

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 02/10/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
--	---

(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	S 000		
	Complaint Investigation			
	2290603/IL142766			
S9999	Final Observations	S9999		
	Statement of Licensure Violations:			
	300.610a)			
	300.1010h)			
	300.1210b)			
	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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.			
	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, 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			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health 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: IL6001697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/10/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
--	---

(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>facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</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.</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> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to identify, assess, accurately document the</p>	S9999		
-------	--	-------	--	--

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 02/10/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
--	---

(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</p> <p>existence of a sacral wound, notify physician, and implement necessary treatment orders in preventing the development and or worsening of sacral wound for one (R4) of three residents reviewed for pressure ulcers. This deficiency resulted in R4 developing a facility acquired Stage 3 pressure ulcer on the sacrum.</p> <p>Findings include:</p> <p>R4 is a 93 year old resident admitted in the facility on 11/29/21 with diagnoses of dementia in other diseases classified elsewhere with behavioral disturbance. R4 was discharged from the facility on 01/17/22.</p> <p>According to R4's Admission Skin Integrity Review dated 11/29/21, R4's skin was intact upon assessment.</p> <p>Bath and Skin report dated 12/01/21 indicated that a skin abnormality was observed on R4's sacrum.</p> <p>R4's Treatment Nurse Initial Skin Alteration Review dated 12/02/21 documented: Stage 3 pressure injury to coccyx, measuring 2 centimeters (cms) in length by 2 cms in width. This wound was noted as date of onset 11/29/21.</p> <p>Physician Wound Notes dated 12/03/21 documented: Exam - Sacrum; Stage 3 pressure injury to sacrum. Measures 2cm (centimeters) x 1 cm x 0.1 cm. Wound is 100% granulation tissue. Scant serous exudate. Plan - Recommend hydrocolloid applied every three days and PRN (when necessary). Due to patient's (R4) comorbidities she is at high risk for developing new and worsening wounds.</p>	S9999		

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 02/10/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
--	---

(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>On 02/08/22 at 11:47 AM, V13 (Wound Care Nurse) was interviewed regarding R4's sacral wound. V13 stated, "Upon admission on 11/29/21, her skin assessment documented skin intact. I did her skin assessment on 12/01/21, but I documented the assessment on 12/02/21 with her having stage 3 pressure ulcer on the sacral/coccygeal area. R4 was actually admitted with Stage 3 pressure ulcer on the sacral area. I cannot recall what happened exactly, but I don't know what happened. According to the measurements, the size was small measuring 2cm (centimeters) x 2cm. On 12/03/21, it was measuring 2cm x 1cm x 0.1cm. R4 was seen by V14 (Wound Physician) on 12/03/21 and V14 ordered a hydrocolloid pad treatment. On 11/29/21, there was no order for any wound treatment. The wound treatment wound order was given on 12/03/21." V13 also verbalized, "Her (R4) hospital records prior to admission showed that she has sacral coccyx wound, here is the proof." V13 provided documentation written as: "Hospital Records 11/03/21 - Wound orders 11/05/21: Wound care daily; cleanse sacral coccyx with wound cleanser; pat dry; cover with DuoDerm every three days." The hospital records did not specify exactly the stage of R4's wound on the sacral/coccyx area. The wound orders were dated 11/05/21. There was no other documentation provided by the facility regarding R4's wound assessment and orders during hospital discharge.</p> <p>R4's Physician Order Sheets (POS) dated 11/29/21 documented: 12/03/21 - Hydrocolloid pad every day shift every Monday, Wednesday, Friday for wound; clean with normal saline solution, apply hydrocolloid. There were no other treatment orders prior to 12/03/21.</p>	S9999		
-------	--	-------	--	--

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 02/10/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
--	---

(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>On 02/08/22 at 3:23PM V16 (Registered Nurse/RN) was asked about his assessment on R4 upon admission. V16 replied, "I don't remember her exactly, maybe I did the skin assessment. If a resident is admitted, I do the skin assessment. If the skin assessment is documented as skin intact, the skin has no lesion and there are no pressure ulcers."</p> <p>On 02/09/22 at 1:46 PM, V27 (Assistant Director of Nursing) was asked about R4. V27 stated, "R4 was admitted with a wound on the sacral area; I don't know what stage. Admitting nurses will do the assessment and document and notify the treatment nurse for any skin issues. After that, wound care nurse takes care of the wound by calling the wound doctor for orders. Upon admission, wound orders from the hospital will be carried out. If there is no wound order upon admission, the primary doctor will be notified, and he will order something and also a referral to wound doctor. In case of R4, I don't see any wound orders when she was admitted. I don't know exactly what happened that time with the wound orders."</p> <p>On 02/08/22 at 4:30 PM, V14 (Wound Physician) and V15 (Nurse Practitioner) were interviewed regarding R4. Both V14 and V15 stated that they cannot recall if they were notified of any skin issues on R4 when she was admitted. V14 stated, "Generally, if there is a new wound, yes we would hear from the wound care nurse. I don't know from the top of my head if this is something present on admission or not. Typically, the way it works is if nurses identify a site, they would have the wound care nurse come in and evaluate the patient and we would typically hear from the wound care nurse and we will give orders. Generally, our expectation is if there is a new</p>	S9999		
-------	---	-------	--	--

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 02/10/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
--	---

(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>wound, we should hear about it so decision could be made as far as treatment."</p> <p>On 02/09/22 at 10:15 AM V2 (Director of Nursing) was asked about expectations of staff in preventing the development and worsening of pressure ulcers among residents. V2 replied, "Keeping patients dry; turning and repositioning every two hours or when needed for comfort; use of devices like pillows, boots for support and offloading; encouraging high protein diet and fluid intake. In terms of assessment, staff need to do skin checks once a day at least; the nurses have to do skin checks per shift. CNAs (Certified Nurse Assistants) should report anything unusual like pinkness, bruise or skin discoloration to the nurse and the nurse should assess and evaluate and contact physicians for orders. We also do skin assessment upon admission and notify wound care nurse for any skin issues."</p> <p>R4's care plan regarding increased risk for alteration in skin integrity related to CKD (Chronic Kidney Disease), date initiated 11/30/21, documented: Intervention initiated 11/30/21 - skin will be checked during routine care on a daily basis and during the weekly bath or shower schedule per resident preference.</p> <p>R4's care plan regarding alteration in skin integrity and at risk for additional and/or worsening of skin integrity issues, Pressure injury sacrum, date initiated 12/06/21, was reviewed. Interventions initiated 12/06/21 documented: pressure reducing/relieving mattress and wheelchair cushion as needed.; Precautions for preventions of pressure ulcers will be completed: Good pericare and drying of the skin; Apply protective barrier cream; Reposition resident frequently when in bed/chair/geri chair (reclining</p>	S9999		
-------	--	-------	--	--

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 02/10/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
--	---

(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>chair) and or wheelchair; Offload heels PRN (when needed); CNA shower/skin observations to be reported to nurse for any unusual findings/changes in the resident's skin integrity.</p> <p>Facility "Pressure Ulcers: Prevention" policy dated 7/96 documented in part but not limited to the following: Policy: Residents who are at risk for developing pressure ulcers will be protected from skin breakdown. Skin Care and Early Treatment Guideline: Inspect skin at least once a day.</p> <p>Facility "Incontinence" policy, undated, documented in part but not limited to the following: Policy: 6. Skin checks are to be done during incontinent care and if any areas of redness or possible breakdown is observed the nurse/treatment nurse is to be notified ASAP (as soon as possible).</p> <p>(B)</p>	S9999		
-------	--	-------	--	--