

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDEN POPLAR CREEK REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 1545 BARRINGTON ROAD HOFFMAN ESTATES, IL 60169
---	--

(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 Annual Licensure Survey	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610 a) 300.1210 b) 300.1210 d)3) 300.1210 d)5) 300.1220 b)3)</p> <p>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.</p> <p>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.</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDEN POPLAR CREEK REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 1545 BARRINGTON ROAD HOFFMAN ESTATES, IL 60189
---	--

(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	<p>Continued From page 1</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>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</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, 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>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDEN POPLAR CREEK REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 1545 BARRINGTON ROAD HOFFMAN ESTATES, IL 60169
---	--

(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	<p>Continued From page 2 months.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to identify a pressure ulcer prior to a Stage 3 for 2 residents (R82,R55), failed to identify a pressure ulcer prior to a Stage 2 for 2 residents (R136,R126), failed to implement pressure reducing interventions for 1 resident (R55), failed to provide repositioning for 1 resident (R136). These failures resulted in R82 developing an avoidable Stage 3 pressure ulcer. These failures apply to 4 of 8 residents (R82,R55,R136,R126) reviewed for pressure ulcers in the sample of 32.</p> <p>Findings include:</p> <p>1) R82's electronic face sheet, printed on 12/17/21, showed R82 has diagnosis including, but not limited to: dementia without behaviors, dysphagia, severe protein-calorie malnutrition, chronic atrial fibrillation, venous insufficiency, depressive disorders, and peripheral vascular disease.</p> <p>R82's facility assessment, dated 11/8/21, showed R82 has severe cognitive impairment and has no pressure injuries.</p> <p>R82's wound assessment form, dated 11/18/21, showed, Stage 3, 0.7cm x 0.5cm x 0.1cm, 50% slough, and scant bloody exudate."</p> <p>R82's physician orders for November 2021 showed, "Skin check completed every day shift every Tuesday." There were initials on 11/2/21, 11/10/21, 11/17/21, and 11/23/21, indicating the skin check had been completed for R82 on a</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2021
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ALDEN POPLAR CREEK REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 1545 BARRINGTON ROAD HOFFMAN ESTATES, IL 60169
--	--

(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	<p>Continued From page 3</p> <p>weekly basis. There were no progress notes prior to 11/18/21 showing any alteration in R82's skin.</p> <p>R82's care plan, updated 12/15/21, showed, "(R82) is noted actual for skin integrity noted right ischial pressure injury due to needing assist with personal care, incontinent of bowel and bladder and staff provides extensive assist with bed mobility. G-tube site redness, diagnosis of dysphagia, and protein calorie malnutrition. Encourage to take naps after meals to offload site, inspect skin daily with cares, low air loss mattress, weekly wound progress assessment by nurse."</p> <p>R82's physician wound assessments of R82's right ischial wound showed, 11/24/21 Pressure ulcer stage 3. 12/8/21 subcutaneous debridement to right ischial. Tissue debrided was necrotic subcutaneous. R82's wound assessment, dated 12/17/21, showed no improvement in the size of R82's pressure ulcer from the previous week.</p> <p>On 12/16/21 at 9:49 AM, V6 (Wound Care Nurse-Licensed Practical Nurse) provided wound care to R82. V6 removed a foam dressing from R82's right ischial area, exposing R82's wound. V6 stated, "She has a facility acquired Stage 3 pressure ulcer. The first time I assessed it, it was a Stage 3. The wound physician or nurse practitioner visits (R82) every week now for her wound."</p> <p>On 12/17/21 at 9:25 AM, V6 stated, "(R82's) wound was identified at a stage 3. It should have been identified when there was redness or pain. If it would have been identified earlier we could have put preventative measures are in place. Any opening of the skin should definitely be reported to the nurse so we can implement measures to</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDEN POPLAR CREEK REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 1545 BARRINGTON ROAD HOFFMAN ESTATES, IL 60169
---	--

