

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007793 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 10/12/2022 |
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| NAME OF PROVIDER OR SUPPLIER GENERATIONS AT REGENCY | STREET ADDRESS, CITY, STATE, ZIP CODE 6631 MILWAUKEE AVENUE NILES, IL 60714 |
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| S 000 | Initial Comments Annual Licensure Survey | S 000 | | |
| S9999 | Final Observations Statement of Licensure Violations (1 of 2): 300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)5) 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 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which | 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>allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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>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> | S9999 | | |

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| S9999 | <p>Continued From page 2</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide a resident who is fully dependent on staff and at risk for developing pressure ulcers, with the necessary care and services to prevent the development of multiple pressure ulcers by not providing timely assessment of noted skin alteration. The facility also failed to follow their pressure ulcer treatment and management plan by not taking the resident's individualized needs/risk factors into account to include nutritional support and mobility (including repositioning and range of motion) when developing the resident's plan of care. This failure applied to one (R111) of six residents reviewed for neglect and resulted in R111 developing three facility acquired pressure ulcers; an unstageable wound to the left buttock, a stage IV wound on the left hip, and a stage IV to the sacrum.</p> <p>Findings include:</p> <p>R111 is a 74 year old female who was originally admitted to the facility on 02/18/2016 with multiple diagnoses including: type II diabetes mellitus, dementia, depression, psychosis, hyperlipidemia, hypertension, hemiplegia, urinary incontinence, stage IV pressure ulcer of left hip, unstageable pressure ulcer of right ankle, stage IV pressure ulcer of sacral region, cerebral infarction, contracture of muscle, weakness, anemia, acute kidney failure, need for assistance with personal care, and dysphagia.</p> | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>MDS (Minimum Data Set) Annual Assessment dated 09/21/22 notes that R111 has one facility acquired stage IV pressure ulcer and is totally dependent on staff for care, requiring 2+ staff assist for transfers and bed mobility.</p> <p>Per facility wound assessment since 10/11/22, resident has multiple facility acquired pressure ulcers including an unstageable to left buttock (2.0 cm x 1.5 cm) originally identified 10/11/22, stage IV to left hip (4.7 cm x 2.0 cm) originally identified 10/3/22, and a stage IV to sacrum (4.8 cm x 3.6 cm) originally identified 08/08/22.</p> <p>On 10/11/22 at 1:00 PM, V20 (Wound Care Registered Nurse) was observed performing wound care. V20 said R111's left hip and sacrum pressure ulcer are both facility acquired. V20 stated she was also notified today of a new skin alteration. During treatment, V20 said the new skin alteration is a new facility acquired unstageable pressure ulcer (2.0 cm x 1.5 cm). Says the wound doctor does come once a week, typically on Mondays, to provide treatment.</p> <p>Per Wound Management Detail Report dated 09/22/22 and created by V15 (RN/ADON) states in part but not limited to the following: Left hip skin tear (4.0 cm x 4.0 cm) was originally identified on 09/22/22: Skin Tear Type: Total flap loss: entire wound bed exposed; Comments: Resident noted with new skin alteration to left hip. Per medical record documentation, wound care doctor did not see and assess this skin alteration until 10/3/22 (11 days later). Documentation from wound doctor on 10/03/2022 classified skin alteration as a stage IV pressure ulcer. There was no modification to the resident's plan of care to address this change in skin alteration. Last</p> | S9999 | | |

