

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2019
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NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
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S 000 Initial Comments

Complaint Investigation

#1998158/IL117265

S 000

S9999 Final Observations

S9999

Statement of Licensure Violation:

300.1210b)
300.3240a)

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.

Section 300.3240 Abuse and Neglect

a) 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, observation, and record review, the facility failed to treat identified pain in a resident (R1) with multiple skin impairments, Rheumatoid Arthritis, and an overall decline in medical condition. This failure resulted in the

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

11/29/19

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S9999	<p>Continued From page 1</p> <p>resident suffering pain during repositioning and wound care. This failure affected one resident (R1) in a sample of 3 reviewed for pain management.</p> <p>Findings include:</p> <p>On 11/12/19, R1 alert but limited in responses, observed in her bed. R1 frail and thin. R1 makes eye contact when called by name.</p> <p>On 11/12/19 at 10:40AM, V16, Certified Nursing Assistant (CNA), and V23, CNA, observed repositioning and providing cares to resident. Dressing on sacral wound has heavy drainage seeping through. R1 has visible dressings on her sacrum, left hip, left outer foot, left heel, left inner foot, left inner ankle, left inner bunion, and right outer base of 5th toe. R1 has multiple other discolored areas on her knees and lower legs. V19, Wound Care Nurse, removed dressing on R1's sacrum/coccyx region and then cleansed wound with soaked gauze. R1 displayed facial grimace. Each time V19 touched the wound while cleansing, R1 had facial grimacing and made sounds, and at one point cried out. V19 continued with wound care. When dressing completed, V16 and V19 repositioned R1, changed her bed linens, and changed R1's gown. Throughout the wound care and repositioning of R1, V16 heard repeating "sorry" to R1 when she calls out or moans. Care was observed on R1 from 10:50AM until 11:26AM. V19 did not ask R1 about pain during this observation. V19 did not ask R1 is she had pain during this care.</p> <p>On 11/12/19 at 11:26AM, V19 was asked if R1 was treated for pain, and V19 said no because she refused it (oral Acetaminophen). V19 said in the past R1 will be screaming with pain and has</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>spit at her. V19 said she would expect R1's wounds to be painful during treatments. V19 said R1's sacral wound is a stage 3. V19 said pain medications are available in other routes, such as topical, suppository, or sublingual. V19 said she has not discussed the alternate routes with the doctor.</p> <p>On 11/12/19 at 11:40AM, surveyor asked R1 if it hurts when they move you. R1 made eye contact and nodded. R1 was asked by surveyor if it hurts when the nurses change the dressings. R1 made eye contact and nodded. R1 opens her eyes to acknowledge surveyor.</p> <p>On 11/12/19 at 11:45AM, V21, Nurse, said R1 refused all medications this morning, including Acetaminophen. V21 said the physician was notified of R1 refusing to take her oral pain medication. V21 said R1 will probably be on Hospice starting today.</p> <p>On 11/12/19 at 1:26PM, V3, Director of Nursing, said R1 has been refusing care and has been difficult for the last 4-6 weeks. V3 said a Hospice referral had been made at the end of October, but the son had not decided about Hospice care. R1 was hospitalized from 11/1/19 thru 11/8/19. V3 said since readmission on 11/8/19, R1 has been refusing oral medications. R1 has an order for Acetaminophen, oral, as needed for pain. V3 said general symptoms of pain include facial grimacing, saying they have pain, moaning, or other vocal sounds.</p> <p>On 11/12/19, V18, Hospice Nurse, said she has not physically assessed R1 yet, but has reviewed the medical record. V18 said she knows R1 has a sacral wound and several other wounds, has a</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>diagnosis of dementia, saw mention of chronic pain, and would consider the wounds as a possible source of pain for R1. V18 said pain management will be considered when developing R1's plan of care.