STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003511	A. BUILDING: _____ B. WING _____	C 09/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROSSE POINTE MANOR	6601 WEST TOUHY AVENUE NILES, IL 60714

(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 2095617/IL124905 F 686G & F689 G	S 000		
S9999	Final Observations 1) Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)5) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a 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	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003511	A. BUILDING: _____ B. WING _____	C 09/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROSSE POINTE MANOR	6601 WEST TOUHY AVENUE NILES, IL 60714

(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 1 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 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 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Regulations were not met as evidenced by: Based on observation, interview and record review, the facility failed to implement turning and repositioning a resident to prevent the development and worsening of pressure sores for 1 (R3) resident reviewed for pressure ulcers. This failure resulted in R3 sustaining a facility-acquired pressure sore that became infected and necrotic	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003511	A. BUILDING: _____ B. WING _____	C 09/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROSSE POINTE MANOR	6601 WEST TOUHY AVENUE NILES, IL 60714

(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 (dead tissue). Findings include: R3 is an 83 year old resident with Alzheimer's Disease, hypertension, diabetes, and dysphasia. R3's physician orders include (but not limited to): Physical therapy wound evaluation, treatment and debridement as needed; Reposition hourly from side to side only; Skin inspection every shift; Turn and reposition every 1-2 hours; Offload heels while in bed. MDS (Minimum Data Set) dated 6/3/20 show R3 requiring extensive assistance to move while in bed and is totally dependent on staff for transfers to be performed by two or more staff. MDS also shows R3 with no pressure sores upon admission to the facility and that current pressure sores were facility-acquired. R3's skin care plan dated 7/28/20 stated intervention shows, "I need my aides to help me reposition at least every 1 hour when I'm in a chair." On 9/14/20 at 10:55 AM, R3 was observed in a high back recliner seated on the left hand corner against the window. R3 was asleep and lying upright in a 45 degree angle with R3 looking up towards the ceiling. R3 was fully dressed and appeared to be on top of a blue netted sling bunched up under her buttocks. On 9/14/20 at 12:05 PM, R3 remained lying in a high back recliner on the left hand corner of the main dining room waiting to be assisted in eating her pureed diet meal that was on a tray. R3 appeared uncomfortable and the sling that was left under her, the sling was still visible and her reclining position remained unchanged. At 12:35, V4 (LPN) sat down next to R3 and started to feed R3 lunch. R3 appeared to be agitated and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003511	A. BUILDING: _____ B. WING _____	C 09/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROSSE POINTE MANOR	6601 WEST TOUHY AVENUE NILES, IL 60714

(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 3	S9999		

refusing to eat what V4 was spooning in R3's mouth. V4 stood up and walked away from R3 and returned to the nurse's station. V4 went back to sit and offered R3 more food but did not adjust or reposition R3 to address her discomfort.

On 9/14/20 at 1:50 PM, R3 was observed in her room in her recliner and placed next to her bed however was not placed back in bed. R3 remained in the same position on her backside with her head elevated at over 45 degrees. The same plastic nylon mechanical lift sling remained under her with no evidence of any repositioning devices such as wedges or pillows to relieve pressure from her buttocks.

On 9/15/20 at 9:50 AM, R3 was lying upright in a recliner in the same corner of the dining area. She was seated atop the same plastic nylon mechanical lift sling that was used to transfer her from her bed to the recliner. V6 (Wound Nurse) was present in the dining room and when asked about R3, V6 stated, "We usually get her up first thing in the morning and keep her in the recliner until after lunch when the staff put her back to bed." Surveyor asked about the plastic nylon mechanical lift sling observed under R3, V6 stated, "It's okay to have it under her because the staff use it to transfer her to her recliner." When asked if the sling affected R3's wound to her sacral area, V6 stated, "No It's okay, we keep the sling there because it is easier for the staff to transfer her back to bed." Asked if the sling should be removed from under R3 after each use, V6 stated,"No, I think it's fine."

R3's wound notes written on 9/10/20 by V6 (Wound nurse) state "Weekly assessment: Onset/discovery 8/16/2020. Source: Acquired. Location: Sacrum. Original wound type: Stage 2.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003511	A. BUILDING: _____ B. WING _____	C 09/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROSSE POINTE MANOR	6601 WEST TOUHY AVENUE NILES, IL 60714

(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 4 Current wound type: Unstageable. 3.5 centimeters length x 1.5 centimeters width x undetermined depth. Treatment: Cleanse wound with 0.9% Normal saline solution.. Apply ointment then top with calcium alginate, cover with bordered foam dressing/gauze daily until resolved. Comments: Wound became Worse. Wound consultation noted. Replaced mattress to low air loss mattress, cushion, repositioning every hour from side to side only." On 9/15/20 at 1:10 PM. R3 was lying in bed fully dressed atop a flat sheet that was folded up in 4 layers. Under the layered sheet was a fitted sheet wrapped tightly around the specialty air mattress. R3's wound was observed with V6 and V7 (Nurse aide) assistance. Surveyor asked V6 to describe the wound while showing the surveyor, V6 (Wound nurse) stated, "The wound is on her sacrum. She got it here about a month ago. It's 90% slough and 10% necrotic (dead) tissue with redness in the surround skin area. Edges of the wound are attached and it measures approximately 3 centimeters by 1.5 centimeters and the depth is undetermined because it is not stageable. This is when I contacted V12 (wound consultant) because it worsened last week and got infected. V12 ordered a new ointment medication and we also added an air mattress." Surveyor asked V6 how long R3 would lie in bed, V6 stated, "Well after lunch she's placed back in bed and she's pretty much there until bedtime because we don't get her up again until breakfast." When asked about the linens R3 laid on, V6 stated, "They use this folded flat sheet to turn her and the fitted sheet is on the mattress but they should just be using the flat sheet and we shouldn't be layering the sheet under her so I see what you mean. I will ask the staff to put her in her gown when she is in bed."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003511	A. BUILDING: _____ B. WING _____	C 09/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROSSE POINTE MANOR	6601 WEST TOUHY AVENUE NILES, IL 60714