(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	<p>Continued From page 4</p> <p>reduce the risk of the wound worsening. (R82) likes to be up in the chair all day but we try to get her to lay down after meals. This wound definitely should have been identified before a stage 3. There would have been skin alterations that the staff should have seen. It was identified on 11/18/21 as a stage 3. I never had any reports prior to 11/18/21 of any skin alterations for (R82)."</p> <p>On 12/17/21 at 10:36 AM, V20 (Wound Care Advanced Practice Nurse) stated, "(R82) has a Stage 3 pressure ulcer to her right ischial. The first time we saw her on wound rounds was on 11/24/21. It should have been identified prior to a stage 3. If it was identified earlier it would not have progressed this far. It may have just stayed as moisture associated skin breakdown for this particular resident. In my opinion, this wound was avoidable for (R82)."</p> <p>The facility's policy titled, "Prevention And Treatment Of Pressure Injury And Other Skin Alterations" dated 03/02/21 showed, "...Procedure ...8. At least daily, staff should remain alert for potential changes in the skin condition during resident care."</p> <p>2. R55's MDS (Minimum Data Set), dated 10/15/21, showed cognitive impairment; no behaviors; extensive assistance needed for bed mobility, dressing, toilet use, and personal hygiene; total dependence for transfers and bathing; at risk for pressure ulcers.</p> <p>R55's Care Plan, dated 10/21/21, showed R55 has an actual alteration in skin integrity noted with cancer lesion on multiple areas of R55's head presenting as a scab and open wounds, and to the right chest related to squamous cell</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/17/2021
--	--	--	---

NAME OF PROVIDER OR SUPPLIER ALDEN POPLAR CREEK REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 1545 BARRINGTON ROAD HOFFMAN ESTATES, IL 60169
---	--

(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	<p>Continued From page 5</p> <p>carcinoma of skin. R55 needs assist with personal care, incontinent of bowel and bladder and extensive assist with bed mobility related to muscle weakness. Inspect skin daily with care. Position body with pillows/support devices. R55's care plan was not updated with the unstageable pressure ulcer to his right heel.</p> <p>The Skin/Wound Progress note completed by the floor nurse, dated 12/13/21 for R55, showed R55 had a wound to the right heel that was red with serous drainage and measured 2 cm x 4 cm.</p> <p>The WASA (Wound and Skin Assessment Form) completed by the wound nurse, dated 12/14/21 for R55, showed R55 had a new area of pressure to R55's right heel identified on 12/13/21, was unstageable, and measured 2.5 cm x 2.5 cm. Additional comments on the form showed, "Staff to offload heel with pillow."</p> <p>On 12/15/21 at 8:32 AM, R55 was asleep sitting in R55's wheelchair in R55's room. R55 had gripper socks on and R55's heels were resting on the foot rests of R55's wheelchair. On 12/15/21 at 3:48 PM, R55 was sitting in R55's wheelchair with gripper socks on both feet. R55 was using R55's heels to propel R55's wheelchair backwards in R55's room. The foot rests were not in use on R55's wheelchair. On 12/16/21 at 9:50 AM, R55 was sitting in R55's wheelchair in R55's room with gripper socks on both feet. R55's foot rests were not in use on R55's wheelchair and R55's feet were on the floor. R55 used R55's heels to move R55's wheelchair backwards from the doorway of R55's room.</p> <p>On 12/16/21 at 11:15 AM, V6, LPN (Licensed Practical Nurse/Wound Nurse), stated, "(R55) has a facility acquired unstageable pressure injury.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDEN POPLAR CREEK REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 1545 BARRINGTON ROAD HOFFMAN ESTATES, IL 60169
---	--

(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	<p>Continued From page 6</p> <p>We do a dressing change daily and when he is in bed it is elevated with pillows. (R55) has foot rests to his wheelchair to offload his heels when he is up. The pressure ulcer to his heel was first identified on 12/13/21 and it was unstageable when we first found it. It was alerted to me the same day it was found. I educate staff on skin and what to look for and the CNA's (Certified Nursing Assistants) are taught to look for any changes to the skin and report it right away. I tell staff to look for redness, irritation, complaints of pain, and dry areas. They are to tell the nurse and the nurse will tell me. On wound rounds the wound nurse practitioner will stage it."</p> <p>On 12/16/21 at 1:11 PM, V2, DON (Director of Nursing), stated, "Pressure should be identified upon admission, during showers, and during nursing care. They should be looking for any redness, open areas, and moisture related skin condition. They should check any area that the residents states they have pain. We try to identify pressure ulcers at a stage 1. Preventative measures should be utilized such as cushions to wheelchairs, low air loss mattress for pressure ulcers at a stage 3 or 4, or with multiple stage 2 pressure ulcers. Offloading heels if the resident has hard time or needs extensive assistance from staff. If the resident is in a wheelchair we can put a boot on if have a sore on their heel; we can use pillows with the foot rests to offload the heels."</p> <p>On 12/17/21 at 11:45 AM, V36 (Wound Care Nurse Practitioner) stated, "R55 has a new pressure ulcer to his right heel. It wasn't there last week when I saw him and we check all of his skin. I was told he uses his heels to propel his wheelchair. It could have developed quickly depending on how much he was digging his heels in when he propels his chair. R55's heel is</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDEN POPLAR CREEK REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 1545 BARRINGTON ROAD HOFFMAN ESTATES, IL 60169
---	--

