PRINTED: 07/29/2022 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: C IL6007355 B. WING 05/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3900 SOUTH OAK PARK AVENUE AHVACARE OF STICKNEY STICKNEY, IL 60402 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation: 2293252/IL00146235 S9999 Final Observations S9999 Statement of Licensure Violations: 300.1010h) 300.1210a) 300.1210b) 300.1210d)3) 300.1220b)3) 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 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. 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 Affachment A includes measurable objectives and timetables to Statement of Licensure Violations meet the resident's medical, nursing, and mental

linois Department of Public Health

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

TITLE

(X6) DATE

<u> </u>	Department of Public	<u>Health</u>	38		1 01111	WELLINO A ED	
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G:		(X3) DATE SURVEY COMPLETED	
	*1	IL6007355	B. WING			C 26/2022	
NAME	F PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
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***	resident's compreheallow the resident to practicable level of provide for discharg restrictive setting baneeds. The assession the active participat resident's guardian	eeds that are identified in the ensive assessment, which a attain or maintain the highest independent functioning, and ge planning to the least ased on the resident's carement shall be developed with ion of the resident and the or representative, as 3-202.2a of the Act)	. Я				
	and services to atta practicable physical well-being of the res each resident's com plan. Adequate and care and personal c	provide the necessary care in or maintain the highest , mental, and psychological sident, in accordance with prehensive resident care properly supervised nursing are shall be provided to each total nursing and personal sident.					
)	d) Pursuant to subsecare shall include, a and shall be practice seven-day-a-week b					्र	
	resident's condition, emotional chang and determining car further medical evalu	dervations of changes in a including mental and ges, as a means for analyzing the required and the need for the pattern and treatment shall be fit and recorded in the ecord.		% 5		20 T	
	Section 300.1220 Su Services						
	b) The DON shall su nursing services of the	pervise and oversee the ne facility, including:					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
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	Developing an up each resident based	p-to-date resident care plan for					
	comprehensive ass	essment, individual needs					
	and goals to be acc	complished, physician's orders.			•		
	and personal care a	and nursing needs. Personnel,					
	activities, dietary, ar	services such as nursing, nd such other modalities as					
8.1	are ordered by the p	physician, shall be involved in					
	the preparation of the	ne resident care plan. The					
	plan snall be in Writil	ng and shall be reviewed and with the care needed as					
	indicated by the resi	ident's condition. The plan				h	
	shall be reviewed at	least every three months.					
	These requirements by:	were not met as evidenced				ic F	
	reviewed, the facility physician of an acute noted swelling, redne bilateral lower extren	e change in condition of ess, and discharge of mities. This failure resulted in rders for one of three wed for assessment.					
	Findings include:					10)	
	wheelchair with shee wearing long, stained redness in legs could R2 stated, "My legs a	AM, R2 observed sitting in set across her head. R2 was d, yellow socks. Swelling and d be seen above the socks. are bad, and they don't do ney don't wrap them. They					
1							
	R2's socks. Both of R red with yellowish/bro patches of scaly flaki	64 AM V5 (LPN) removed R2's legs were swollen and ownish large, layered ng skin. Some areas were					
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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 C B. WING IL6007355 05/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3900 SOUTH OAK PARK AVENUE AHVACARE OF STICKNEY STICKNEY, IL 60402 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL 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 weeping with small amount of reddish/brownish exudate. Right leg noted to be more swollen than left leg. R2 stated, "I've been telling them I don't feel good. I need to go to the hospital". R2 stated, "If I complain they say they will send me to Psych." On 5/24/2022 at 1:00 PM Resident still has on the yellow socks and no ace wrap. On 5/24/22 at 1:13 PM V10 (CNA) stated. "When showers are given, we document on the shower sheet any issues. Then we give it to the nurse". V10 stated, R2's "legs look bad." V10 stated when she saw R2 over a week ago her legs were wrapped. V10 stated, "I didn't know it looked like that." V10 stated, "I saw her skin like that about a week ago. I don't know why her legs are not wrapped anymore. Her legs have not been wrapped for about a week". Surveyor asked V10 to describe what R2's legs look like. V10 stated. R2's legs are "scaly, reddish, and yellowish." On 5/24/22. 1:40 PM V5 (LPN) stated ADON told her treatment for R2 legs is betadine and open to air. V5 stated she does not know if there is another treatment. V5 stated, "nothing pops up on my screen to do. I'm only aware of betadine". At 1:45 PM surveyor showed V5 the physician order dated 10/26/21 that documents: Ace wrap to bilateral lower extremity throughout the day, off at bedtime. V5, then stated "I'll go wrap it now." On 5/24/2022 1:54 PM V6 (PCP) stated, R2 diagnoses include Osteoarthritis, recurrent lymphedema, and peripheral neuropathy. V6 stated she saw R2 a couple weeks ago. V6 stated R2's legs were a little edematous, clean dry and not weeping. V6 stated R2's legs were

Illinois Department of Public Health

not red when she saw R2 a couple weeks ago.

