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 IL6014963 B. WING 09/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2773 SKOKIE VALLEY ROAD WARREN BARR NORTH SHORE HIGHLAND PARK, IL 60035 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 DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigations: #1915944/IL114818 #1916716/IL115667 \$9999 Final Observations S9999 Statement of Licensure Violations 1 of 2 300.610a) 300.1010 g)2) 300.1025 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. Section 300.1010 Medical Care Policies g) Each resident admitted shall have a physical examination, within five days prior to admission or within 72 hours after admission. The examination Attachment A report shall include at a minimum each of the following: **Statement of Licensure Violations** 2) Documentation of the presence or absence of tuberculosis infection by tuberculin skin test in accordance with Section 300.1025.

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

Electronically Signed

TITLE

(X6) DATE

10/09/19

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 IL6014963 09/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2773 SKOKIE VALLEY ROAD WARREN BARR NORTH SHORE HIGHLAND PARK, IL 60035 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID 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) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 Section 300.1025 Tuberculin Skin Test **Procedures** Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 III. Adm. Code 696). These regulations were not met as evidenced by: Based on interview and record review, the facility failed to document tuberculosis skin testing upon admission and annually. This applies to 4 of 4 residents (R1, R2, R4, R10) that were reviewed for tuberculosis testing in the sample of 17. The findings include: 1. R1's Order review report shows R1 was admitted to the facility on 1/10/19. R1's Immunization Report shows she received a step two Mantoux (tuberculosis) skin test on 7/24/19. There are no other entries for the tuberculosis skin test. R1's Order Review Report does not show an order to administer a tuberculosis skin test. 2. R2's Order Recap report shows R2 was admitted to the facility on 10/4/18. R2's Order Recap Report shows an order for a tuberculosis test was ordered on 10/4/18. R2's Immunization Report shows he received the step one Mantoux test on 9/12/19. There are no other entries for the tuberculosis skin test. On 9/18/19 at 2:00 PM, R2 stated he just received a tuberculosis test recently.

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3. R4's Medication Administration Record shows

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY | COMPLETED

IL6014963 B. WING ______ 09/20/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

| NAME OF F | PROVIDER OR SUPPLIER STREET | ADDRESS, CITY, S' | TATE, ZIP CODE | | | | | |
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| WARREN BARR NORTH SHORE 2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035 | | | | | | | | |
| (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 | | | | |
| \$9999 | she was admitted to the facility on 12/26/17. R4¹ Immunization Report shows she received the step one tuberculosis test on 9/12/19. There are no other entries for the tuberculosis skin test. On 9/17/19 at 10:55 AM, R4 stated she just received her first tuberculosis test since being admitted to the facility. 4. R10's Admission Record shows he was admitted to the facility on 11/7/18. R10's Immunization Report does not show a tuberculosis test given. R10's Order Review History Report shows an order for the two-step tuberculosis test on 7/19/19. There is no documentation of the tuberculosis test given on 7/19/19. An order for tuberculosis two step was entered on 8/31/19. There is no documentation the test being given on 8/31/19. R10's Medication Administration Record for 9/2019 shows R10 refused the tuberculosis two step test on 9/14/19. On 9/19/19 at 10:49 AM, V16 LPN (Licensed Practical Nurse) stated tuberculosis tests are documented under immunizations. Tuberculosis tests are done with new admits right away or within three days and it should be documented right after its given. On 9/19/19 at 10:40 AM, V2 DON (Director of Nursing) stated tuberculosis testing is documented under immunizations. The tuberculosis test is done for tuberculosis screening. If a resident refuses, then the doctor asked to order a chest x ray. The facility's Tuberculin Test dated 8/2019 show "Resident in the facility will be screened for tuberculosis disease or exposure to tuberculosis | of on 9. | DEFICIENCY) | | | | | |
| Utionia Dana | bacillus." | | | | | | | |

PRINTED: 11/04/2019

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 IL6014963 09/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2773 SKOKIE VALLEY ROAD WARREN BARR NORTH SHORE HIGHLAND PARK, IL 60035 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 (AW) Licensure Violations 2 of 2 300.610a) 300.1210b) 300.1210d)2)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