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| S9999 | <p>Continued From page 4</p> <p>noted care plan interventions related to skin alteration were documented on 8/8/2022.</p> <p>Per Wound Management Detail Report dated 10/03/2022, created by V20 (RN) states (in part): Stage IV left hip pressure ulcer (5.0 cm x 2.0 cm) originally identified on 10/03/2022: Tissue Type: Necrotic Tissue, Wound edges/margins: well defined wound edges, Wound healing status: Declining, Comments: Seen by wound MD, wound reclassified. Wound bed 80% necrotic tissue, 20% skin. Wound noted declining, resident has poor appetite, and resident is bedbound.</p> <p>Review of medical record does not indicate that any additional assessment or care plan interventions were put in place to specifically address declining wound, resident's nutritional status, and lack of mobility.</p> <p>R111's current care plan with problem start date of 08/11/2016 includes: Problem: R111 is at risk to develop further pressure ulcers and/or skin breakdown due to diabetes mellitus, sepsis, dysphagia, hypertension, muscle weakness, difficulty walking, repeated falls, syncope and collapse, anxiety, incontinence, decreased mobility, and decreased body activity. Also requires total assistance to do activities of daily living.</p> <p>Goal: R111's wound sites will show signs of improvement through the next review date.</p> <p>Interventions include: Approach: Daily Skin Checks During this survey, no documentation provided to show that resident was getting daily skin checks as ordered.</p> | S9999 | | |

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| S9999 | <p>Continued From page 5</p> <p>On 10/12/22 at 2:00 PM, V15 (RN/ADON) was interviewed regarding resident's active pressure ulcers. V15 said, the sacrum, left hip, and left buttock pressure ulcers are all facility acquired...originally identified the left hip wound as a skin tear due to it being superficial. R111 did have an order for weekly skin checks. It is noted that from 09/26/22 to 10/03/22 the wound deteriorated from a skin tear to a stage IV pressure ulcer. When asked V15, if in her experience, she has seen a wound deteriorate from a skin tear to a stage IV pressure ulcer in less than a week and she did not provide an answer. V15 said, it was noted that (R111) started declining in May of 2021.</p> <p>During this survey, no documentation of modification to resident's plan of care to show that resident was declining or that interventions were put in place to address R111's decline.</p> <p>Facility policy titled 'Pressure Ulcer Prevention Protocol' dated 05/18 states in part but not limited to the following: Objective: Residents will be assessed to determine the risk factors for pressure ulcer development. Procedure: 4. Interventions necessary to maintain skin integrity or to promote healing will be incorporated into the plan of care based on each resident's individual needs and risks.</p> <p>Facility policy titled 'Pressure Ulcer Treatment and Management' dated 05/17 states in part but not limited to the following: Objective: Residents who receive treatment for pressure ulcers. Guidelines: 8. Residents with pressure ulcers will be determined to be at high risk for pressure</p> | S9999 | | |

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| S9999 | <p>Continued From page 6</p> <p>ulcer prevention and all components of the At Risk protocol will include: pressure relieving devices, nutritional support, and assistance with mobility including repositioning and ROM as outlined in the At Risk Protocol.</p> <p>(B)</p> <p>Statement of Licensure Findings (2 of 2):</p> <p>300.610a) 300.1210a) 300.1210b) 300.1210d)1)2)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to</p> | S9999 | | |

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| S9999 | <p>Continued From page 7</p> <p>meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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.</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>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to perform an initial pain</p> | S9999 | | |

