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: IL6009732 **B. WING** 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2320 WEST 113TH PLACE **SMITH VILLAGE** CHICAGO, IL 60643 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation: 2382869/IL158426 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)3) 300.3210t) 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 plan. Adequate and properly supervised nursing Illinois Department of Public Health

STATE FORM

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

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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: C B. WING IL6009732 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2320 WEST 113TH PLACE **SMITH VILLAGE** CHICAGO, IL 60643 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL) PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG 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. 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: 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. Section 300.3210 General The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These requirements are not met as evidenced by: Based upon observation, interview and record review the facility failed to address R3's (4/18/23) injury of unknown origin, failed to obtain physician orders for weekly skin assessments, failed to conduct bi-weekly showers/skin assessments (as scheduled) for four of four residents (R1, R2, R3, R4) in the sample, failed to document (R1) skin integrity impairments, and failed to timely notify the physician of (R1's) change in skin condition. These failures resulted in (R1) sustaining a keratotic papule on the chest measuring 1.6 cm (centimeters) which required surgical intervention due to neoplasm of uncertain behavior vs. keratoacanthoma.

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 IL6009732 B. WING 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2320 WEST 113TH PLACE SMITH VILLAGE CHICAGO, IL 60643 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 CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 Findings include: R1's diagnoses include dementia and malignant melanoma of skin. R1's (undated) BIMS (Brief Interview Mental Status) determined a score of 6 (severe cognitive impairment). R1's (undated) functional assessment affirms (1 person) physical assist is required for dressing and personal hygiene. R1's care plan states (4/9/23) resident requires full hands-on assistance with ADL's (Activities of Daily Living). Monitor skin for redness/breakdown when changing and report to Nurse/Medical Doctor. Resident is at risk for alteration in skin integrity related to history of melanoma. Intervention: weekly skin assessment On 4/19/23 at 9:15am, surveyor inquired about concerns with R1's care at the facility V3 (Family) stated, "They (staff) have to bathe her (R1) twice a week and dress her because she's incapable of doing it herself. I (V3) came to visit R1 and, she (R1) said can you take a look at this and showed me her chest. She (R1) said she told the Nurse. and the Nurse said it could be skin cancer. They (staff) called the wound care nurse to see if it (lesion) was annotated and it was not. She (R1) needed to see a doctor to get a biopsy. He (V12/Dermatologist) thought it was a squamous spot, were awaiting the test results. He (V12) said squamous cells can grow quickly but this (lesion) has probably been there for at least 2 weeks. It's just neglect, they (staff) had to have seen it (lesion)."

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 IL6009732 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2320 WEST 113TH PLACE **SMITH VILLAGE** CHICAGO, IL 60643 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 CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 On 4/19/23 at 9:45am, surveyor inquired about R1's alleged skin integrity impairment, V5 (CNA/Certified Nursing Assistant) stated, "When they found out about what she (R1) had on her skin, that was my first time working with her (R1)." Surveyor inquired how V5 found out about R1's skin integrity impairment, V5 responded. "When I walked in the room (after breakfast) I was about to change her (R1), the sister (V3) was in the room. That's when she (R1) was telling the sister (V3) look at this. I've been having this for a long time" and affirmed the Nurse (V6) was made aware. On 4/19/23 at 9:52am, surveyor inquired about resident skin assessments. V6 (Registered Nurse) stated, "Usually, the CNA's will hit the light (call light) in the shower. We (Nurses) check their (residents) skin for any redness, bruising, skin tears or any new changes." Surveyor inquired about R1's skin integrity impairment, V6 responded, "She complained that she had something like a lesion on her chest. It (lesion). was something that was raised, irregular and different shades of dark colors." Surveyor inquired when R1's lesion was identified. V6 replied, "I think 3 weeks ago already. The sister (V3) was upset, she (V3) wanted to talk to someone. I went to see if there was anything on her chart, it said that she (R1) has a history of melanoma, but I really couldn't find much, there was nothing under wounds. I looked at her admission assessment also since there was nothing there. She (V3) spoke to (V4/Director of Clinical Operations). We (V4 & V6) did a thorough skin assessment then called the attending and wound doctor." Surveyor inquired if V6 was aware of R1's lesion prior to (V3) requesting to speak with someone. V6 stated, "Her (R1's) showers are in the evening so I never