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resident to meet the total nursing and personal

care needs of the resident

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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 IL6014963 09/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2773 SKOKIE VALLEY ROAD WARREN BARR NORTH SHORE HIGHLAND PARK, IL 60035 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) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 4 S9999 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: All treatments and procedures shall be administered as ordered by the physician. 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. Section 300.3220 Medical Care All medical treatment and procedures shall be administered as ordered by a physician. Section 300.3240 Abuse and Neglect An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident These regulations were not met as evidenced by: Based on interview and record review, the facility failed to follow physician's orders for post-operative amputation care for 1 of 3 residents (R10) reviewed for wound care in the sample of 17. This failure resulted in further wound complications and possible additional amputations. The Facility failed to provide

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 IL6014963 09/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2773 SKOKIE VALLEY ROAD WARREN BARR NORTH SHORE HIGHLAND PARK, IL 60035 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 5 S9999 transportation to a foot surgery for 1 of 3 residents (R10) reviewed for transportation to physician appointments in the sample of 17. The findings include: R10's electronic face sheet provided by the facility on 9/19/19 showed R10 has diagnoses of cellulitis, chronic kidney disease, acquired absence of right leg, cerebrovascular disease, and end stage renal disease. R10's facility assessment dated 9/5/19 showed R10 is cognitively intact. 1) On 9/17/19 at 10:53 AM, R10 stated "My surgical flap had to be under pressure and (V4) sent instructions to leave the flap under pressure and not remove the dressing. The nurse here changed it 3 times after my surgery. The flap filled up with fluid and I had to have the fluid removed. I might have to have another surgery if the flap doesn't take to my foot now." On 9/18/19 at 11:10 AM, V13 (wound care nurse) stated, "(R10) had a non-removable dressing to his left foot when he came back from surgery. We were not allowed to take it off and had orders to reinforce the dressing only if drainage was noted." On 9/19/19 at 4:18 PM, V4 (R10's podiatrist and surgeon) stated, "(R10) underwent a mid-foot amputation on 8/28/19 resulting from an extensive foot ulcer. I applied a skin flap over the area to attempt to fill the defective area. The dressing that I applied after surgery was a dressing soaked in betadine as the primary

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dressing, gauze fluff over the primary dressing,

PRINTED: 11/04/2019 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 IL6014963 09/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2773 SKOKIE VALLEY ROAD WARREN BARR NORTH SHORE HIGHLAND PARK, IL 60035 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY** S9999 Continued From page 6 S9999 and then a pressure dressing to keep the flap in place and attempt to get it to start adhering to the foot. When (R10) arrived back in my office on 9/6/19, the dressings I applied were completely gone. His foot was wrapped with some type of gauze and kerlix and was nowhere near what I had applied. The dressing was placed on loosely which caused seromas (fluid filled sacs) to build up that erupted and were draining on his stiches and the skin flap. The amount of pressure you apply to an amputation and skin flap plays a large part in how well the healing process will go. The skin flap was very delicate and had been risky to begin with so the facility removing the dressing I applied caused these seromas and poor viability of the skin flap. I'm not saying that the facility will directly cause this man to receive a leg amputation but they largely tipped the scales in that direction. I am also concerned that (R10) is developing a pressure ulcer to his foot now as well and I'm not sure what to do about that. He should have a wound vacuum (device to contain wound drainage) on but I don't trust that the facility will carry it out and maintain it properly. This is a sad situation for this man and the facility's failure to follow post-operative instructions only worsened the situation." R10's August 2019 order review report showed an order dated for 8/31/19 stating "Leave dressing clean, dry, and intact until follow up with (V4) within 1 week of discharge. Ok for nursing to

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reinforce surgical dressings with ABD and kerlix if

strike through (drainage) noted."

R10's August 2019 and September 2019 treatment administration records (TAR) showed no orders to reinforce surgical dressings with ABD (thick gauze) and kerlix if strike through noted or to leave dressing clean, dry, and intact.

