

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2021
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NAME OF PROVIDER OR SUPPLIER LAKEVIEW REHAB & NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 735 WEST DIVERSEY CHICAGO, IL 60614
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S 000	Initial Comments Annual Licensure Survey Complaint Investigation: 2184756/IL135733	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 4 300.675a)3)G)3) 300.675a)3)G)4) Section 300.675 Covid-19 Emergency Rule Training Requirements 3). Facilities shall ensure 100% of the frontline clinical staff have completed the CMMS Training by February 28, 2021. 4). Facilities shall require, within 14 days after hiring, CMMS Training for all frontline clinical staff hired after January 31, 2021. Source: Ill. Admin. Code tit. 77 § 300.675 These requirements were not met as evidenced by: Based on interview and record review the facility failed to ensure compliance with the training requirements (CMS Target for COVID-19 Training for Frontline Nursing Home Staff and Nursing Home Management) for staff and new hires. This failure has the potential to affect all 129 residents in the facility. Findings include:	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>On 7/13/21 at 10:00am, Review of Certificate of Completion for the facility clinical staff and administration staff reviewed with concerns identified. None of the facility staff with exception of V17 (infection Control nurse) had completed training.</p> <p>On 7/13/21 between 10:45am to 11:38am, V1 (Administrator), V3 DON (Director of Nurse's), V18 (Business Office manager), V29 (Marketing Manager), V30 CNA (Certified Nurse's Aide) V31 (Housekeeping), V32 (Resident Escort), and V33 LPN (Licensed Practical Nurse) were interviewed regarding the training. They all stated they had in-services on infection control but have not actually done the CMMS training. V1 added that V17 (Infection Control Nurse) should know whether this is done.</p> <p>On 7/13/21 at 11:55am, interview conducted with V17, V17 stated that (V17) was the only one who did complete the training with the certificate when the IDPH sent the link. V17 explained that the staff were verbally in-serviced. V17 then stated moving forward we (referring to the facility) will start training the staff providing them (referring to the facility Staff) with a laptop for the staff to train in the facility and print the certificate. V17 stated the newly hired has not being trained. As of 7/14/21, no certificate of completion was provided for any of the facility staff.</p> <p style="text-align: center;">(C)</p> <p>2 of 4</p> <p>300.610a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>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</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record the facility failed to ensure that call light devices were within reach for 5 of 57 residents (R8, R16, R17, R18, R19) on the third floor.</p> <p>Findings:</p> <p>On 7/12/2021 at 10:50am surveyor observed R16's call light device on his nightstand, which was located on the right side of his bed out of reach of the resident.</p> <p>On 7/12/2021 at 10:51am V15 (Licensed Practical Nurse-LPN) stated R16's call light is over here where it should not be.</p> <p>On 7/12/2021 at 10:57am surveyor observed R8's call light device under his bed on the floor. R8 stated he feels that staff is in a hurry to provide him care, but you hear them in the hallway talking and laughing.</p> <p>On 7/12/2021 at 10:58am V16 (Certified Nursing Assistant-agency) stated that R8's call light device is right here on the floor. V16 stated, it should be within reach of the patient.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 7/12/2021 at 11:00am surveyor observed R17's call light cord wrapped around the bed frame where R17 could not reach it. R17 stated I do not know where the call light cord is at and I cannot reach it.</p> <p>On 7/12/2021 at 11:02am surveyor observed R18's call light device hanging around the bottom of the bed frame where she could not reach it.</p> <p>On 7/12/2021 at 11:10am surveyor observed R19's call light wrapped around his bed railing at the top of his bed out of reach of R19. Surveyor observed R19 attempting to reach his call light, but he was unable to reach it.</p> <p>On 7/13/2021 at 11:04 V3 (Director of Nursing) stated that call lights should be within reach at all times.