</p> <p>On 11/13/19 at 9:53AM, V17, Nurse, said she has been assigned to R1 in the past. V17 said she would crush R1's medications to make it easier for her to swallow. V17 said R1 will ignore her when she asks her if she has pain, she just closes her eyes. V17 said she did not speak to the doctor or the pharmacy to discuss different available routes for R1's medications.</p> <p>On 11/13/19 at 10:18AM, V8, CNA, said she was assigned to R1 on 10/31/19 and described her as more "feisty than usual." V8 said as soon as she would touch R1 she would scream as if she was being hurt. V8 said R1 always said everything hurts. V8 said she notified her nurse when R1 said she had pain. V8 said, "I have never known her not to hurt."</p> <p>On 11/13/19, V23, CNA, said R1 has told her she has pain, but has not told her a specific location. V23 said, "I guess it's her arthritis." V23 said R1 will say "ouch, ouch," yell, or verbally communicate when she feels pain.</p> <p>On 11/13/19 at 11:15AM, V24, Minimum Data Set Nurse, said when a pain assessment is completed and indicates pain, then the floor nurses are made aware so they can call the doctor. V24 said if the pain medication is not effective then the physician should be called. V24 said other options for medications include topical, if a site could be identified. V24 said a pain site could not be identified for R1. V24 said pain clinics have been used as pain management</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>interventions in the past. V24 said if a Pain Questionnaire score indicates a score of 5 or greater then she completes a Comprehensive Pain Assessment. V24 said R1 is scheduled for an upcoming Significant Change Assessment.</p> <p>On 11/13/19 at 12:00PM, phone interview with V25, Medical Director, said R1 will not let anyone touch her so he nor any of the physicians or Nurse Practitioners in his group has not physically examined R1. V25 said he needs permission form R1 or a representative to evaluate R1. V25 said the nurses did report to him that R1 has pain and is refusing cares and medications. V25 said Hospice will now make decision regarding her care.</p> <p>On 11/13/19 at 2:30PM, V14, Concerned Party, said R1 would tell you if she is in pain and feels pain medication would help R1's condition. V14 said when R1 was in the hospital the nurses were giving her pain medication by mouth.</p> <p>On 11/13/19 at 2:56PM, V18 Hospice Nurse, was interviewed by phone. V18 said after physical assessment, she observed R1 to have pain with movement and showed facial grimace. V18 said R1 was cooperative during her assessment. V18 said Morphine Concentrate was ordered for R1 and could be administered orally or sublingual by applying to the inside cheek. V18 said this medication would be absorbed without need for R1 to swallow. V18 said the order for oral Acetaminophen remains available for use, as needed.</p> <p>R1 has diagnosis including, but not limited to Rheumatoid Arthritis, Adult Failure to Thrive, Major Depressive Disorder, Dementia without</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Behavioral Disturbances, Schizophrenia, and Osteoarthritis.</p> <p>Ambulance run sheet, dated 11/1/19, denotes patient informed crew that she was in pain and she needs her medications.</p> <p>Review of R1's Pain Questionnaire, dated 3/5/19, denotes more than one condition /diagnosis associated with potential for pain, moderate pain, and pain observations with movement. Total score was 5. Pain Questionnaire for 10/28/19 and 11/08/19 both denote a score of 6.</p> <p>Comprehensive Pain Assessments were completed on 10/28/19 and 11/8/19. Both Assessments denote R1 refusing medications and interventions. Symptoms of pain listed closing eyes, grimacing, moaning, winced when touched, irritable, withdrawn, and staying in bed. V3 was asked for all of R1's Comprehensive Pain Assessments in 2019.</p> <p>Review of R1's Progress Notes for 11/1/19-11/13/19 showed no record of alternative pain management denoted.</p> <p>Physician Progress Notes denote R1's diagnosis of Rheumatoid Arthritis. On 10/16/19, Progress Note denotes R1 crying in pain.</p> <p>Personal Physician Authorization denotes R1's verbal consent to be treated by V25's medical group. V13, Book-keeper, said R1 cannot physically sign, but had given verbal consent as denoted in her files.</p> <p>(B)</p>	S9999		
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