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 IL6007876 B. WING 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3450 SARATOGA AVENUE DOWNERS GROVE REHAB & NURSING **DOWNERS GROVE, IL 60515** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY**) S 000 Initial Comments S 000 Complaint Investigation 2373083/IL158689 Final Observations S9999 S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)2) 300.1210d)3) 300.1210d)5) Section 300.610 Resident Care Policies 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 The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological Attachment A well-being of the resident, in accordance with Statement of Licensure Violations each resident's comprehensive resident care

Illinois Department of Public Health

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

plan. Adequate and properly supervised nursing

TITLE

(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: COMPLETED A. BUILDING: \_ C B. WING IL6007876 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3450 SARATOGA AVENUE **DOWNERS GROVE REHAB & NURSING DOWNERS GROVE, IL 60515** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **TAG** CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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. Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. A regular program to prevent and treat 5) 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 requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure residents

PRINTED: 06/07/2023 **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: \_ B. WING IL6007876 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3450 SARATOGA AVENUE **DOWNERS GROVE REHAB & NURSING DOWNERS GROVE, IL 60515** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 identified as being at risk for pressure ulcers were provided interventions to prevent the development of facility-acquired pressure ulcers. The facility also failed to follow their policy for documentation and assessment of the facility-acquired pressure ulcers and implement new interventions to promote healing and prevent the further development of additional pressure ulcers. This failure resulted in R2 developing a facility-acquired Stage 2 pressure ulcer to the left outer ankle. This applies to 2 of 3 residents (R1, R2) reviewed for pressure ulcers in the sample of 7. The findings include: 1. The EMR shows R2 was admitted to the facility on June 2, 2022. R2 has multiple diagnoses including, COPD (Chronic Obstructive Pulmonary Disease), hypertension, muscle weakness, weakness, protein-calorie malnutrition, heart failure, chronic kidney disease. and glaucoma. R2's MDS dated March 15, 2023 shows R2 has moderate cognitive impairment, requires supervision with eating, extensive assistance with bed mobility, dressing, and personal hygiene, and is totally dependent on facility staff for toilet use and bathing. R2 is always incontinent of bowel and bladder. R2's MDS continues to show R2 is

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assessment.

at risk of developing a pressure ulcer and did not have a pressure ulcer at the time of the MDS

R2's care plan, initiated July 30, 2022 shows R2 has the potential for impaired skin integrity related to impaired mobility, incontinence, prefers to stay in bed. As of April 17, 2023, R2's care plan was

04/20/2023

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: C

IL6007876

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING \_\_\_

3450 SARATOGA AVENUE

(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
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13	not updated to show interventions for R2's left lateral foot pressure ulcer and buttocks pressure ulcer.		W 10	==
© ;	The EMR shows a physician order dated December 7, 2022 for "CNA (Certified Nursing Assistant) to assist resident up in the wheelchair between 0700 (7:00 AM) - 930 (9:30 AM) every day. Nurse to document if patient refuses." The order is not shown on the MAR (Medication	a.		***
	Administration Record) or TAR (Treatment Administration Order) to ensure facility nursing staff have a place to document acknowledgement of the order or R2's refusal. The facility does not have documentation to show R2 was assisted to the wheelchair daily or that the resident refused to get up to the wheelchair.		9	VI 10 T
2.0	On April 17, 2023 at 9:45 AM, R2 was sitting up in bed. R2's bilateral feet were resting on the bed, with his bilateral heels and the left lateral side of his foot resting on the mattress. A pair of foam boots were noted to be on the wheelchair near R2's bed.	et et		s <sup>-1</sup>
	On April 17, 2023, at 11:30 AM, R2 was sitting up in bed with his heels and lateral side of his left foot resting on the mattress. V11 (RN) said R2 prefers to stay in bed and always stays in the same position in his bed. R2's foam boots were noted to be on R2's wheelchair across the room.		X Og	÷
	On April 17, 2023 at 2:45 PM, R2 was sitting up in bed with his bilateral heels and lateral side of his left foot resting on the mattress.	5.5		
llinois Depar	On April 18, 2023 at 10:52 AM, R2 was sitting up in his bed. V16 (CNA-Certified Nursing Assistant) and V17 (CNA) provided incontinence care to R2. R2's incontinence brief was soaked with urine.		× ×	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