</p> <p>Undated policy titled Call lights states, in part, 7. never make the resident feel as though you are too busy to give assistance and 9. Always be sure that the resident has a functioning call light that is the easiest type for them to use and always place the call light in an accessible location to where the resident is located in their room. Call light cords are not to be wrapped around bed rails or bed frames.</p> <p>Undated Job description for Certified Nursing Assistant states, in part, Role Responsibility-Safety 4. states keep the nurses' call system within easy reach of the resident. (C)</p> <p>3 of 4 300.1210b)2) 300.1210d)2)5)</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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:</p> <p>2) All nursing personnel shall assist and encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</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>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour,</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>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>These requirements were not met as evidenced by:</p> <p>1. Based upon observation, interview and record review the facility failed to ensure that splint or other restorative devices was applied to resident's hand to prevent further hand contracture and failed to ensure that an order for splint was in place for 1 (R2) resident in the sample of 37 residents.</p> <p>Findings include:</p> <p>On 07/12/21 at 10:51am, R2's left hand noted with contracture. Surveyor inquired about splint. R2 stated, "It's somewhere in my room."</p> <p>On 07/12/21 at 10:52am, surveyor inquired about R2's splint. V4 (Social Service Coordinator) stated, "(R2) is not wearing a splint. Let me get an Aide."</p> <p>On 07/12/21 at 10:54am, V5 (Restorative Aide) put R2's left hand splint per V4 instruction and stated, "The CNA (Certified Nursing Assistant) supposed to put it on her when she got up."</p> <p>On 07/13/21 at 2:37pm, surveyor inquired about splint. V26 (Restorative Director) stated, "The CNA will put it as part of the dressing ADL (Activity of Daily Living) care if the resident is not</p>	S9999		
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S9999	<p>Continued From page 6 in restorative program.</p> <p>On 07/13/21 at 2:40pm, surveyor inquired when splint should be on resident. V26 stated, "When the resident is up it should be on them already and it should be off when they go back to bed or in the evening whichever comes first. The CNA who got her up should have put the splint on her.</p> <p>On 07/13/21 at 2:42pm, surveyor inquired about the effect of not putting the splint on resident on a timely manner. V26 stated, "More contractures will occur."</p> <p>R2's (07/13/21) Physician Order Sheet documented, in part "May use splint."</p> <p>R2's (05/29/21) care plan documented, in part "(R2) has impaired ROM (Range of Motion) and requires the use of splint on LEFT HAND. Apply to left hand. ON in AM (morning)/ OFF at HS (hour of sleep).</p> <p>The (undated) Policy and Procedure for Facility Restorative Nursing Programming documented, in part "Procedure: 10. Orders for adaptive equipment should be obtained."</p> <p>The (undated) Certified Nursing Assistant Job Description documented, in part "he Certified Nursing Assistant provides each assigned resident with routine daily nursing care and services in accordance with the resident's assessment and care plan, and as may be directed by supervisors. The person holding this position is delegated the administrative authority, responsibility, and accountability for carrying out the assigned duties and responsibilities in accordance with current existing federal and state regulation and established company policies and</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>procedures. C.4. Assist residents with dressing/undressing as necessary. D.5. Assists with application of slings, elastic bandages, binders, etc."</p> <p>The (undated) Restorative Aide Job Description documented, in part "The Restorative Aide is responsible for providing nursing restorative care to ensure residents attain or maintain the highest possible physical, mental, and emotional well-being possible without decline, the decline is documented unavoidable. The Restorative Aide will provide this care as assigned by the DON (Director of Nursing) and in accordance with resident's overall plan of care. The person holding this position is delegated the responsibility of carrying out the assigned duties and responsibility in accordance with current existing federal and state regulations and established company policies and procedures. 