Illinois Department of Public Health

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	50	E CONSTRUCTION		E SURVEY PLETED
	_	IL6008825	B. WING			C 02/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
WARREN	N BARR SOUTH LOOK		TH WABASI	Н		
(X4)ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000	:8		
	Complaint Investiga	ation		£9		
)). :	2289044/IL153246 2288950/IL153144	¥		150		
S9999	Final Observations	27 84	S9999	.0		50
:	Statement of Licens	sure Violations:		· · · · · · · · · · · · · · · · · · ·		
	(Violation 1 of 2)	19		30 E		8
	300.610a) 300.1010h) 300.1210b) 300.1210c)1)3) 300.1220b)2) 300.1630d) 300.3210t)	₩ W	N	Till Silver Silv		
	Section 300.610 Re	esident Care Policies		*		8
	procedures, govern the facility which sh Resident Care Polic least the administra the medical advisor representatives of r	ursing and other services in			# 	
	with the Act and all These written polici operating the facility least annually by the written, signed and	policies shall be in compliance rules promulgated thereunder. es shall be followed in a and shall be reviewed at a scommittee, as evidenced by dated minutes of such a			5.	II.
ife]	meeting. Section 300.1010 N	fedical Care Policies		Attachment A Statement of Licensure Viola	itions	3.

STATE FORM

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

6899

H6D611

TITLE

If continuation sheet 1 of 19

(X6) DATE

ALEL " 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 IL6008825 B. WING 12/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH WARREN BARR SOUTH LOOP CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX 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 1 S9999 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 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. Restorative measures shall include, at a minimum, the following procedures: Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

further medical evaluation and treatment shall be Illinois Department of Public Health

Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall

emotional changes, as a means for analyzing and determining care required and the need for

resident's condition, including mental and

Objective observations of changes in a

be properly administered.

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA   IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY
(ii)		IL6008825	B. WING		12/0	) 2/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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S9999	Continued From pa	ge 2	S9999			
	made by nursing sta resident's medical r	aff and recorded in the ecord.				
ä	Section 300.1220 S Services	Supervision of Nursing				2 H
		hall supervise and oversee the the facility, including:				2 <b>4</b>
	assessment of the include medically defunctional status, se	the comprehensive residents' needs, which efined conditions and medical ensory and physical onal status and requirements,				\$
	psychosocial status condition, activities	, discharge potential, dental potential, rehabilitation status, and drug therapy.		# # #		00
	Section 300.1630 A	dministration of Medication				.55
12	medication order ca prescriber shall be	, a licensed prescriber's annot be followed, the licensed notified as soon as is ling upon the situation and a e resident's record.	, A			×
	Section 300.3210 G	General				
	not subjected to phy	shall ensure that residents are ysical, verbal, sexual or e, neglect, exploitation, or property.				
	These Regulations by:	were not met as evidenced				<b>101</b> 2.5
5	review, the facility factorial to notify the physicial	on, interviews and record alled to a) follow facility policy an of an abnormal lab result ent for one resident (R3)	:	0]		(7) (6)

.21.

Illinois Department of Public Health				FORM	APPROVED	
STATEMEN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION 3:		E SURVEY PLETED
		IL6008825	B. WING	N		C 02/2022
NAMEOF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		VLIEULE
WARREN	N BARR SOUTH LOOF	1725 SOU	JTH WABAS ), IL 60616	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBE	(X5) COMPLETE DATE
S9999	Continued From page	ge 3	S9999			
1.4 22	This failure resulted emergency room ar pneumonia; The fac physician and docur antibiotics that were that was hospitalize failed to c) ensure romonitoring were according to the control of the control o	ation of a change of status.  I in R3 being transferred to the nd later expiring of sepsis and cility failed to b) notify the ment medications including a not given to a resident (R2) and for sepsis; and the facility espiratory treatments or curately documented for (R2) dent of the facility at that time.				
	Findings include:					
	a) R3 is 77 years old are not limited to pare atherosclerosis of coneuromuscular dysfiprotein-calorie malnifailure with hypoxia; tracheostomy; gastnatrophy (left and right upper arm); pressur MDS (Minimum Dataindicates R3 is totall person assist with bedressing, eating, toil bathing and R3 is alread bowel.	d. R3's diagnoses include but araplegia; hyperlipidemia; oronary artery bypass graft(s); function of bladder; dysphagia; butrition; chronic respiratory dementia; hematuria; rostomy; muscle wasting and ht ankle, foot, lower leg, thigh, re ulcer of head and back. a Set) dated 10/25/2022, ly dependent on one to two led mobility, transfer, let use, personal hygiene, ly ways incontinent of bladder				
	order date of 10/24/2 Nurse Practitioner) for only for 1 day; start 1 Laboratory Report specification date 10/24 date 10/25/2022, final	n Order Summary) indicates 2022 by V11 (Pulmonologist for "sputum culture one time 10/24/2022; end 10/25/2022".  putum culture for R3 with a 4/2022, specimen received al report dated 10/27/2022 seudomonas aeruginosa avy growth.				