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| S9999 | <p>Continued From page 8</p> <p>screening and comprehensive pain assessment upon readmission for a resident (R57) who is at risk for pain; failed to ensure an ongoing pain management program was implemented for a resident (R57) who required treatment and care that was not reflected in resident's individualized comprehensive care plan; failed to follow their facility policy and procedure for pain management. This failure has caused R57's pain level to remain consistently high without successful interventions by the facility.</p> <p>Findings include:</p> <p>On 10/09/2022 at 10:53 AM, surveyor heard yelling out while making observations on the third floor. At 10:55 AM, entered R57's room and observed resident lying in bed, sling loosely in place to left upper arm, and visibly experiencing pain. While weeping and holding her left upper arm, R57 said that she broke her arm and "it hurts so much." R57 said, taking pain medicine but it is not enough. R57 said she last had pain medicine "this morning and has asked for more," then said, "the nurse, he knows." R57 then informed surveyor that she wants an increase in her pain medicine. When asked to rate her current pain level on a numerical scale of 0-10, R57 rated her current pain level at "20" then said it "makes her feel bad and wants to die when having so much pain."</p> <p>On 10/09/2022 at 12:25 PM, reviewed R57's electronic medical record with the following noted: Past medical history not limited to Nondisplaced Fracture of Upper End of Left Humerus, Hypertensive Heart and Kidney Disease with Heart Failure and Stage 1-4 Chronic Kidney Disease, Unspecified Abnormalities of Gait and Mobility, and Pain in Left Shoulder.</p> | S9999 | | |
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| S9999 | <p>Continued From page 9</p> <p>Active physician orders showed physical and occupational therapy ordered 5 times a week for 8 weeks, left arm sling related to nondisplaced fracture of upper end of left humerus daily, pain assessment every shift, lidocaine 4% apply 1 patch transdermal to left shoulder daily, zanaflex (tizanidine) 2 mg take 1 capsule at bedtime as needed for muscle spasm or muscle pain; acetaminophen 325mg 2 tablets as needed every 6 hours for mild (1-3) to moderate (3-6) pain, and hydrocodone-acetaminophen 5-325mg 1 tablet as needed every 6 hours for severe pain (7-10).</p> <p>Readmission pain screening and comprehensive pain assessment dated 10/04/2022 documents that R57 is "unable to move 1 or more extremities," pain screening section 1 documents that in the last 5 days, R57 had "vocal complaints of pain, had received scheduled and as needed pain medication." Pain assessment section indicates to "complete for residents identified as experiencing pain in section 1". Section 2 and remainder of pain assessment which included diagnosis, frequency of pain, effect on sleep and activities, pain site, verbal descriptor pain scale, accompanying symptoms, character/duration/onset of pain, interventions and outcome was not completed for R57.</p> <p>On 10/10/2022, reviewed R57's electronic medical record with the following noted: Nurse Practitioner note dated 10/09/2022 12:48PM showed, "Patient seen and examined at bedside. Care discussed with staff RN. Reason for the visit: LT shoulder/arm pain. HPI: Patient is a 65-year-old female seen today for complaints of LT shoulder/arm. c/o pain in LT shoulder/arm. resting in bed, appears agitated. on Norco 5/325 for pain control. Patient c/o severe pain despite</p> | S9999 | | |

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| S9999 | <p>Continued From page 10</p> <p>Norco therapy. give one-time Norco 5/325 for breakthrough pain. increase Norco to 10/325 Q6hPRN."</p> <p>Nurse's note dated 10/09/2022 12:51 PM showed, "late entry: resident continuous screamed for her PRN Norco 5-325 mg to be increased after ad med, stating "it has not been strong enough to subside her pain." NP made aware and gave N.O to give resident another 1 tab of the Norco 5-325 mg and increased the strength of the Norco from 5-325 mg to 10-325 mg."</p> <p>Nurse's note dated 10/10/2022 07:23 AM reads, "Patient was awake on and off, Received Norco from pharmacy at 0300 and a dose was given immediately."</p> <p>Nurse's note dated 10/10/2022 12:36 PM reads, "Norco given for pain PRN as requested."</p> <p>R57's active physician's orders include order for "hydrocodone-acetaminophen 10-325 mg 1 tablet Every 6 Hours PRN as needed for severe pain (7-10)" with start date of 10/09/2022.</p> <p>R57's Care plan includes, (last reviewed 09/12/2022) "at risk for alteration in psychosocial wellbeing; problem start date of 06/11/2021." Care plan also showed, "R57 has alteration in Rest and Comfort r/t pain secondary to Polyneuropathy, Cellulitis of unspecified finger and diabetic amyotrophy, left humerus fracture. Edited: 10/10/2022".</p> <p>On 10/11/2022 at 1:26 PM, surveyor observed R57 lying in bed resting. She rated her current pain level on numerical scale of 0-10 at "3" then added "when I move the pain is "10."</p> | S9999 | | |