IL6007876

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

3450 SARATOGA AVENUE

DOWNERS GROVE REHAB & NURSING

FORM APPROVED

(X3) DATE SURVEY COMPLETED

C 04/20/2023

NAME OF I	PROVIDER OR SUPPLIER STREET AI	DDRESS, CITY,	STATE, ZIP CODE			
DOWNERS GROVE REHAB & NURSING  3450 SARATOGA AVENUE  DOWNERS GROVE, IL 60515						
(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		
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	V16 and V17 said the folded sheet under R2's buttocks and the bed sheet were soaked with urine, approximately 6 to 8 inches from R2's left side. A strong urine odor was present, and the sheets had a dark brown dried ring around the urine-soaked area. A dressing covered a wound on R2's buttocks.			. #8		
	On March 10, 2023 at 3:59 PM, V11 (RN) documented, "Writer also noted a wound on his left mid, lateral foot. Wound nurse and MD made aware." The facility does not have documentation to show R2 was seen by the wound care physician for the left lateral wound until April 18, 2023.			R Avid		
<b>.</b>	The EMR shows an order dated March 10, 2023 to paint betadine to left medial lateral heel daily and as needed. The facility does not have documentation to show the wound care was administered on March 14 and 19, 2023. The order was discontinued on March 22, 2023.					
	The EMR shows an order dated March 22, 2023 to paint left medial lateral (no site specified) daily and as needed every day shift for wound. The facility does not have documentation to show the wound treatment was administered on March 23, 27, 28, 29, 2023 and April 1, 6, and 9, 2023.			ě.		
	On April 18, 2023 at 11:03 AM, V18 (Agency RN) was asked if she provided wound care to R2's left lateral foot. V18 said, "I am from agency. I didn't even look at the TAR. That's up to the wound nurse."					
:	On April 18, 2023 at 11:10 AM, V15 (Wound Care Physician) and V3 (Wound Care Nurse) provided wound care to R2. V3 lifted R2's left leg from the bed to visualize R2's left lateral foot (outer foot)					

**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 IL6007876 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3450 SARATOGA AVENUE **DOWNERS GROVE REHAB & NURSING DOWNERS GROVE, IL 60515** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID **PRÉFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 S9999 Continued From page 5 pressure ulcer. A second wound was visible on R2's left outer ankle. V3 and V15 did not acknowledge the presence of the ankle wound and did not assess the ankle wound. V3 set R2's leg down on the bed. This surveyor asked V3 if she was aware of a wound on R2's left ankle and V3 said no. This surveyor asked V3 and V15 to re-examine R2's left lateral leg. V3 lifted R2's left leg from the bed a second time, and V15 identified a Stage 2 pressure ulcer on R2's left outer ankle. V15 said the wound on R2's ankle is a Stage 2 pressure ulcer. V3 (Wound Care Nurse) said the wound on R2's left ankle is a newly developed, facility-acquired pressure ulcer as of April 18, 2023 and she was not aware of the pressure ulcer. R2 was turned to his left side. A pressure ulcer was visualized on R2's buttocks. V3 (Wound Care Nurse) continued to say the pressure ulcers on R2's buttocks and left lateral foot are facility-acquired pressure ulcers. V15 said, "The wound on R2's left ankle is a Stage 2 pressure ulcer. The wound on his buttocks is a DTI (Deep Tissue Injury). They need to get a low air loss mattress for this resident. Pressure is the cause of his wounds, and if he is not being moved from that position or wearing the foam boots, then floating his feet with a pillow is the best option for him, especially if he refuses the boots. They need to change his position." V15 continued to say R2 was not referred to him to be seen for the pressure ulcer identified on R2's left lateral foot on March 10, 2023, and this was his

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documentation:

first assessment of R2's current pressure ulcers. V15 said, "If they do not-put the residents on a referral list for me to see, then I do not know about the wounds and I do not see the residents."