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 IL6014963 09/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2773 SKOKIE VALLEY ROAD WARREN BARR NORTH SHORE HIGHLAND PARK, IL 60035 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) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 7 S9999 R10's podiatry office visit notes with V4 (R10's podiatrist and foot surgeon) on 9/5/19 showed R10 is a 59 year old male status post left foot surgery. This flap was tenuous to begin with not sure why compression dressing was removed. DO NOT REMOVE DRESSING! Unsure if flap will survive. Keep pressure off the flap. New sterile dressing applied with mild compression. R10's facility assessment dated 9/5/19 showed R10 is cognitively intact, has a surgical wound. requires surgical wound care, has application of nonsurgical dressing, and has no dressings to feet. R10's care plan dated 9/10/19 showed R10 has skin impairments and was assessed to be at risk for skin breakdown and pressure injury development related to status post-surgical amputation of left foot. Intervention dated 8/31/19 showed left foot- (per surgeon's order) leave dressing clean, dry and intact until follow up with (V4) within 1 week of discharge. Ok for nursing to reinforce surgical dressings with ABD and kerlix if strike through noted. R10's wound assessment details reports showed the following: 8/31/19 showed head to toe assessment performed post left foot surgery. Per surgeon's order, dressing to the left surgical wound to be kept clean/dry/intact until seen at the next follow up appointment within 1 week. Ok for nursing to reinforce surgical dressings with ABD and kerlix if strike through noted. Nurse Practitioner aware of the current order. Dressing to the surgical site to be monitored every shift and reinforce if needed. Patient aware. Wound notes of 9/5/19 non-removable dressing-no signs of infection. Will be seen by (V4), podiatrist.

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 IL6014963 09/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2773 SKOKIE VALLEY ROAD WARREN BARR NORTH SHORE HIGHLAND PARK, IL 60035 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX COMPLETE. PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 8 S9999 2) On 9/17/19 at 10:53 AM, R10 stated "I've been late to several of my appointments with my surgeon/podiatrist. Transportation didn't show up last week and the nurse that was working had to call dispatch to see if the van that was here for another resident could come back and get me. I had surgery on 8/28/19 and the transportation never showed up. I had to call my wife to leave work and come get me so I didn't miss the surgery. It was for my foot amputation." On 9/19/19 at 4:18 PM, V4 (R10's surgeon) stated, "I distinctly remember (R10) being late for his surgery. I actually almost cancelled it because he was over an hour late for it. There have been several occasions that he has been late to appointments with me due to transportation being late or not showing up." On 9/19/19 at 10:12 AM, V10 (unit secretary and transportation coordinator) stated transportation for R10's 8/28/19 surgery was set up through his insurance the week before. I don't know what happened but as soon as I found out that transport wasn't here I got on the phone and tried reaching the transport company. As soon as I am notified about a resident's appointment I call the insurance company and let them know what type of transportation the resident needs and then they set it up. I usually check the day before to get the transport name and get pick up time. He is not on the transportation calendar for August 28th. His wife ended up transporting him for his surgery. I e-mail each day letting staff know who is going out to appointments and what time their transport is set up. I don't see the e-mail that I sent that day. I run into issues all the time with the transport company not showing up or being late. We don't have any transportation companies who

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY | | | |
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| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | | | |
| WARREN BARR NORTH SHORE 2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035 | | | | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | LDBE | (X5) COMPLETE DATE | | |
| S9999 | can come last minutransportation does if (R10) even made appointment on time R10's progress note "Spoke with unit se transportation to be Wednesday 8/28/19 with unit secretary, R10's progress note "(R10) left unit aroun wife to go to local hasurgery." Facility transportation 8/20/19 at 3:00 PM appointment and 8/28/19 surgical appointment appo | Ite if their primary In't show up. I can't remember It to the August 28 e. Les dated 8/26/19 showed, Cretary (V10) to verify It made for patients surgery on It at 2:45 PM, will follow up Lendorse to nursing staff." Les dated 8/28/19 showed, Ind 1:17 PM, picked up by his Lospital for his left foot Lon records for R10 showed In pre-operative podiatry It is no transportation record for It pointment for R10. | S9999 | | | | | |
| | policy revised 4/19/ requires an appoint appointment will be manner3. The fact transportation for the or resident's resport transportation them assess the needs of insurance providers | atment and transportation 19 showed, "When a resident transport outside the facility the scheduled in a timely cility will assist in arranging the resident unless the resident asible party will arrange the aselves. B. The facility will of the resident and the sedecision to select the cortation for the resident's | | | | | | |

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