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: C B. WING IL6009732 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2320 WEST 113TH PLACE **SMITH VILLAGE** CHICAGO, IL 60643 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 4 S9999 did a skin assessment on her (R1) before." Surveyor inquired about R1's current location, V6 responded, "She's in the hospital." R1's (March/April 2023) progress notes include (4/5/23) resident skin assessment was completed (entered by V4) observed with dry, flaky skin all over, dry brown, irregular shaped moles on her arms, legs upper back, dry healing scabs to bilateral shins, some redness to buttocks, dry patch nickel size to back of head. To the left chest area, a quarter sized elevated lesion hard to touch middle noted with whiteness and brown, area surrounding noted with dry, scaly redness. Doctor made aware order for dermatology consult given [there were no prior skin integrity impairments documented). R1's (4/6/23) skin/pressure ulcer assessment states resident was assessed today by wound care nurse. Resident was noted to have a dry patch in the back of her head. Dry skin and lesions throughout her face, back and upper anterior body. Left upper chest there is a raised lesion brown in color, quarter size, hard to touch. no redness, no temp, no complaint of pain to area. Right shin skin tear present dressing applied, scabs on bilateral shins, red spots on bilateral lower extremities. Left arm skin lesions present. Dryness under breasts. Dry scaly skin throughout the body. Floor Nurse gave her shower today. R1's (4/9/23) physician progress notes state patient was seen and examined. She is complaining of skin lesion/mass on her left chest. Skin: left chest skin mass. Skin mass on the left side of the chest most likely skin cancer. R1's (4/10/23) dermatology consult states patient

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	been present for at l	on of a skin lesion that has least 2 weeks and increasing story: melanoma unspecified,			=
	removed and squam Additional visit reason	nous cell skin cancer. ons: evaluation for suspicious	59		1 11 X m 1
7.0	growths. An examination was performed including the chest and back. Diagnoses include neoplasm of uncertain behavior vs. keratoacanthoma 1.6 cm (centimeters). A biopsy by shave method to the level of the dermis was performed using a		5 5		1
				a di Marine Marine di	
Sara	dermablade on the le Patient will be notified	eft lateral superior chest. d of biopsy result.	2 C		10 N
1	The shower assignm showers are schedul (PM shift).	ent sheet affirms R1's ed Mondays and Thursdays			11 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1
	requirements for residual stated, "We got a sho Saturday, they're scho	m, surveyor inquired about dent showers. V7 (CNA) ower list Monday through eduled 2 times (a week) on	2.		
10	days or evening shift.	We document the shower ign off on the skin check."	iā.	· · · · · · · · · · · · · · · · · · ·	ä
p	eviews include the foreersonally bathed her	in monitoring: CNA shower llowing: (3/6/23) "Stated she self" [R1 has dementia &	í.		
e ra	equires assistance]. Excludes any abnorma ashes, dryness, lesio	(3/9/23) Visual assessment alities (bruising, skin tears, ns, wound, blisters.	7) 2)	a V	9
(3 e:	xcludes any abnorma	/30/23) Visual assessment		ti A 42	3
st	cheduledj. R1's (4/6/ hower review include:	ts were not documented as 23) skin monitoring: CNA select chest lesion, right			= x
er	ndorsed by the CNA a	skin from the neck down and Nurse however dry the face, red spots on			× 29

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 IL6009732 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2320 WEST 113TH PLACE SMITH VILLAGE CHICAGO, IL 60643 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 bilateral lower extremities and scabs on bilateral shins (documented 4/6/23 by the wound care nurse in the progress notes) were excluded. R1's Physician Orders were updated (4/20/23) with skin assessment twice weekly on shower days [2 weeks after R1's lesion was identified]. On 4/19/23 at approximately 12:15pm, surveyor relayed concerns with resident showers and/or skin assessments not documented twice a week. V1 (Administrator) affirmed the facility identified the concern and presented a (4/7/23) memo which states "In doing bath sheet audits, it has been discovered that residents are not getting their baths as scheduled. In addition, it appears that Nurses are not doing body check each time a bath sheet has been filled out. This does not meet the standards for good care." R3's diagnoses include dementia, muscle wasting and atrophy. R3's care plan states resident is at risk for impaired skin related to impaired mobility, fragile skin, incontinence, and muscle wasting. Intervention: bi-weekly skin assessment on shower days to monitor for any alterations in skin integrity (goal date 7/15/23). R3's POS excludes bi-weekly skin assessments. The shower assignment sheet affirms R3's showers are scheduled every Wednesday and Saturday (AM shift). R3's (April 2023) Skin Monitoring: CNA shower sheets were documented (Monday) 4/3,

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scheduled).

