

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0055400		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/13/2026	
NAME OF PROVIDER OR SUPPLIER TRI-STATE VILLAGE NRSG & RHB				STREET ADDRESS, CITY, STATE, ZIP CODE 2500 EAST 175TH STREET , LANSING, Illinois, 60438			
(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) COMPLETION DATE
S0000	Initial Comments			S0000			03/19/2026
	Complaint Investigation: 2743186/2691900						
S9999	Final Observations			S9999			03/19/2026
	Statement of Licensure Violations: 300.610a) 300.1210b) 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 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						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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S9999	Continued from page 1 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 evidence by: Based on observation, interview and record review the facility failed to assess, monitor and treat residents with multiple pressure ulcers for 2 of 3 residents (R3 and R4) This deficient practice resulted in R3 being hospitalized for necrotizing fasciitis of the wound bed. Findings include: On 3/10/2026 at 2:00pm V14(Certified Nursing Assistant-CNA) said on 10/5/2025 she entered R3 room and V10 said to clean her up she's going out to the hospital the areas on her buttocks were some what dark she did answer me correctly when I told her what I was doing she responded " ok". R3 could not turn or reposition herself she was dependent on staff for all care. On 3/10/2026 at 3:00pm V8(Nurse Practitioner-NP) said that a wound can become infected with necrotizing fasciitis leading to sepsis based on three of the five criteria that the hospitals use, tachycardia, fever, increased white cells, infected wounds, disease factors, V8 said she did not observe R3 wound on 10/5/2025 she gave order to send her out because of a new wound onset. On 3/10/026 at 3:10pm V2(Director of Nursing-DON) said the floor nurses and the weekend wound care nurses do not measure resident's wounds only the wound care nurse on the week day does the measurements. On 3/12/2026 at 9:30am, V10 (Wound care Nurse) said she was the nurse for R3 on 10/5/2025, V10 said she observed a new sacral wound on R3 dark in color like a blister, and notified V8 (Nurse Practitioner -NP) of the new wound also that R3 was not responding to questions as usual. V10 said she does not do measurements on the weekend and that is why she cannot recall the size or length of R3 sacral wound, V8 gave orders to send R3 to the			S9999			03/19/2026

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S9999	Continued from page 2 hospital for a wound evaluation. On 3/12/2026 at 10:30am V13(Nurse) said upon her start of shift on 10/5/2026 V10 informed me that R3 would be transferring to the local hospital for a wound evaluation, I made sure to call the family and inform V8 again, I never saw R3 wound, I do not assess any wounds I'll turn it over to the wound care nurse whom was the nurse transferring R3 to the local hospital that day. R3 could not turn and reposition herself she was dependent on staff I never entered the room the transfer was in progress at the start of my shift. R3 resident face sheet indicates that R3 has a diagnosis of hemiplegia, hemiparesis, Chronic respiratory failure, obesity, encounter for Palliative care, muscle wasting, peripheral vascular disease. A Braden score of 14 on 5/18/2024 moderate risk, on 9/9/2025 a Braden score of 16 mild risk, no Braden score on 10/5/2025, R3 was admitted on 5/18/2024 with wounds of the left buttocks stage 2, on 2/4/2025 R3 had a skin tear to right posterior thigh, a care plan dated 8/1/2025 for skin checks per protocol report any signs of skin breakdown. On 3/10/2026 at 10:00am this writer observed R4 incontinence care, and observed two pink open areas with scant drainage to the left and right buttocks. On 3/10/2026 at 10:03am V5(Certified Nursing Assistant-CNA) said I don't know if those open areas were on his buttocks this is my first time having R4. On 3/10/2026 at 10:05am V6(Certified Nursing Assistant-CNA) said the wound care nurse should know the wounds are their R4 came from the other side with this barrier cream that V4 said to apply. On 3/10/2026 at 10:08am V8(Nurse Practitioner-NP) said the wounds are new, R4 also has excoriation to the scrotal area, which I'll order an hydrocolloid dressing three times a week and nystatin powder twice daily with barrier cream to buttocks will be ordered. On 3/10/2026 at 10:12am V4(Wound care Nurse) said that she was not informed of R4 open wound on his buttocks and applied a hydrocolloid dressing to the left and right buttocks, nystatin cream to scrotum and barrier cream to the surrounding buttocks.			S9999			03/19/2026

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S9999	Continued from page 3 On 3/12/2026 at 12:30pm V4 said , she complete skin assessments twice a month on the entire building, the floor nurses do a weekly skin assessment on non-pressure ulcer residents and the residents with pressure ulcers she complete weekly assessments along with the wound care physician. I expect the wound care nurse on the weekend to assessment measure and notify the nurse practitioner of any wound just as I do on the week day and complete wound care interventions, then on Monday I will complete them. On 3/12/2026 at 11:30am V7(Certified Nursing Assistant-CNA) said she informed V4 of R4 open areas on his buttocks several times a couple of weeks ago she said to apply barrier cream. R4 resident face sheet indicates that R4 has a diagnosis of Hemiplegia, Hemiparesis, osteoporosis, lack of coordination, an weekly skin assessment dated 12/4/2025, a initial Braden score dated 10/20/2025 of 13 indicates moderate risk and on 3/10/2026 a Braden sore of 12 high risk, on 12/10/2025 a care plan that indicates R4 was at risk for skin breakdown, , On 3/10/2026 R4 has a care plan of left buttock pressure area related to incontinent of bowel and bladder, apply dressing per medical doctor, assess the pressure ulcer for stage, size, length , width, and depth conduct systemic skin inspection weekly report any signs of any further skin breakdown. Left buttocks measuring 1.0x1.2 and Right buttocks 1.0x1.0 pink granulating tissue. Facility Policy: dated October 2025 Policy: At first observation of any skin condition, the nurse is to describe and document in clinical record. The nurse is to notify the family of new skin alteration and inform physician of new alteration to obtain initial order. Wound care nurse to follow up with staging and measurements and must add to weekly wound round list for NP to follow. Wound Assessment: Identify the type of wound present such as pressure, arterial diabetic, venous and etc. Identify the stage or extent of tissue destruction involved. Pressure Ulcer and Wound Prevention /Management Program: updated 9/30/2025 Purpose: To identify residents who are at risk for			S9999			03/19/2026

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S9999	Continued from page 4 pressure ulcers and skin breakdown. Responsibility: Director of Nursing, Licensed Nurses, Certified Nursing Assistants, Restorative Nursing, Care plan Coordinator, Dietician, Physician, and Medical Doctor. Policy; To ensure that residents that enter the facility do not develop pressure ulcers unless the individual's clinical condition demonstrates that the pressure ulcers were unavoidable. 2. Residents will have a head to toe skin assessment upon admission, readmission, at the time of discharge and transfer and prior to return from a leave of absence by a licensed nurse. "A"	S9999				03/19/2026	