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: \_ IL6008825 B. WING 12/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH WARREN BARR SOUTH LOOP CHICAGO, IL 60616 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE **TAG DEFICIENCY**) S9999 Continued From page 4 S9999 R3's POS (Physician Order Summary) indicates order date of 10/31/2022 by V18 (Nurse Practitioner) for "Cipro Oral Tablet 500 MG (Ciprofloxacin HCl, antibiotic) Give 500 mg via G-Tube two times a day for PNA (pneumonia) for 7 Days; start 10/31/2022 17:00; end 11/6/2022". This order for treatment is 4 days after the culture result was received by the facility. Review of R3's progress notes reveals that prior to 10/31/22 R3's physician was not notified of the sputum culture result obtained by the facility on 10/27/2022. On 11/30/22 at 12:37 PM, V2 (Director of Nursing) stated "The NP (Nurse Practitioner) or the primary physician should have been made aware of the results as soon as the results were received on 10/27/22. I don't see documentation of notification of the NP or the physician. The nurse should have contacted the physician for new orders on 10/27 to start treatment right away for the organism (bacteria). On 12/1/22 at 9:12 AM, V11 (Pulmonologist Nurse Practitioner) stated "I ordered the sputum culture on 10/24. If it's results show an infection, facility staff will notify infectious diseases physician, or me. I was not notified. Facility staff could have notified me, infectious diseases, or the primary doctor. On 12/1/22 at 10:16 AM, V7 (Infection Preventionist) stated "The physician and/or the

primary, then the medical director is notified. Illinois Department of Public Health

NP (Nurse Practitioner) have to be notified so we can order treatment or make changes to the current treatment. If there are issues notifying the Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING:

A. BUILDING:

(X2) MULTIPLE CONSTRUCTION (COMPLETED)

IL6008825 B. WING C 12/02/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

(VA) IS	SUMMARY STATEMENT OF DEFICIENCIES	, IL. 60616	DDOVEDEDIO DI ALI OF CONTROLI	<del></del>
(X4)ID PREFIX TAG	(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 5	S9999		
	R3's sputum culture is an abnormal lab. The provider determines if there will be a treatment/or a new order. If they are not notified, they would not be able to make that determination. The nurse receives the labs when they come in. I do not see documentation that the physician or NP was notified of the results."	# e		:d
8	On 12/1/22 at 11:51 AM, V15 (Medical Doctor) stated "I don't remember if I was notified of the sputum culture."	::5:		
Đ.	On 12/1/22 at 2:24 PM, V18 (Nurse Practitioner) stated "I ordered the cipro on 10/31 for a positive sputum culture. I reviewed the culture on 10/31 in R3's charting. Usually, the nurse will notify who orders the lab. Usually that will be the Pulmonologist. ID (Infectious Disease) will usually follow up on the result. It doesn't look like ID saw the patient. The culture looked like it needed to be addressed when I reviewed the records."			
ē :	Excerpts taken from R3's hospital record Emergency Documentation 10/31/2022: -He appears to have low-grade temperature as well as tachycardia clinically patient seems to be septic.	9		#D
	-Presenting with tachycardia and hypoxia along with a low-grade fever point towards sepsis as well as source of infection such as pneumonia, UTI bacteremia and sepsis. Patient is given intravenous fluid for hydration along with empiric antimicrobial agent including Zosyn as well as vancomycin.  -Clinical work-up/Interpretation Results: 10/31/2022 15:49 CDT, WBC 18.6 x10 (3)/mcL.  -Multiple entries: Suctioned pt., thick/yellow secretionsIn the ER, he was hypotensive, febrile at 39 °C,	1 100 minorit a		

