

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/25/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER GROVE OF BERWYN, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3601 SOUTH HARLEM AVENUE BERWYN, IL 60402
---	---

(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 Annual Certification/Licensure CHOW	S 000		
S9999	Final Observations Licensure Violations 300.610a) 300.1210b) 300.1210d)2)3)5) 300.3220f) 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. 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.	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 05/17/19
--	-------	------------------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/25/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER GROVE OF BERWYN, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3601 SOUTH HARLEM AVENUE BERWYN, IL 60402
---	---

(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 1</p> <p>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:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician</p> <p>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.</p> <p>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.</p> <p>Section 300.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/25/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER GROVE OF BERWYN, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3601 SOUTH HARLEM AVENUE BERWYN, IL 60402
---	---

(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 2

employee or agent of a facility shall not abuse or neglect a resident.

These regulations were not met as evidenced by:

Based upon observation, interview and record review the facility failed to document an initial wound description, failed to conduct weekly wound assessments, failed to transcribe wound care orders on the TAR (Treatment Administration Record) and failed to document treatment administration for one of five residents (R66) in the sample. R66 acquired a stage 3 sacral pressure ulcer on or about 4/5/19 which became necrotic and required surgical intervention 4/24/19.

Findings include;

R66's (4/5/19) POS (Physician Order Sheets) states; buttock pressure ulcer apply hydrogel and dry dressing daily and PRN (as needed). R66's (April 2019) TAR does not include said order therefore treatments were not documented.

The (undated) pressure ulcer report (received 4/23/19) affirms R66 has a (stage 3) sacral wound measuring 5 x 2.5 x 0.3.

On 4/24/19, R66's (March/April 2019) wound assessments were requested. On 4/24/19 at 3:31pm, V2 (Director of Nursing) presented R66's (3/13/19) admission assessment which does not include wounds, (3/21/19) skin evaluation which does not include wounds and (4/5/19) readmission assessment which includes a coccyx skin impairment, however type, length, width, depth, and stage are not inclusive. Surveyor inquired about R66's weekly wound assessments (4/5/19, 4/12/19, and 4/19/19) V2 stated "That's

S9999

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/25/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER GROVE OF BERWYN, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3601 SOUTH HARLEM AVENUE BERWYN, IL 60402
---	---

(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>everything I have." Surveyor inquired about the required frequency for wound assessments V2 responded "Wound assessment is done weekly."</p> <p>On 4/25/19 at 1:05pm, V2 stated "The patient (R66) was seen yesterday by the wound doctor for the first time" and presented his (4/24/19) physician initial wound evaluation which includes the following; unstageable deep tissue injury sacrum. Etiology pressure. 5 x 2.5cm (centimeter) x not measurable. 20% slough. Surgical excisional debridement procedure; remove necrotic tissue and establish the margins of viable tissue. Curette was used to surgically excise 2.5cm of devitalized tissue. Dressing treatment plan: leptospermum honey apply once daily for 30 days. Foam with border apply once daily for 30 days. [On 4/25/19 at 10:12am, V27 applied hydrogel, dry gauze and border dressing to R66's wound which was not the treatment plan].</p> <p>On 4/25/19 at 10:40am, V12 (Assistant Director of Nursing) presented R66's current wound care orders, Leptospermum honey and foam border dressing x 30 days were not inclusive.</p> <p>The skin care treatment regimen policy & procedure (reviewed 2/20/17) states; it is the policy of this facility to ensure prompt identification, documentation and to obtain appropriate topical treatment for residents with skin breakdown. Charge nurses must document in the nurse's notes and/or the wound report form any skin breakdown upon assessment and identification.</p> <p>(A)</p>	S9999		
-------	---	-------	--	--