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| S9999 | <p>Continued From page 11</p> <p>On 10/12/2022, reviewed R57's electronic medical record with the following noted:</p> <p>Medication Administration History from 10/01/2022-10/11/2022 showed R57 received acetaminophen 650mg on 10/8 at 10:17am for pain to left shoulder rated at "6" and at 4:48pm for pain rated at "8."</p> <p>On 10/10/22, R57 received acetaminophen 650mg at 12:09am for pain rated "6."</p> <p>On 10/10/22, R57 received hydrocodone-acetaminophen 10-325mg at 3:27am for pain rated at "8" and at 12:22pm for pain rated at "5."</p> <p>On 10/11/22, R57 received hydrocodone-acetaminophen 10-325mg at 1:52am for pain rated at "7" and at 8:27am for pain rated at "7." It was noted that R57 did not receive her lidocaine pain patch to her left shoulder on 10/5, 10/7, 10/10, and 10/11 because patch was "unavailable."</p> <p>Medication Administration History from 10/04/2022-10/09/2022 showed the following: 10/7/22 at 5:52AM, R57 received hydrocodone-acetaminophen 5-325mg for pain to left shoulder rated at "9". 10/07/22, R57 received hydrocodone-acetaminophen 5-325mg for pain rated at "7" at 12:00pm and again at 8:05pm for pain rated an "8". 10/08/22 at 5:58AM, R57 received hydrocodone-acetaminophen 5-325mg for pain rated at "7" - at 12:17pm for pain rated at "6" - and again at 10:50pm for pain rated at "8".</p> | S9999 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007793 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/12/2022 |
|--|---|---|--|

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| NAME OF PROVIDER OR SUPPLIER GENERATIONS AT REGENCY | STREET ADDRESS, CITY, STATE, ZIP CODE 6631 MILWAUKEE AVENUE NILES, IL 60714 |
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| (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>R57's pain assessment on 10/4/22 documents that R57 rated her pain level at "8" on 2 of 3 shifts.</p> <p>10/6 she rated her pain level at "7" during PM shift. On 10/7 she rated her pain level at "6" during PM shift. On 10/8, R57 rated her pain level at "6" on day shift and "8" on PM shift. On 10/10, she rated her pain level at "5" on day shift and "8" on PM shift. On 10/11, R57 rated her pain level at "7" on day shift. Nurse's note dated "10/11/2022 06:17 AM" showed "pain med @ 0153 given slightly relieved".</p> <p>On 10/12/2022 at 1:15pm, interviewed V3 (Director of Nursing) who said residents are assessed for pain upon admission then quarterly if identified. She then said when admitted with a diagnosis of a fracture and/or pain, the resident should have an initial pain screening and comprehensive pain assessment completed and a pain management care plan in place upon admission. V3 added that the nurse who completed R57's readmission assessment had missed multiple sections within the pain screening and assessment portion.</p> <p>Reviewed facility's "Pain Management" policy last reviewed/revised 05/17 that showed the following:</p> <p>Objective: It is the policy of this facility to screen all residents for pain; identify those who are experiencing pain; and assess and develop an effective individualized pain management care plan.</p> <p>Procedure: 1. All residents will be screened for the presence of pain symptoms. The facility nursing staff will complete the pain screening form upon admission, with quarterly assessments, readmission from hospital stay. 3.</p> | S9999 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007793 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/12/2022 | |
|---|--|---|---|--------------------|
| NAME OF PROVIDER OR SUPPLIER GENERATIONS AT REGENCY | | STREET ADDRESS, CITY, STATE, ZIP CODE 6631 MILWAUKEE AVENUE NILES, IL 60714 | | |
| (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 | Continued From page 13 The resident without cognitive impairment will be assessed utilizing the numeric rating scale and verbal descriptor scale. 4. The physician will be informed of resident's initial complaint of pain and review the resident's pain management plan during routine visits. 5. An individualized pain management care plan will be developed for each resident who experiences pain. (B) | S9999 | | |