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION		E SURVEY IPLETED
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IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	· ·	
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	V6 stated R2 can g stated, no one from today regarding R2 swollen and red she her. V6 stated she orders. V6 stated, tf R2's legs to be wrap on 5/24/2022 2:16 describe R2 legs loshe took R2's socks "they looked like she legs are swollen, rev V5 stated "she [R2] but that is what it locare of R2 on Tuescalso. V5 stated, "He same as they do no if anyone has called stated, "Don't remer legs. Last week she her having them wra R2 refused ace wrap it. V6 stated, "I'm go actually looked at he anyone had called the call and give the doc want to change anyt saw it looked like ce on 5/24/2022 at 2:5 room while surveyor stated she just talked ordered with ace wrap "I'm about to put the on 5/24/2022 3:26 F	let cellulites very quickly. V6 in the facility has called her in V6 stated if R2's legs are expects the facility to call expects staff to follow her the standard treatment are for pped with ace bandages. PM surveyor asked V5 to oked like to her today when is off this morning. V5 stated, is not diagnosed with cellulitis oks like." V5 stated she took day or Thursday of last week for (R2's) legs looked the is not sure if the doctor about R2 legs. V5 mber getting report about her is had socks on. I don't recall apped with ace". V6 stated, in p just now and she will chart oing to call doctor because I for legs and I'll look to see if the doctor. Otherwise, I will cot an update and see if they thing". V5 stated "from what I illulitis." 4pm. V5 entered therapy was interviewing V7 and do V6 and an antibiotic was ap and Neosporin. V5 stated orders in the computer now."				
		has a change in condition the				

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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		
		IL6007355	B. WING		- .	C)5/26/2022	
NAMEOF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		312012022	_
	ARE OF STICKNEY		JTH OAK PA				
AIT 100	ARE OF STICKIET		Y, IL 60402				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE IENCY)	(X5) COMPLETE DATE	=
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	legs yesterday and like with betadine, s stated R2's legs were yesterday. V2 state condition of her legs knows that the doctor R2's legs? V2 replied doctor is aware." V2 redness, swelling, a doctor should be madid not notify doctor R2's leg because shalready aware of it. On 5/25/2021 at 1:19 she ordered an antite a skin infection. V6 R2's legs, but you can be stated to the state of the state	there was swelling, brownish caling from weeping. V6 re red when she saw them ad R2's doctor is aware of the s. Surveyor asked how V2 or is aware of the condition of ed, "Well, I'm not sure if the stated when she sees and edema she thinks that the ade aware of it. V2 stated, she yesterday when she saw he believed the doctor was 9 PM V6 (PCP) stated that piotic in case R2 is developing stated she saw a picture of an't always tell in a picture. V6					
	see the patient tomo On 5/24/2022 12:31	V3 (LPN) stated if a resident dition we should assess		1 2			
	On 5/24/2022 3:02 P week ago I helped he	M V8 (CNA/shower aid) A er. V8 stated, "R2 legs were they have been like that for					
	R2's Care plan review of any care plan or up condition. The last u 6/22/2021.	wed on 5/24/2022 is absent pdate for her current skin pdate for skin was			<u>.</u>		
	(PCP) dated 5/24/22 Augmentin Tablet 87	s document an order by V6 at 3:19 PM as follows: 5-125 MG (Amoxicillin-Pot ablet orally two times a day					

for prophylaxis until 6/3/2022.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007355				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C 05/26/2022		
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	V8's signed Shower 5/16/22 documents	sheets for R2 from 4/2/22 to swollen legs 8 times.						
	documents R2 shou skin assessment. L	ent Administration record ald have a weekly head-to-toe ast assessment was on 2022 is blank. They only skin as from 7/24/2021.	1					
1	8. Wound Treatmer any changes in the swound care treatment reatment as ordered	nt: Notify the physician for skin condition and obtain nt orders. Apply wound						
		(0)						
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		:						
2								