FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6005235 B. WING 03/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14716 S EASTERN AVENUE **LAKEWOOD NRSG & REHAB CENTER** PLAINFIELD, IL 60544 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Annual Licensure Survey S9999 Final Observations S9999 Statement of Licensure Violations: 300.1210b) 300.1210c) 300.1210d)2)5) 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 2) All treatments and procedures shall be administered as ordered by the physician.

Ilinois Department of Public Health

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

5) A regular program to prevent and treat

pressure sores, heat rashes or other skin.

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

PRINTED: 05/10/2022 FORM APPROVED

Illinois Department of Public Health FORMAPPROVE						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
		I I I I I I I I I I I I I I I I I I I	A. BUILDIN	G:	СОМ	PLETED
	·	IL6005235	B. WING _		026	10/2000
NAME OF PROVIDER OR SUPPLIER STREET AD		DDRESS, CITY, STATE, ZIP CODE		03/10/2022		
LAKEWOOD NRSG & REHAB CENTER 14716 S EASTERN AVENUE						
PLAINFIELD, IL 60544						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL I CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLETE	
S9999	Continued From pa	ge 1	S9999		Œ.	
	seven-day-a-week to enters the facility windevelop pressure so clinical condition der sores were unavoidal pressure sores shall services to promote and prevent new pressure	practiced on a 24-hour, passis so that a resident who thout pressure sores does not pressure unless the individual's monstrates that the pressure able. A resident having I receive treatment and healing, prevent infection, essure sores from developing.			201	
	These requirements by:	were not met as evidenced		(#) (#)		
	review the facility fail treatment plan and fail injury treatment as o stage 4 pressure injuapplies to 1 of 5 resingerssure injury in the resulted in R47 not retreatment for 43 days	on, interview and record led to transcribe a dressing ailed to administer a pressure refered for a resident with lary to promote healing. This dents (R47) reviewed for a sample of 21. This failure eceiving the ordered sthat resulted in the delayed int's right ischium pressure				
-	The findings include:	Ì				
	orimary diagnosis of nip, unstageable-righ disease and dementi- disturbance, based of R47's annual MDS (nr 1/14/22 shows that th	n the face sheet. ninimum data set) dated be resident is severely		*		
i	mpaired with cognitio	on and would require istance from the staff with	ie.	ë		

linois Department of Public Health

Illinois Department of Public Health **FORM APPROVED** STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER A. BUILDING: _ COMPLETED IL6005235 B. WING 03/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14716 S EASTERN AVENUE **LAKEWOOD NRSG & REHAB CENTER** PLAINFIELD, IL 60544 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 2 S9999 R47's active physician order report shows an order dated 1/24/22 to, "Cleanse right ischium with NS (normal saline), pat dry, apply Santyl, apply gauze sponge sterile, apply foam dressing daily and PRN (as needed) until healed. Once a day." On 3/8/22 at 9:04 AM, R47 was in bed, sleeping with oxygen via nasal cannula at 2 liters/minute. With the assistance of V15 (CNA/Certified Nursing Assistant), V6 (Treatment Nurse) removed the dressing from R47's right ischium. R47 had a stage 4 pressure injury on his right ischium with drainage. V6 stated that the wound doctor had seen R47 on 3/7/22 and had debrided the wound. According to V6, the wound doctor comes to the facility and sees R47 every Monday. V6 cleansed R47's right ischium pressure injury with gauze and normal saline, dried the wound area with a dry gauze, packed the wound with a non-sterile gauze wet with normal saline. V6 then applied Santyl ointment directly on the foam dressing then covered the wound with the said foam dressing. Based on this observation the Santyl ointment was not directly applied to R47's pressure injury and the gauze used to pack the wound was not sterile as ordered. V6 was asked why the Santyl ointment was not directly applied to R47's right ischium wound bed. V6 had no answer but stated that she will clarify the order with the wound doctor. R47's wound evaluation and management summary dated 1/24/22 created by V5 (Wound Doctor) shows that the resident has a stage 4 pressure injury to the right ischium, measuring 9.5 cm x 6.2 cm x 5.0 cm (length x width x depth), no undermining documented, with heavy serosanguineous exudate, with 40% thick

