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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: __ IL6006779 B. WING 10/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9525 SOUTH MAYFIELD **OAK LAWN RESPIRATORY & REHAB OAK LAWN, IL 60453** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S 000 Initial Comments S 000 2090118/ IL118937 S9999 Final Observations S9999 Statement of Licensure Violation: 300.610a) 300.1010h) 300.1210b) 300.1210d)2)5) 300.1620a) 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the

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health, safety or welfare of a resident, including, but not limited to, the presence of incipient or

manifest decubitus ulcers or a weight loss or gain

of five percent or more within a period of 30 days. The facility shall obtain and record the physician's

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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document.

10/4/19: 14.5 cm (L) by 9.3 cm (W) by 0.6 cm

10/11/19: 14.5 cm (L) by 9.3 cm (W) by 0.6 cm

10/18/19: 15 cm (L) by 18 cm (W) by 0.5 cm (D). The length and width of the wound increased. Wound treatment was changed to Dakins to be done daily according to the weekly wound rounds

10/25/19: 16.5 cm (L) by 9 cm (W) by 0.5 cm (D).

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9/19, 9/20 and 9/27.

There is no documentation in R289's progress notes that V23 was notified regarding the wound

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On 10/7/20 at 5:07pm, V23 (Wound Care Physician) stated, "In general, it was an ongoing

conversations on multiple levels with the Director of Nursing, Administration and multiple nursing staff regarding trying to get them to do what I was

issue with that facility. I had multiple

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or contaminated wounds. A moist wound

environment is most favorable for optimal wound healing. III. Dressing changes 2. The physician's order may include: e. Frequency of dressing

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