V15's (Wound Care Physician) progress note dated April 18, 2023 shows the following wound

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6007876 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3450 SARATOGA AVENUE **DOWNERS GROVE REHAB & NURSING DOWNERS GROVE, IL. 60515** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 6 S9999 "Site #1: Unstageable DTI of the left buttock partial thickness, Etiology: Pressure. Wound size: 2 x 2 x not measureable cm. Recommendations: Off-load wound, turn side to side in bed every 1-2 hours if able; low air loss mattress. Site #2: Stage 2 pressure wound of the left, lateral ankle partial thickness. Etiology: Pressure: Wound size: 0.8 x 0.8 x not measurable cm. Recommendations: Off-load wound, pressure off-loading boot, float heels in bed. Site #3: Stage 2 pressure wound of the left lateral foot, partial thickness. Etiology: Pressure. Wound size: 1.0 x 0.8 x not measurable cm. Recommendations: Off-load wound, pressure off-loading boot, float heels in bed." On April 18, 2023 at 1:26 PM, R2 was sitting up in bed eating lunch. R2's bilateral heels and the lateral side of his left foot were resting on the mattress. R2's heels were not off-loaded and R2 was not wearing foam boots. 2. The EMR (Electronic Medical Record) shows R1 was admitted to the facility on July 17, 2020 with multiple diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting his right dominant side, dementia, paroxysmal tachycardia, polyneuropathy, seizures, major

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and sciatica.

depressive disorder, anxiety, repeated falls. peripheral vascular disease, chronic atrial fibrillation, right eye blepharitis, anemia, right shoulder pain, insomnia, anxiety, spinal stenosis,

R1's MDS (Minimum Data Set) dated March 17,

PRINTED: 06/07/2023 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: B. WING IL6007876 04/20/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3450 SARATOGA AVENUE DOWNERS GROVE REHAB & NURSING **DOWNERS GROVE, IL 60515** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD) BE COMPLETE PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 7 S9999 2023 shows R1 has severe cognitive impairment, is able to eat with supervision, requires limited assistance with bed mobility, and extensive assistance with all other ADLs (Activities of Daily Living). R1 is frequently incontinent of bowel and bladder. R1's MDS continues to show R1 is at risk of developing pressure ulcers and did not have pressure ulcers at the time of the MDS assessment. On April 14, 2023 at 10:02 AM, V11 (RN-Registered Nurse) documented R1 had a right toe open blister measuring 1 cm (centimeter) by 1 cm. The documentation does not show which of R1's right toes had the open blister, or the location of the blister on R1's toe, the stage of the wound, type of tissue, the surrounding tissue description and presence/absence of pain with the pressure ulcer. On April 17, 2023 at 9:45 AM, R1 was sitting up in a wheelchair in his room. R1's wheelchair did not have foot/leg rests in place and R1's bilateral feet were resting on the floor of his room. R1 had bilateral elastic wraps extending from below his knees to each foot. R1 was wearing non-skid socks over the tops of his feet. The non-skid socks did not cover R1's heels, and his bare heels were resting on the floor. R1's bilateral legs appeared swollen from above his knees to his feet. R1 said, "I have a sore on my butt and on my toe and it really hurts." R1 continued to say he has felt panicky lately when lying in bed and has spent the last three weeks sitting up in his

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wheelchair at night.

On April 17, 2023 at 9:58 AM, V11 (RN) said R1 should have his legs elevated off of the floor while sitting in the wheelchair. V11 continued to say R1 has preferred to sit up in his wheelchair over the

