

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0054981		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/15/2026	
NAME OF PROVIDER OR SUPPLIER RADFORD GREEN				STREET ADDRESS, CITY, STATE, ZIP CODE 960 AUDUBON WAY , LINCOLNSHIRE, Illinois, 60069			
(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			04/30/2026	
	Annual Licensure Survey						
S9999	Final Observations		S9999			05/01/2026	
	Statement of Licensure Violations:						
	300.610a)						
	300.1210b)4)						
	300.1210d)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						
	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.						
	4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication						

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 systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. 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: 3) 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide timely incontinence care for residents who require extensive assistance with activities of daily living for 2 of 18 residents (R4 and R42) reviewed for activities of daily living in the sample of 18. This failure resulted in R4 developing MASD (Moisture Associated Skin Damage) with open wounds to the sacral area. The findings include: 1.R4's Minimum Data Set Assessment dated 3/5/26 shows that his cognition is severely impaired, is always incontinent of urine and stool and is dependent on staff for toileting and personal hygiene. On 4/13/26 at 10:44 AM, V16 (Certified Nursing Assistant/CNA) went in to provide incontinence care to R4. R4's incontinence brief was saturated and the sheet underneath R4 was wet. R4's buttock was reddened and had multiple open wounds present. V16 said that R4 was last changed with the help of the night shift around 6:45-7:00 AM. On 4/14/26 at 2:06 PM, V17 (CNA) said that all incontinent residents should be checked and changed every two hours. R4's Skin Check from 4/7/26 shows that R4 has generalized redness to his coccyx but does not document any open wounds or MASD.			S9999			05/01/2026

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S9999	Continued from page 2 R4's Wound Evaluation and Management Summary dated 4/15/26 shows that R4 has Moisture Associated Skin Damage measuring 7.0 centimeters (cm) x 6 cm x 0.1 cm (Surface Area of 42 cm squared) with open areas with exposed dermis of 21 cm squared. On 4/15/26 at 10:35 AM, V18 (Wound Physician) said that he just saw R4 and R4 has a cluster of wounds on his bottom that were caused by MASD. V18 said that they were not present when he saw him the week prior. V18 said that R4 is incontinent, and the wounds are caused by prolonged moisture. V18 said that the wounds could have developed from R4 being wet for a long period of time. V18 said that the facility needs to make sure that R4 is being provided incontinence care and repositioned frequently. 2. R42's Minimum Data Set Assessment dated 2/3/26 shows that she is cognitively impaired, incontinent of urine and stool and is dependent on staff for toileting and personal hygiene. On 4/13/26 at 2:58 PM, V16 (CNA) provided incontinence care to R42. R42's incontinence brief was saturated and the sheet under her was wet. R42's buttock was reddened and had an open wound present. V16 said that she last changed R42 at breakfast time. On 4/14/26 at 2:06 PM, V17 (CNA) said that all incontinent residents should be checked and changed every two hours. R42's current Care Plan shows, "[R42] has bowel and bladder incontinence and is dependent on staff for toileting hygiene.....Provide incontinence care in a timely manner." The facility's Activities of Daily Living Policy shows, "Residents who are unable to carry out activities of daily living independently receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene.....Appropriate care and services are provided for residents who are unable to carry out ADLs independently, with the consent of the resident, and in accordance with the plan of care, including appropriate support and assistance with: hygiene...elimination..." "B"	S9999				05/01/2026	