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: _ IL6013171 08/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5550 SOUTH SHORE DRIVE MONTGOMERY PLACE CHICAGO, IL 60637 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation: 2286371/IL150056 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210a) 300.1210d)5) 300.1220b)3) 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. 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 health, safety or welfare of a resident, including,

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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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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,

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Findings include:

drainage and the likely source of sepsis.

R1's face sheet documents in part admission

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documents in part: "small amount of drainage noted with foul odor" to R1's sacral wound. V19's (Nurse) progress noted dated 07/11/2022 4:39 AM documents in part: " ... dressing changed as

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6013171	B. WING		C 08/24	4/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
			JTH SHORE	•		
MONTGOMERY PLACE CHICAGO, IL 60637						
(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 SHOUL CROSS-REFERENCED TO THE APPROPOLICIENCY)	DBE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 4	S9999			
	. ,					
3		sacral wound, with nonstop Il smelling watering brown				
	drainage noted. End	dorsed to AM nurse to Follow				
	up with MD." Progre	ess note dated 07/11/2022				
	12:19 PM documents in part: R1 sent to the					
		sponsiveness and low oxygen				
		ed R1's progress notes from				
		on 07/07/2022 at 7:17 AM thrules to the hospital. Progress				
		es to the nospital. Progress nent in part that facility notified				
		acral wound status change.				
	On 08/23/2022 at 2:	2:56 PM, V6 stated [V6] was				
	not sure if R1's MD	was notified. Attempted				
16	telephone interview	with V10 on 08/24/2022 at				
		unsuccessful. During a				
		with V11 on 08/24/2022 at				
		d could not recall if R1's MD				
		at 12:59 PM, V19 stated can	1			
		9 wrote in the progress note.	1			
		e nurse notified the MD.				
-			1			
		R1's POS (Physician Order	1			
		ments in part "Apply Meplix o sacrum every night shift	1			
	every 3 day(s) for w	o sacrum every night shift ound dressing." Start date	1			
		M. V20 created the order for				
		document in part any				
	additional treatment	t orders put in place when				
-	R1's sacral wound h	nad a clinical status change.		•		
	Supressor reviewed [R1's June TAR (Treatment				
70		ords). No charting for Mepilex				
	dressing to sacrum					
	06/11/2022. No prog	gress notes that document				
		hanged/applied on said dates.				
	Outros roviewed [Talle commonly one		·		
		R1's comprehensive care hain a care plan for R3's				
	sacral pressure ulce					

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It's just a dressing."

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