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED  C 04/20/2023		
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		e to shortness of breath. V11 ave foam boots to offload his the wheelchair.					
111		t 11:30 AM, R1 continued to nair with his feet resting on the		gt si		*** ***	
W	of Nursing) said, "W interventions to add We were aware he wheelchair and refu three weeks. We d	t 12:17 PM, V2 (DON-Director /e did not put in new care plan lress [R1's] pressure ulcer. was wanting to sit in the sing to go to bed over the last id not put interventions in pressure ulcer while he in the wheelchair."	i de la companya de	er e			
	wheelchair in his ro- bilateral feet were re	t 8:50 AM, R1 was sitting in a com eating his breakfast. R1's esting on the floor. A new resent in R1's room. R1 said, he recliner yet."	3		a ja <sup>88</sup>	80	
	Nurse) and V11 (RN wheelchair to his be removed the bilater lower legs. R1's leg above his knees to bilateral lower legs leg appearing redde complained of pain (Wound Care Physi R1's right great toe. bilateral pulses in R device. V15 said th Stage 3 pressure ul debridement. V15 cissue for this reside	t 11:28 AM, V3 (Wound Care I) transferred R1 from the ed to provide wound care. V3 all elastic wraps from R1's as appeared swollen from the tips of his toes. His were red, with the right lower er than the left lower leg. R1 on his right heel. V15 cian) provided wound care to V15 was able to obtain 1's feet using a doppler e wound on R1's toe is a cer and the wound required continued to say, "The biggest in tis incontinence and fact that he wants to sit in his					

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STATEMENT OF DEFICIENCIES (X1) PRO

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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S9999	offload his feet, or bed for a while and Care Nurse) turned wound treatment s times a week. V15 ulcer treatment to ladministered daily.  The EMR shows th V3 (Wound Care N 2023 at 11:57 AM: Cleanse with NS (I cover with leptospe and island dressing Tuesday, Thursday On April 18, 2023, regarding R1's pre wound of the right, Etiology: pressure x Depth): 1 x 1.2 x serous. Additional arterial are cofacto Leptospermum ho	iner will definitely help him if he would be able to lay in d offload his feet." V3 (Wound d to V15 and asked if R1's hould be administered three is said, "No. [R1's] pressure his right great toe should be in the following order entered by lurse) for R1, dated April 18, "Right big toe wound: Normal Saline), pat dry and ermum honey, calcium alginate g every day shift every y, Saturday."  V15 documented the following issure ulcer: "Stage 3 pressure first toe, full thickness.  Wound size (Length x Width to 0.1 cm. Exudate: Moderate wound detail: Venous and ors. Dressing treatment plan: ney apply once daily for 30				
5 <del>10</del>	days. Secondary of border apply once Recommendations leg(s). No shoes a reviewed and addrestimate of the time heal with continued intervention is 69 owith an 80 percent	s: Off-load wound, elevate unless open-toed. Plan of care ressed: The best medical recognized for this wound to do physician evaluation and days. This estimate is made a degree of certainty."	e.	6 <del>9</del>	62	3
	and Management intent of this organ	ted Pressure Injury Prevention Policy shows: "Policy: The nization is to develop and and processes to ensure that			2	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY			
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	the resident does n	ot develop pressure					
- 00		Pls) unless clinically				10	
		at the facility provides care					
2		stent with professional					
1		ce to: Promote the prevention					
477		jury development; promote the					
2.5		pressure ulcers/injuries		V s			
		on of infection to the extent					
		ent development of additional					
-		y. Evaluation/Assessments:					
503		sment of pressure ulcer/injury				\$F	
		eekly and with significant		- W			
194		of the ulcer/injury by a		- ·		94	
31	licensed nurse and					800	
		he evaluations/assessment of		19			
		njury will be maintained in the		75		-	
III		ecord. Documentation may	50				
		of ulcer/injury. b. Date that					
		acquired (when known). C.		31			
19		lcer/injury to include stage,		411		A	
	measurements (len						
	presence/absence						
	undermining, type of		SY				
	granulation, sough,						
		and type of drainage,	-			==	
	surrounding tissue						
		of pain with the ulcer/injury. d.	X	29		-	
		rventions to promote healing.					
		s: 1. Treatments will be	O.				
	ordered by the phys	sician/practitioner5.	==				
		ng preventive interventions,					
	will be documented	in the resident's medical			0		
11.		sician/practitioner will be				=	
		ent's refusal of prescribed		==	25		
		nterventions for prevention					
		tions: 1. If the resident					
		acquired or worsening					
		y, the facility will conduct an					
- 20	investigation to cau						
15		mote healing the acquired or					

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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\w	worsening pressure recurrence of devel into the resident's of	e ulcer/injury and to minimize dopment will be incorporated care plan."			8		
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