

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6000236	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/17/2022
NAME OF PROVIDER OR SUPPLIER  PROMEDICA SKILLED NURSING OLE		STREET ADDRESS, CITY, STATE, ZIP CODE 9401 SOUTH KOSTNER AVENUE OAK LAWN, IL 60453		
(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  2299056/IL153281- F686	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.1010h) 300.1210b) 300.1210d)5) 300.3240a)  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 300.1010 Medical Care Policies  h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The	S9999		
			Attachment A Statement of Licensure Violations	

Illinois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000236</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/17/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PROMEDICA SKILLED NURSING OLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>9401 SOUTH KOSTNER AVENUE OAK LAWN, IL 60453</b>		
(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
S9999	Continued From page 1  facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.  300.1210 Section 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.  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.  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)	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6000236	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/17/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  PROMEDICA SKILLED NURSING OLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9401 SOUTH KOSTNER AVENUE OAK LAWN, IL 60453
---	--

(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
S9999	<p>Continued From page 2</p> <p>These regulations were not met as evidenced by:</p> <p>Based on interviews and records reviewed the facility failed to document a dependent resident's (R1) skin condition when initially observed or reported. This failure affected 1 or 3 residents reviewed for pressure ulcer prevention. This failure resulted in R1 developing an unstageable pressure ulcer to her sacrum.</p> <p>Findings include:</p> <p>R1 is 75 years old with diagnosis including but not limited to Metabolic Encephalopathy, Dysphagia, Urinary Tract Infections, Reduced Mobility, and Altered Mental Status. R1 admitted to the facility on 9/27/22 and discharged to home on 11/2/22.</p> <p>On 11/16/22 at 10:06 AM V7, Unit Manager Registered Nurse, stated R1 stayed in bed and was not active. V7 stated R1 was dependent on staff. V7 stated skin checks are done daily if a resident has wounds and weekly if the skin is clear.</p> <p>On 11/16/22 at 10:57AM V5, Director of Nursing, said the nurses do skin checks weekly or daily. V5 said we don't keep the skin sheets, they are not part of the medical record. V5 said the skin checks will be charted in the electronic treatment administration record (ETAR). V5 reviewed R1's ETAR and saw with the surveyor no skin checks are documented. At 12:03 PM V5 said she has no additional body audits to support that R1's skin was checked before the development of R1's pressure ulcer. At 2:45 PM V5 said the purpose of nurse documentation is for communication. V5 said I would expect a description of the alteration,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6000236	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/17/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  PROMEDICA SKILLED NURSING OLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9401 SOUTH KOSTNER AVENUE OAK LAWN, IL 60453
---	--

(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
S9999	<p>Continued From page 3</p> <p>if a resident had a new skin alteration, to be found in the nurses' notes.</p> <p>On 11/16/22 at 1:08PM V11, Certified Nursing Assistant, said she gave R1 a bed bath, when she worked on 10/31/22. V11 said after a resident receives a shower, we complete a shower sheet and the nurse will sign it. V11 said when we give a bed bath, we don't complete a shower sheet. V11 said I never saw a skin problem with R1.</p> <p>On 11/16/22 at 2:09PM V10, Wound Nurse Practitioner, said on 11/1/22 I was told to see R1 for a skin alteration. V10 said R1 had comorbidities that contribute to skin breakdown including limited mobility, Hypertension, Diabetes, and history of a stroke. V10 said skin checks would be a beneficial intervention. V10 said if the nurse knew of a skin alteration the nurse should have written a note. V10 said a note would have been beneficial to know what kind of wound the resident had or the progression of the wound from when it was first seen to the current time.</p> <p>On 11/16/22 at 2:32 PM V15, Nurse, said when a wound is reported to me, I let the wound care team know and call the doctor. V15 said for a skin impairment I make a progress note. V15 said the purpose of documenting a wound is so the facility has documentation of the skin condition. V15 was unable to recall R1's wound or why she obtained the treatment order on 10/30/22 for R1's intergluteal crease.</p> <p>On 11/17/22 at 10:00 AM V19, Nurse, said if she signed off a treatment on eTAR for R1, then she provided the ordered treatment. V19 was unable to remember what R1's skin or alteration looked like.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6000236	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/17/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  PROMEDICA SKILLED NURSING OLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9401 SOUTH KOSTNER AVENUE OAK LAWN, IL 60453
---	--