(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	<p>Continued From page 7</p> <p>macerated with slough. Once the wound was identified they should have put preventative measures in place right away. If there aren't any measures in place they should call me or the primary doctor for orders. Weekly assessments and measurements should be done. Sometimes they don't always stage a wound until we come in. The wound should be assessed when it is identified."</p> <p>The Wound Care Nurse Practitioner's note, dated 12/17/21 for R55, showed, "Pressure ulcer of the right heel, Stage 3. Plan of care - heels; offload with heel protectors or pillow."</p> <p>The facility's Prevention and Treatment of Pressure Injury and Other Skin Alterations policy (3/2/21) showed, "Identify residents at risk for developing pressure injuries. Identify the presence of pressure injuries and/or skin alterations. Implement preventative measures and appropriate treatment modalities for pressure injuries and/or other skin alterations through individualized resident care plan. At least daily, staff should remain alert for potential changes in the skin condition during resident care. Develop a care plan for either actual or potential alteration in skin integrity and change as needed. Revise care plan approaches as needed based on resident's response and outcomes."</p> <p>The facility's Weekly Assessment of Skin Alteration form policy (3/2021) showed, "Based on the findings of the completed WASA form: Determine appropriate interventions/changes and implement as needed on the care plan."</p> <p>3. R136's electronic face sheet, printed on 12/16/21, showed R136 has diagnoses including, but not limited to: palliative care, dementia with</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDEN POPLAR CREEK REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 1545 BARRINGTON ROAD HOFFMAN ESTATES, IL 60169
---	--

(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	<p>Continued From page 8</p> <p>behavioral disturbance, type 2 diabetes, and hypertension.</p> <p>R136's Minimum Data Set (MDS), dated 12/3/21, showed R136 is cognitively impaired, requires extensive assist for bed mobility, is at risk for developing pressure ulcer/injuries, and was admitted without pressure ulcer/ injuries.</p> <p>R136's Braden Scale for predicting pressure score risk, dated 12/7/2021, shows R136 is a high risk for developing pressure injuries.</p> <p>R136's Weekly Assessment of Skin (WASA), dated 12/7/21, shows R136 to have a stage 2 pressure ulcer to R136's sacrum and staff are to turn and reposition her every 2 hours with pillows. The assessment showed R136 had DTI's to both heels and they should be offloaded.</p> <p>R136's Unavoidable Pressure Injury or Condition, dated 12/8/21, shows heel protectors, offload with pillows, turning and repositioning in bed/wheelchair.</p> <p>R136's undated care plan showed, "Position body with pillows/support devices initiated, heel protector boots to offload heels initiated, turn and reposition every two hours and as needed."</p> <p>R136's wound care note, dated 12/8/21, showed R136 had a sacral wound measuring 3 centimeters (cm) by 3 cm with a depth of 0.1 cm. The note also showed R136 had deep tissue injuries (DTI) to both heels with the right heel being the largest at 5 cm by 6 cm with zero depth. The note showed all three wounds should be offloaded.</p> <p>On 12/16/21 at 1:08 PM, V6, Wound Care Nurse,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDEN POPLAR CREEK REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 1545 BARRINGTON ROAD HOFFMAN ESTATES, IL 60169
---	--

(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	<p>Continued From page 9</p> <p>stated, "The sacral area has an open stage 2. The other area is unstageable and classified as a DTI (Deep Tissue Injury). The stage 2 used to be a blister but now opened up. The area to the right heel has 2 areas black in color with burgundy color edges which is a DTI. This is a DTI to the left heel also."</p> <p>On 12/14/21 at 11:06 AM, R136 was lying in bed flat on R136's back. There was no heel positioning devices to keep R136's heels off the bed. The heel protector boots were sitting on the wall heater next to R136's bed.</p> <p>On 12/16/21, continuous observations were made from 8:30 AM until 12:54 PM. During this time, R136 was sitting up in R136's reclining wheelchair. R136 was not repositioned for a total of 4 hours and 24 minutes.</p> <p>On 12/17/21 at 10:41 AM, V20 (Wound Care Nurse Practitioner, WCNP) stated R136 should be repositioned every 2 hours and sitting for 4-5 hours is "unacceptable." V20 stated, "(R136) was not assessed to sit for longer than 2 hours."</p> <p>On 12/16/21 at 8:18 AM, V33 (Registered Nurse) RN stated "(R136's) heels should have been elevated to prevent injury, and from putting pressure on the heels while in the bed."</p> <p>On 12/17/21 at 10:10 AM, V27 (Assistant Director of Nursing, ADON) stated, "(R136's) pressure interventions are turning and repositioning, and laying her down. It is important to have interventions so that the pressure injury improves and does not get worse." V27 stated, "For (R136's) program, they should position her every two hours when in bed." V27 stated, "(R136) is only in the chair in the morning, they put her in</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDEN POPLAR CREEK REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 1545 BARRINGTON ROAD HOFFMAN ESTATES, IL 60169
---	--