**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: B. WING IL6008825 12/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH **WARREN BARR SOUTH LOOP** CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLÈTE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 6 S9999 tachycardic (elevated heartrate) at 125, tachypneic (rapid respirations) at 24. He was on 10 L/min via trach collar. Lab work notable for a white count of 18, hemoglobin 9.7, BUN 55, lactic acid 4.2, procalcitonin 1.7. UA with positive leukocyte esterase, WBC, and bacteria. He was given vancomycin and Zosyn in the ER. R3's Certificate of Death indicates date of death: 11/7/2022, cause of death: sepsis due to pneumonia. According to the Centers for Disease Control and prevention, sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency. Sepsis happens when an infection you already have triggers a chain reaction throughout your body. Infections that lead to sepsis most often start in the lung, urinary tract. skin, or gastrointestinal tract. Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure, and death. Facility policy "Critical Laboratory Value Reporting", revised date 7/27/22, documents in part: It is the policy of this facility to establish an effective system for reporting critical laboratory values and STAT laboratory results to the physician who is responsible for the care of the resident. 1. The facility will immediately notify the ordering/attending physician when STAT laboratory results are available or when lab results are clinically considered critical (when lab values indicate an imminent life-threatening condition). 2. When a critical laboratory result is received from the laboratory or detected by the nursing staff, the result will be communicated to the physician immediately. The result will/may be communicated via telephone and will be faxed afterwards.

PRINTED: 01/19/2023 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: B. WING IL6008825 12/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH WARREN BARR SOUTH LOOP CHICAGO, IL 60616 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (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 7 S9999 Facility policy "Notification for Change of Condition", revised date 7/28/22, documents in part: The facility will provide care to residents and provide notification of resident change in status. 1. The facility must immediately inform the resident; consult with the resident's physician: and if known, notify the resident's legal representative or an interested family member when there is: b. a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); c. a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment) Facility policy "Antibiotic Stewardship Program Policy", effective date 7/27/22, documents in part: 4) Utilize a communication tool for residents suspected of having an infection that includes clinical history (new symptoms and complaints). physical exam findings (vital signs, localizing pain, pulse oximetry, etc), and other relevant information (previous antibiotic exposure, previous culture and sensitivity test results. current medications, and medication allergy history). May use tools such as SBAR to guide nursing-physician interactions.

Illinois Department of Public Health

b) R2 was 27 years old initially admitted on 8/20/2022 with medical diagnoses of anoxic brain damage, aphonia (loss of ability to speak through disease of or damage to the larynx or mouth), displaced commuted fracture of shaft of humerus. left arm, fracture of left clavicle. Per minimum data set (MDS) dated 11/8/2022 documents that

R2 can rarely or never be understood.

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 B. WING IL6008825 12/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH WARREN BARR SOUTH LOOP CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 8 S9999 On 11/29/2022 at 2:19 PM, R2 was in his room with V13 (R2's Brother) R2 has a tracheostomy. gastric feeding tube and urinary catheter. V13 stated that R2 cannot communicate verbally, and that as far as he knows, the wound on R2's buttocks continues to be present. V13 further stated that R2 was transferred from another room. On 9/18/2022 R2 was sent to the hospital with diagnosis of sepsis. V16's (Licensed Practical Nurse) notes dated 9/18/2022 documents: R2 was transferred to the ER (Emergency Room) with admitting diagnosis of sepsis. Per facility census report R2 was not in the facility from 9/19/2022 to 11/3/2022. Multiple complete blood count (CBC) laboratory results document elevated white blood cell (WBC) count that is present when a person has an infection. Normal values for WBC is between 4.8 to 10.8. On these following dates R2's WBC were elevated: 8/28/2022 WBC was 17.2, 8/30/2022 WBC was 14.5, 9/4/2022 WBC was 15.5, 9/6/2022 WBC was 17.1, 9/9/2022 18.2, and on 9/18/2022, the day R2 was transferred to hospital, R2 was diagnosed with sepsis WBC was critical 28.1. Review of R2's medication administration record (MAR), multiple medications including 3 antibiotic orders were either documented as not given or no documentation as given. Levaquin 500 MG was not given on 9/11/2022, 9/13/2022, Daptomycin intravenous (IV) antibiotic 500 MG daily was not signed as given on 11/5/2022. Imipenem-Cilastatin intravenous (IV) antibiotic 500 MG 4 times a day was not signed as given on 11/5/2022. Micafugin Sodium intravenous (IV) antibiotic 150 MG daily was not given on 11/8/2022 due to unavailability. R2's infection