4. Assists residents to apply and remove splints or prostheses. Provides good body alignment, positioning device and contracture padding as appropriate."</p> <p>2. Based upon observation, interview and record review, the facility failed to follow physician's order. This failure affected 1 (R3) resident of 37 residents in the sample.</p> <p>Findings include:</p> <p>On 07/12/21 at 10:55am, there was a tetra pack of Ensure Strawberry flavor on top of R3's bedside table.</p> <p>On 07/12/21 at 11:02am, surveyor inquired about the Ensure on top of R3's bed side table. V6 (Registered Nurse) stated, "(R3) is not on Ensure supplement. (R3)'s supposed to have Two Cal</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>HN."</p> <p>On 07/12/21 at 12:21pm, V6 got a tetra pack of Two cal HN from the nurse's station, and checked the calorie content of both ensure and two cal HN per surveyor's request and stated, "Ensure has 250 calories and Two cal HN has 475 calories."</p> <p>On 07/12/21 at 12:23pm, surveyor inquired about the staff who provided R3 the ensure supplement. R3 stated, "The night nurse gave it to me yesterday."</p> <p>On 07/12/21 at 12:24pm, V6 stated, "We just got the Two cal HN supplement this morning."</p> <p>On 07/15/2021 at 1:06pm, surveyor inquired about a tetra pack of Ensure Strawberry Flavor on R3's bedside table. V13 (Night Shift Nurse) stated, "Yes, I gave (R3) that supplement around 9:30pm on July 11, 2021."</p> <p>On 07/12/21 at 1:33pm, surveyor inquired about nurse's expectation in regard to supplement. V3 (Director of Nursing) stated, "To give as what the order said. Two Cal HN cannot be substituted with Ensure. TwoCal HN is not the same make up as the Ensure."</p> <p>R3's (05/13/21) Resident Assessment Instrument documented, in part "Section C: Brief Interview for Mental Status (BIMS) score: 14."</p> <p>R3's (03/26/21) Physician Order Sheet documented, in part "Bolus (Two Cal HN) 237ml every 6 hours total of 948ml/24hour four times a day."</p> <p>The (undated) Physician Orders documented, in part "It is the policy of the facility to follow the</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>orders of the physician."</p> <p>The (undated) Nutrition Product Conversion Chart documented, in part "If this product is ordered, please substitute Resource 2.0 Nutrition Product (with) TwoCal HN.</p> <p>3. Based upon observation, interview and record review, the facility failed to carry out physician's order which affected 1 (R4) resident of 37 residents in the sample.</p> <p>Findings include:</p> <p>On 07/12/21 at 11:00am, R4 was lying on regular mattress.</p> <p>On 07/13/21 at 3:59pm, surveyor inquired about nursing expectation in regard to physician's order of Low Air Loss Mattress.V8 (Wound Care Coordinator) stated, " ...to put the order in the system, and place the resident on a Low Air Loss Mattress."</p> <p>On 07/13/21 at 4:02pm surveyor inquired about the doctor's order. V8 stated, "The doctor deems the resident at risk for skin breakdown. (R4) has a history pressure ulcer that could be the reason why the doctor ordered the Low Air Loss Mattress. It is a preventative measure for skin break down."</p> <p>On 07/13/21 at 4:05pm, surveyor inquired about R4's bed. V8 stated, "(R4) is not using a Low Air Loss Mattress."</p> <p>On 07/14/21 at 10:04am, surveyor inquired about nurse's expectation in regard to physician's order. V3 (Director of Nursing) stated, "I expect the nurse to carry out all orders received from the</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>doctor."</p> <p>R4's (05/13/21) Resident Assessment Instrument documented, in part "Section C: Brief Interview for Mental Status (BIMS) score: 14. Section G. A. Bed Mobility: 3/3 for Extensive assistance/Two+ persons physical assist."</p> <p>R4's Admission Record reviewed; R4's diagnoses include: weakness and obesity.</p> <p>R4's (07/06/21) Weekly Wound Evaluation reviewed; with check mark on VI. Comments: 2. Current Preventative Interventions: a. Pressure Redistribution Mattress.</p> <p>R4's (11/07/20) Physician Order Sheet documented, in part "Low Air Loss Mattress."</p> <p>The (undated) Physician Orders documented, in part "It is the policy of the facility to follow the orders of the physician."