyelitis. V10 said the facility does not have a wound nurse and she only follows the resident if the facility provides a staff member to round with her. V10 said there are times she does not assess a resident's wound if the facility does not provide a staff to make rounds with her. 2. The Physician Order Sheets (P.O.S.) dated through February 2022 shows R6 is an 86-year-old male with diagnosis including type 2 diabetes, hypertension, COPD, and heart disease. The P.O.S. shows orders to cleanse the sacrum with normal saline, lightly pack undermining with calcium alginate and Thera-honey and cover with a foam dressing. R6's Skin & Wound Evaluation Report dated 2/19/22 shows he has a stage 4 sacrum pressure ulcer measuring 3.5 cm x 1.5cm x 1.3cm and tunneling at 5.5 cm.

On 2/25/22 at 9:43 AM, R6 was lying in bed. V3 (RN) assisted R6 to his side and pulled down his incontinent brief. A mid-size round open deep area was observed on his sacrum without a dressing in place. V3 said "it's open, not covered." V3 said no one reported to her R6's

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