(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 5 Interview on 9/15/20 at 2:07 PM with V12 (Wound Consultant) stated, "I have not seen this patient yet but I will. I just advise them about not putting pressure on the area as much as possible and not to place her in bed as much as possible, because when you sit down there is sheer pressure that can arise. I am called upon to do wound debridements (surgical removal of dead tissue) but like I said I have not seen her yet but I was told she has necrotic tissue. When I see her I will schedule this. I do expect that the staff turn and reposition the patient frequently as much as possible and to keep pressure off that wound. (R3's) case is really tricky because she needs to be on a low air loss mattress, frequent repositioning and there should only be a flat sheet on her bed. I understand minimizing linens and I have read that but more important is keeping pressure off her pressure sore." Interview on 9/16/20 at 1:45 PM with V13 (Advanced Practice Nurse) stated, "I do see (R3) and just saw her today in fact. I consult on wounds and I give doctors orders for patients R3 is not as mobile as she was before and we are trying to get her nutritional requirements up again. I have been telling the staff there to try to get her up from bed and to reposition her as much as possible to keep pressure off her pressure sore. When she is in her recliner they must keep her off her pressure sore by using pillows or wedges. When she is in bed she must be repositioned as much as possible. I don't know why they kept her up in the dining room for the amount of time you say. I just spoke to the nurse when I was there and told them that she must be placed back in the bed after meals and then to reposition her as often as possible when she is in bed. Surveyor asked if this was an avoidable pressure sore, V13	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003511	A. BUILDING: _____ B. WING _____	C 09/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROSSE POINTE MANOR	6601 WEST TOUHY AVENUE NILES, IL 60714

(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 6 stated, "I don't know if I can answer that but I know that it is healing now" When asked if R3 is capable of her wound healing then if it's possible to avoid it, V13 stated, "Again, I know that we are doing our best to heal the wound and I have told the staff to not put her in her recliner for long periods and place her back in bed after meals so they are correcting this." Interview on 9/16/20 at 3:15 PM with V6 (Wound Care Nurse) stated, "We are supposed to reposition (R3) every hour from side to side when in bed and when she's on the multi-positional chair (recliner). Surveyor asked how staff reposition R3 while in the recliner, V6 stated, "Well we can increase or decrease the incline of the back and it changes her position." When asked how this takes pressure off R3's buttocks, V6 stated, "I guess it doesn't." When asked to provide any documentation that demonstrate repositioning is conducted for R3, V6 stated, "On the TAR Treatment Administration Record) the nurses sign off on each shift that R3 is turned on each shift." Surveyor asked V6 what the doctor's order, V6 stated, "The order says to reposition hourly from side to side." Surveyor asked who transcribed the doctor's order to the TAR, V6 stated, "I thought it was a recommendation only so I put it as every shift and not every hour." Surveyor asked if the wound was avoidable, V6 stated, "Yes if she was turned and repositioned like we're supposed to she would not have acquired that wound." (B) 2) Statement of Licensure Violations: 300.610a)	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003511	A. BUILDING: _____ B. WING _____	C 09/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROSSE POINTE MANOR	6601 WEST TOUHY AVENUE NILES, IL 60714

(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 7 300.1210b) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a 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. Restorative measures shall include, at a minimum, the following procedures: 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:	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003511	A. BUILDING: _____ B. WING _____	C 09/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROSSE POINTE MANOR	6601 WEST TOUHY AVENUE NILES, IL 60714

(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 8 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Regulations were not met as evidenced by: R1 is a 91 year old resident with diagnoses of hypertension, dementia, heart failure and history of falls. MDS (Minimum Data Set) dated 7/2/20 shows R1 required one person physical assistance to ambulate as she was totally dependent on staff to perform this function. R1's Care plan dated 7/25/20 states, "Need/Preference: Because I sometimes get confused have a diagnoses of anemia and may feel weak, have the potential to fall down and hurt myself and I fell down 05/25/20. 5/31/20. Approach: Place resident close to monitoring staff in dining room, educate staff to closely monitor resident in dining room. Goal: Stay safe while I'm moving about." Records document previous unwitnessed and unsupervised falls prior to 5/31/20 occurred two previous times on 5/25/20 and 1/21/20. Prior to these unwitnessed and unsupervised falls R1 fell another 5 times on 12/4/2019, 10/15/2019, 6/25/2019, 4/28/2019, and 3/5/2019.	S9999		