</p> <p>The (undated) Pressure Injury Prevention documented, in part "It is the policy of this facility to implement measures to protect the resident's skin integrity and prevent skin breakdown whenever possible. I.A.5. Supports surface including pressure reduction and pressure relieved devices will be used as appropriate; static air or alternating air."</p> <p>The (undated) Licensed Practical Nurse Job Description documented, in part "The person holding this position is delegated the administrative authority, responsibility, and accountability for carrying out the assigned duties and responsibilities in accordance with current existing state regulations and established company policies and procedures to ensure the</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>highest degree of quality of care is maintained at all times. Transcribes physician's order to resident charts as required. Orders prescribed supplies, and equipment necessary and in accordance with established policies."</p> <p>The (undated) Registered Nurse Job Description documented, in part "The person holding this position is delegated the administrative authority, responsibility, and accountability for carrying out the assigned duties and responsibilities in accordance with current existing state regulations and established company policies and procedures to ensure the highest degree of quality of care is maintained at all times. Transcribes physician's order to resident charts as required. Orders prescribed supplies, and equipment necessary and in accordance with established policies."</p> <p>4. Based upon observation, interview and record review, the facility failed to ensure the Low Air Loss Mattress was set at the recommended setting for 1 (R3) resident of 37 residents in the sample.</p> <p>Findings include:</p> <p>On 07/12/21 at 10:55am, R3 was lying on a Low Air Loss Mattress (LALM); the setting of the LALM was at firm.</p> <p>On 07/12/21 at 10:59am, surveyor inquired about the Low Air Loss Mattress setting. V6 (Registered Nurse) stated, "The setting is at FIRM."</p> <p>On 07/12/21 at 11:09am, surveyor inquired about LALM setting. V7 (Wound Care Nurse) stated, "The setting of the Low Air Loss Mattress is</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>based on the resident's weight."</p> <p>On 07/12/21 at 11:10am, surveyor inquired about R3's LALM setting. V7 stated, "The setting is at FIRM."</p> <p>On 07/13/21 at 11:55am, surveyor inquired about R3's Low Air Loss Mattress. V8 (Wound Care Coordinator) stated, "(R3)'s Low Air Loss Mattress's setting is FIRM."</p> <p>On 07/12/21 surveyor inquired about Low Air Loss Mattress setting. V8 stated, "Low Air Loss Mattress setting is based on resident's weight. I have to check (R3)'s weight."</p> <p>On 07/13/21 1:25pm, surveyor showed V8 R3's weight. Surveyor inquired about the ideal setting for R3's Low Air Loss Mattress. V8 stated, "It should be within the 152lbs range."</p> <p>On 07/13/21 at 1:26pm, surveyor inquired about the effect of setting outside of the ideal setting. V8 stated, "The pressure will not be evenly distributed. The purpose of the Low Air Loss Mattress is to alternate the pressure on the bony prominences while in bed, if the setting is above the recommended setting, it put the resident at risk for skin impairment."</p> <p>R3's (07/09/21) weight was 152.2lbs.</p> <p>R3's (02/27/21) Physician Order Sheet documented, in part "Air mattress in use every day shift for wound care."</p> <p>R3's (05/13/21) Resident Assessment Instrument documented, in part "Section C: Brief Interview for Mental Status (BIMS) score: 14.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2021
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NAME OF PROVIDER OR SUPPLIER LAKEVIEW REHAB & NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 735 WEST DIVERSEY CHICAGO, IL 60614