adherent devitalized necrotic tissue, 20% slough,

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: A. BUILDING: ____ COMPLETED IL6005235 B. WING 03/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14716 S EASTERN AVENUE **LAKEWOOD NRSG & REHAB CENTER** PLAINFIELD, IL 60544 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 20% granulation tissue and 20% other viable tissue (fascia, bone). The wound doctor performed surgical excisional debridement of the necrotic tissue on the right ischium. Further review of the same wound management summary shows the dressing treatment plan of "Alginate calcium apply once daily for 30 days; Santyl apply once daily for 30 days: Gauze sponge sterile apply once daily for 30 days" and "Secondary dressings, foam with border apply once daily for 30 days." R47's succeeding wound evaluation & management summaries created by V5 dated: 1/31/22, 2/7/22, 2/14/22, 2/21/22 and 2/28/22, shows that the wound doctor performed surgical excisional debridement of the necrotic tissue on the right ischium. All these wound evaluation & management summaries shows that V5's dressing treatment plan for R47's right ischium was to apply alginate calcium, Santyl, sterile gauze sponge and cover with foam dressing. R47's wound evaluation & management summary dated 2/28/22 shows, "Wound progress: Deteriorated." R47's wound evaluation and management summary dated 3/7/22 created by V5 shows that the resident has a stage 4 pressure injury to the right ischium, measuring 8.5 cm x 6.2 cm x 4.3 cm (length x width x depth) with undermining of 4.0 cm at 12 o'clock and with heavy serosanguineous exudate. The undermining was first documented on this evaluation summary. There was 15% thick adherent devitalized necrotic tissue, 20% slough, 55% granulation tissue and 10% other viable tissue (fascia, bone). The wound doctor performed surgical excisional

debridement of the right ischium pressure injury.

FORM APPROVED Illimois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6005235 B. WING 03/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14716 S EASTERN AVENUE **LAKEWOOD NRSG & REHAB CENTER** PLAINFIELD, IL 60544 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PŖÉFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPRO PRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 Further review of the same wound management summary shows the dressing treatment plan for R47's right ischium is to apply Alginate calcium, Santyl, gauze sponge sterile and foam border dressing daily. R47's treatment flowsheets from 1/24/22 through 3/8/22 (43 days) shows documentation that the facility was cleansing the resident's right ischium with normal saline, pat dry, applying Santyl and sterile gauze sponge then covering with foam dressing. These treatment flowsheets did not document that Alginate calcium was also being applied on R47's right ischium per V5's treatment plan. Review of R47's physician order dated 3/8/22 (2:43 PM) shows that the treatment to the right ischium was changed. The order indicated. "Cleanse right ischium with NS (normal saline), pat dry. Apply Santyl. Apply Alginate calcium. Apply gauze sponge sterile. Apply foam dressing daily and PRN (as needed) until healed." R47's active care plan initiated on 10/12/21 shows that the resident has pressure injury to the right ischium. This care plan has multiple approaches which included, "Treatment (application of ointment/medication and/or dressings) to site per physician order." On 3/8/22 at 3:27 PM, V5 (Wound Doctor) stated that for R47's wound treatment on the right ischium, the Santyl ointment should be in contact with the wound bed because it is the medication to remove the dead tissue from the wound so it can start to heal, then the alginate calcium to fill the wound cavity and help absorb the wound exudate since the resident's pressure injury has

Illinois Department of Public Health

heavy serosanguineous drainage, then the sterile

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: A. BUILDING: _ COMPLETED IL6005235 B. WING 03/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14716 S EASTERN AVENUE **LAKEWOOD NRSG & REHAB CENTER** PLAINFIELD, IL 60544 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 gauze to pack the wound and then cover with a foam dressing for protection. V5 stated that the sterile gauze is to be used to pack the wound to ensure that it is clean, instead of the non-sterile gauze. V5 was informed that since 1/24/22, the facility has been applying Santyl ointment to the right ischium without the alginate calcium and that it was observed that morning (3/8/22) during treatment with the nurse, that the wound was packed with a regular gauze wet with normal saline and the Santyl ointment was applied directly on the foam dressing and not on the wound bed, and that the foam dressing (with Santyl ointment) was placed on top of the wet gauze. According to V5, the treatment procedure that was observed by the State agency was wrong because the Santyl ointment should be in contact with the wound bed, then the gauze should be sterile and not wet. V5 added that he was not aware that the facility has not been following his treatment/dressing plan since he documented it sometime January 2022. V5 stated that because the treatment order on R47's right ischium was not followed since sometime January 2022, there was a slow healing process on the resident's pressure injury. V5 added. "What is the purpose of giving the treatment order, if it will not be followed. Not good." On 3/9/22 at 10:02 AM, V2 (Director of Nursing) stated that based on her review of R47's wound doctor notes, the resident's treatment order for the right ischium should have been changed on 1/24/22 to include the Alginate calcium, Santyl ointment and sterile gauze and not just the Santyl ointment and sterile gauze. According to V2, the Alginate calcium, Santyl ointment and sterile gauze order should have been the treatment for R47's right ischium from 1/24/22 up to the

Illinois Department of Public Health

current. V2 added, the wound doctor treatment

PRINTED: 05/10/2022 **FORM APPROVED**

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED IL6005235 B. WING 03/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14716 S EASTERN AVENUE **LAKEWOOD NRSG & REHAB CENTER** PLAINFIELD, IL 60544 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG TAG DEFICIENCY) S9999 Continued From page 6 S9999 plan should have been followed, until the wound doctor changed the order/treatment plan. linois Department of Public Health

TATE FORM