(Thursday) 4/6, 4/12, 4/15, and 4/19 (not as

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: IL6009732 B. WING 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2320 WEST 113TH PLACE **SMITH VILLAGE** CHICAGO, IL 60643 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG" TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 R3's (4/18/23) progress notes state resident noted with bruise to lateral side of right knee however cause of the bruise was excluded. On 4/19/23 at 11:10am, a large (dark purple) bruise was observed on R3's right (lateral) leg below the knee. On 4/20/23 at 10:31am, surveyor requested R3's (4/18/23) incident report. At 11:23am, V2 (Director of Nursing) stated, we don't have anything in particular for that bruise because we attributed that to her (R3) fall on March 23rd (4 weeks ago). Surveyor inquired how an old bruise appears. V2 responded, "It's actually pink, yellow and green depending on what stage it is." Surveyor inquired how R3's (dark purple) bruise was therefore considered old. V2 replied, "I'm not a wound doctor so I don't know." Surveyor inquired if R3 has weekly skin checks ordered, V2 stated, "Your concern with the weekly skin checks is our concern as well, so we're currently doing house-wide assessments on everyone's skin. She (R3) has orders for skin protectors cause she's high skin risk so it's not like we don't have interventions in place for her (R3)." Surveyor inquired again if R3's physician orders include skin checks. V2 responded, "I think everyone should have twice a week skin checks during showers, it's not an order though." On 4/20/23 at 1:14pm, surveyor inquired about potential harm to a resident (with history of malignant melanoma) that develops a new lesion that is not addressed. V13 (Medical Director) stated, "They do assessment of the patients there. I know what you are calling me about, it was addressed." Surveyor advised that R1's lesion was not addressed by the facility until (V3)

Illinois Department of Public Health

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	reported it to staff.	V13 responded, "This lady		# #		4	
	(R1) complained an	d said look at what I have. I	99	/// 18.1			
20	said this looks like o	ancer, we need to send you	9 31 538		6):		
	to a dermatologist a	nd do a biopsy. I talked to	11	**			4
6	like cancer " Supre	nid it's not an infection it looks yor inquired if R1's (1.6cm)				9 3	557
	lesion may have dev	reloped within less than a	1		3 3 3 3 3	99	
	week because R1's	(3/30/23) skin assessment	0.2		Pr and an an	1	
	excluded skin integri	ity impairment, V13 replied.		37	17.00 10.00 (17.00 (17.00 (17.00 (17.00 (17.00 (17.00 (17.00 (17.00 (17.00 (17.00 (17.00 (17.00 (17.00 (17.00 (17.00	N 8	
	"No, it's like a week	or more." Surveyor inquired		-, 151		B 00	
	bruise (of unknown	arm to a resident with a large		20 30			
	V13 stated "Bone fr	origin) that is not addressed. acture if somebody falls, and	1	17	7	== }	
- A C	it's a bruise. They (s	staff) have to pay attention to		- 30 DC 121,	- 1207		
- 1	that part. Anything is	s possible, it may be in a		. In			
	shower she (resident	t) was handled a little bit		1			
	roughly, they are frai	, they are old if you put the	30 140	a (1967) 196	-	e <sup>2</sup>	8 8
- 1	there's anything susp they have to do that.	) may have a bruise. If picious, they tell the nurse					
	R2's diagnoses inclu	de weakness, chronic kidney	_				
325	disease, urinary inco	ntinence, muscle wasting		.70		15	
;	and atrophy.	The state of the s	8 00	=0, %			- 1
8	Dole a series	×					
	r∠s care plan states	resident is at risk for skin			9.00	1	
	skin, incontinence m	impaired mobility, fragile uscle wasting and atrophy.				==	
li	ntervention: bi-weeki	y skin assessment on					
S	shower days (goal da	te 5/6/23).					
3		20	Q*	19			
F	KZ's POS (Physician	Order Sheets) exclude					
	i-weekly skin assess	ments.				==	
7	he shower assignme	ent sheet affirms R2's				3	- 47
s	howers are scheduled every Wednesday and						12
S	aturday (AM shift).	,	VI				
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R	2's (April 2023) Skin	Monitoring: CNA Shower	0.00	N <sub>2</sub> s			
S	riesis were aocumen	ted 4/1, 4/5, 4/12, 4/15 and	F1. 19				

**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 IL6009732 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2320 WEST 113TH PLACE **SMITH VILLAGE** CHICAGO, IL 60643 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 REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 9 S9999 4/19 however 4/8 was not documented. 4/1 & 4/15 showers were refused therefore skin assessments were not documented for over 1 week. R4's diagnoses include encephalopathy. R4's care plan states resident is at risk for skin breakdown related to impaired mobility, fragile skin, incontinence, muscle weakness and dementia. Interventions exclude skin assessment. R4's POS excludes skin checks. The shower assignment sheet affirms R4's showers are scheduled every Tuesday and Friday (PM shift). R4's (April 2023) Skin Monitoring: CNA shower sheets were documented 4/7 (refused). 4/11 and 4/14 (denied shower/bed bath) however 4/4 and 4/18 were not documented. The skin audits by Nursing Assistants policy (revised 3/31/23) states Nursing Assistants shall inspect all skin surfaces during bath/shower and report any concern to the resident's Nurse immediately after the task. Nursing assistants shall also report changes in skin condition that are noted during any care procedure. Notification shall be made to the Nurse verbally and in writing via shower sheet. The (2/10/23) abuse/neglect policy states the facility will identify events, occurrences, patterns and trends that may constitute neglect: failure of the facility, its employees or service providers to provide goods and services to a resident that are

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