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S9999	<p>Continued From page 13</p> <p>R3's (05/05/21) Resident Assessment Instrument documented, in part "Section G: Balance during transitions and walking. Moving from seated to standing position, Walking and Turning Around. R4 was coded 8 - Activity did not occur."</p> <p>R3's (05/05/21) Care plan documented, in part "(R3) has alteration in skin integrity and is at risk for additional skin issues. Interventions: 4. Pressure reducing/relieving mattress."</p> <p>The (undated) Pressure Injury Prevention documented, in part "It is the policy of this facility to implement measures to protect the resident's skin integrity and prevent skin breakdown whenever possible. I.A.5. Supports surface including pressure reduction and pressure relieved devices will be used as appropriate; static air or alternating air."</p> <p>The (undated) Low Air Loss Mattress documented, in part "5.2.1 General Operation. According to the weight of the patient, adjust the pressure setting to the most suitable level without bottoming out. Warning: the pump unit should always be operating to prevent bedsore occurring."</p> <p>Based upon observation, interview and record review, the facility failed to obtain consent prior to usage of bed rails and failed to obtain physician's order prior to usage of bed rails. These failures affected 3 (R3, R4, and R5) residents of 37 residents in the sample. (B)</p> <p>4 of 4</p> <p>300.1630a)1 300.1630a)2 Section 300.1630 Administration of Medication</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2021
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S9999	<p>Continued From page 14</p> <p>a) All medications shall be administered only by personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Licensed practical nurses shall have successfully completed a course in pharmacology or have at least one year's full-time supervised experience in administering medications in a health care setting if their duties include administering medications to residents.</p> <p>1) Medications shall be administered as soon as possible after doses are prepared at the facility and shall be administered by the same person who prepared the doses for administration, except under single unit dose packaged distribution systems.</p> <p>2) Each dose administered shall be properly recorded in the clinical record by the person who administered the dose. (See Section 300.1810.)</p> <p>These requirements were not met as evidenced by:</p> <p>Based upon observation, interview and record review, the facility failed to administer routine medications in accordance with the established medication administration schedule and within 60 minutes of the scheduled time. This failure affected 10 residents reviewed in the sample of 37 residents.</p> <p>Findings include:</p> <p>On 07/12/21 at 11:23am, V2 (Assistant Director of Nursing) was in 2nd floor nurse's station assisting a nurse and stated, "The Agency nurse was sick and left early. She was not able to pass all</p>	S9999		
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S9999	<p>Continued From page 15</p> <p>medications on her assigned residents."</p> <p>On 07/12/21 at 11:35am, V11 (Licensed Practice Nurse) was preparing medications for a resident. Surveyor inquired residents for medication administration. V11 stated, "The other nurse left, and I have to continue passing the medication. I still have to pass the medications of residents in rooms 206-213."</p> <p>On 07/12/21 at 1:24pm, surveyor inquired about medication administration time. V3 (Director of Nursing) stated, "Medications can be administered one hour before and one hour after the scheduled time."</p> <p>R10's, R20's, R21's, R24's, R25's, R26's, and R27's (07/12/21) Medication Administration Audit report were reviewed; all morning medications were administered more than 60 minutes after the scheduled administration time.</p> <p>R29's, R30's, and R31's (07/12/21) Medication Administration Audit report was reviewed; no entry on Administration Time for morning medications.</p> <p>R10's, R20's, R21's, R24's, R25's, R26's, R27's, R29's, R30's and R31's (07/11/21 to 07/14/21) progress notes were reviewed; no refusal of morning medications for 07/12/21 was noted.</p> <p>The (undated) Facility - Policy and Procedure Medication Administration documented, in part "To ensure that resident medications are administered in a timely manner and documentation is completed to substantiate administration. 2. Medications will be administered within 60minutes before or after the facility's dosing schedule. Medication</p>	S9999		

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S9999	Continued From page 16 administration pass may begin sixty minutes before the scheduled times of administration but may not exceed sixty minutes after the scheduled time of administration. 4. Medication Administration Record will be signed after each medication administered to the resident." (C) Statement of Licensure Findings:	S9999		