(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	<p>Continued From page 10</p> <p>the chair between 8:00 AM- 9:00 AM and they will put her down after lunch between 12:30 PM -1:00 PM."</p> <p>On 12/17/21 at 9:50 AM, V34 (License Practical Nurse/Hospice Nurse) stated, "Even though she is on hospice the staff should be repositioning her every 1.5 to 2 hours. Any amount of repositioning is good and they should put a pillow under her hip and get her to her side." V34 stated, "She has an air mattress but they still need to reposition her. Her heel boots are important for prevention."</p> <p>The facility's Prevention and Treatment of Pressure Injury and Other Skin Alterations Policy, dated 3/2/21, shows 3. Implement preventative measures and appropriate treatment modalities for pressure injuries.</p> <p>4. R126's face sheet showed diagnoses, including but not limited to: right-sided paralysis following cerebrovascular disease, protein-calorie malnutrition, diabetes mellitus, heart disease, dysphagia, and hypertension.</p> <p>R126's facility assessment, dated 11/30/21, showed severe cognitive impairment and staff assistance required for bed mobility, transfers, locomotion, dressing, eating, toilet use, and personal hygiene. The assessment also showed R126 is frequently incontinent of urine and stool.</p> <p>R126's care plan showed a focus area related to skin integrity. Interventions included: "Inspect skin daily with care."</p> <p>R126's Braden Scale, dated 11/30/21, showed at risk for pressure ulcer development.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDEN POPLAR CREEK REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 1545 BARRINGTON ROAD HOFFMAN ESTATES, IL 60169
---	--

(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	<p>Continued From page 11</p> <p>R126's December 2021 physician order sheet showed orders started 2/21/21 for: "Skin check every day shift Monday and skin check every evening shift Thursday." The order sheet showed an order started 2/22/21 for: "Calmoseptine ointment 0.44-20.6% (menthol-zinc oxide) apply to sacral topically every shift".</p> <p>On 12/16/21 at 9:30 AM, V16 and V18 (CNAs-Certified Nurse Aides) provided incontinence care to R126. The brief was removed and R126 was turned to R126's side. An eraser size open area was observed on R126's sacral area (upper buttock). V16 and V18 said they had also changed R126 earlier that morning, and provided pericare after R126 was found incontinent of urine. The aides stated any open areas to resident skin should be reported right away. The aides stated nursing staff already knew about R126's open areas, so they did not report anything yesterday or today. At 9:45 AM, R126's electronic record was reviewed with V19 (Registered Nurse). V19 stated there was no documentation in R126's electronic record related to open areas on his sacrum or any wound treatments in place. V19 said there are orders for an ointment to be applied to R126's sacrum every shift, therefore, any skin changes should have been noticed easily before today. V19 said, "The open area should be reported to the wound care nurse right away so it can be assessed and monitored. Without treatment, it could get worse."</p> <p>On 12/16/21 at 10:41 AM, R126's sacrum area was examined by V19 and the surveyor. V19 said, "Yes, that is an open area and does appear to be a stage two pressure ulcer. I will report it to the wound care nurse now. It has not been noticed until just today."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDEN POPLAR CREEK REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 1545 BARRINGTON ROAD HOFFMAN ESTATES, IL 60169
---	--

(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	<p>Continued From page 12</p> <p>On 12/16/21 at 1:54 PM, V2 (Director of Nurses) stated skin changes should be reported right away and a progress note done. The treatment nurse should be notified right away. It is important to capture the skin issue with the least amount of staging. There is a greater potential to heal the open area the earlier it is found. Not identifying and reporting the pressure ulcer means there is no way to begin the healing process.</p> <p>On 12/17/21 at 11:20 AM, V20 (Wound Care Nurse Practitioner) stated today is the first time V20 has seen the resident. V20 said there is a stage two pressure ulcer on the sacrum. V20 said, "(R126) is a CVA resident (stroke) and is prone to pressure ulcer development. This could have been avoided with thorough incontinence care and better turning. It is a preventable pressure ulcer."</p> <p>R126's wound assessment, dated 12/17/21, showed a stage two pressure ulcer to the coccyx measuring 0.5.x 0.8 x 0.1 centimeters, 100% open dermis, with light serous exudate.</p> <p>The facility Prevention and Treatment of Pressure Injury and Other Skin Alterations policy dated 3/2/21 states: "8. At least daily, staff should remain alert for potential changes in skin condition during resident care."</p> <p>(B)</p>	S9999		