(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
S9999	<p>Continued From page 4</p> <p>R1's Braden Scale Assessment dated 10/18/22 notes R1 is at risk for pressure ulcers, with a score of 15.</p> <p>R1's care plan initiated on 9/27/22 states R1 is at risk for alteration in skin integrity related to Diabetes, Urinary Tract Infection, Hypertension, Impaired Mobility, and Cerebral Vascular Accident. The goal for R1 is to decrease/minimize skin breakdown risks.</p> <p>Review of R1's Order Recap Report notes an order dated 10/30/22 to cleanse intergluteal crease and cover with dry dressing daily. R1's Progress Notes reviewed 10/26/22 to 11/1/22 do not have documentation related to physician order for intergluteal crease dressing. There is no skin assessment documented for R1's intergluteal crease on the day the order was received.</p> <p>Review of R1's Order Recap Report notes the order for the intergluteal crease was ended on 11/1/22. A new order dated 11/1/22 states Sacrum: cleanse, apply Thera-Honey and cover with dry dressing.</p> <p>A Medical practitioner Wound Progress Note written by V10 on 11/1/22 documents R1 needs assistance with bed mobility. Acute unstageable pressure ulcer noted to sacrum.</p> <p>A Skin and Wound Evaluation written by V18, Registered Nurse, documents on 11/1/22 R1 has an unstageable pressure alteration. The alteration has slough and or eschar present. The alteration is in house acquired. The alteration is 5.1 cm in length and 8.0 cm in width. It is documented "noted 30% purple discoloration." [A picture of R1's wound is attached to this evaluation.]</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6000236	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/17/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  PROMEDICA SKILLED NURSING OLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9401 SOUTH KOSTNER AVENUE OAK LAWN, IL 60453
---	--

(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
S9999	<p>Continued From page 5</p> <p>R1's Functional Status assessment dated 10/3/22 notes R1 requires extensive assistance with bed mobility. Skin Conditions assessment dated 10/3/22 notes R1 has no pressure ulcers but is at risk.</p> <p>R1's Functional Status assessment dated 11/2/22 notes R1 requires extensive assistance with bed mobility. Skin Conditions assessment dated 11/2/22 notes R1 has an unstageable pressure ulcer.</p> <p>The facility provided a document revised on 8/19/22 titled Change in Status, Identifying and Communicating, Long-Term Care. Documentation states identifying and communicating change in resident's status includes other assessment findings in the appropriate areas in the medical record, nursing interventions, and resident response.</p> <p>The facility provided a document titled Skin Management Guidelines dated 3/2022 which documents, in part: Skin alterations and pressure injuries are evaluated and documented by the nurse. Body audits are completed by the nurse daily for patients with pressure ulcers and documented on the eTAR; new findings are documented in a progress note. By the nurse weekly for patients without pressure injuries and documented on the eTAR; new findings are documented in a progress note. By the nursing assistant during baths/showers, and if indicated during routine daily care and documented on the Skin Worksheet.</p> <p>The Skin Worksheet is used by the nursing assistant to document skin observations. The</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6000236	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/17/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  PROMEDICA SKILLED NURSING OLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9401 SOUTH KOSTNER AVENUE OAK LAWN, IL 60453
---	--

(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
S9999	<p>Continued From page 6</p> <p>worksheet is completed at least twice per week with the patient's bath/shower. Completed worksheets are given to the nurse for validation and action planning as indicated.</p> <p>In the event a patient experiences a new pressure injury, complete Braden Scale, PUSH Tool, and Skin Progress Note.</p> <p>(B)</p>	S9999		