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	Department of Public	Health	-	FO 6000 •	FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		IL6008825	B. WING	<u> </u>		C 02/2022
NAMEOF	PROVIDER OR SUPPLIER	STREET AC	ODRESS, CITY, S	STATE, ZIP CODE		<i></i>
WARREN	WARREN BARR SOUTH LOOP 1725 SO		UTH WABASH O, IL 60616			
(X4)ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 9	S9999			
	includes urinary tradinfection, and sepsi	act infection (UTI), blood is.				,
i i	Nurse) stated that for orders for an antibio box on the first floor	6 PM, V6 (Licensed Practical for residents that have new otic, there is a convenience or that nurses can acquire waiting for the pharmacy to tion.		· · · · · · · · · · · · · · · · · · ·	*	
	V7 (Infection Prever Floor medication root box that nurses can	entionist) stated that on the 1st com there is a convenience in take antibiotics/medications pharmacy to deliver.				
2	Nursing) said, "Ther facility where antibic available. In case the before pharmacy ca	1:39 AM, V2 (Director of the series a convenience box in the otics/other medications are the nurse needs antibiotics an deliver. In case the nurse				
	was not able to give nurse must notify phe (fast delivery) and nurse most mot given. There should the physician was not was diagnosed with transferred to the hould handle and as documented, and as	e antibiotic medication, the harmacy to order it as STAT notify the physician that it was would be documentation that notified. I do not know why R2 is sepsis when she was ospital. As to R2's Levaquin have been given or at least as to R2's Daptomycin IV				
	not signed on 11/5/2 administration recor- indicate if it was not needs to sign it. Aga	otic, I don't know why it was 2022 on the TAR (treatment rd). But the nurse should t given, and the nurse still ain, a physician should have check the notes if nurses				
	Manager) said, "Reg	11:25 AM, V10 (Respiratory garding respiratory rd documenting that				

 $e^{i \frac{1}{2}}$ 

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: B. WING IL6008825 12/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH **WARREN BARR SOUTH LOOP** CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES 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 DATE TAG DEFICIENCY) S9999 Continued From page 10 S9999 respiratory staff were signing or documenting on the days that R2 was not in facility, it was a mistake, they should have not signed it. The proper way is to perform first what was ordered by the physician before signing. I know, if the order was performed first, there is no way you will miss if the resident is in the facility. But I can say that the orders that were on the record were being performed by my staff." R2's Treatment Administration Record (TAR) for the month of September documents the following: Analyze fraction of inspired oxygen (FIO2) daily and as needed every shift and change inner cannula every shift and as needed were signed on 9/19/2022 when R2 was in the hospital. According to the CDC website: "Healthcare professionals should treat sepsis with antibiotics as soon as possible. Antibiotics are critical tools for treating life-threatening infections, like those that can lead to sepsis. However, as antibiotic resistance grows, infections are becoming more difficult to treat. Antibiotic side effects range from minor, such as rash, dizziness, nausea, diarrhea, and yeast infections, to very severe health problems, such as life-threatening allergic reactions or C. difficile (also called C. diff) infection, which causes diarrhea that can lead to colon damage or death. However, when antibiotics are needed, the benefits outweigh the risks of side effects or antibiotic resistance. Improving the way healthcare professionals prescribe antibiotics, and the way we take antibiotics, helps keep us healthy now, helps fight antibiotic resistance, and ensures that these lifesaving drugs will work for you or others when they are needed most, like for treating infections

Illinois Department of Public Health

associated with sepsis."

Content source: Centers for Disease Control and Prevention, National Center for Emerging and

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING IL6008825 12/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH WARREN BARR SOUTH LOOP CHICAGO, IL 60616 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 11 Zoonotic Infectious Diseases (NCEZID), Division of Healthcare Quality Promotion (DHQP) dated August 9, 2022. (A) (Violation 2 of 2) 300.610a) 300.1010h) 300.1210b) 300.1210c)3) 300.1210d)5) 300.1220b)2)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1010 Medical Care Policies The facility shall notify the resident's

Illinois Department of Public Health

STATE FORM

physician of any accident, injury, or significant

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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: COMPLETED A. BUILDING: \_ IL6008825 **B. WING** 12/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH **WARREN BARR SOUTH LOOP CHICAGO, IL 60616** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 12 S9999 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 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. Restorative measures shall include, at a minimum, the following procedures: Each direct care-giving staff shall review c) and be knowledgeable about his or her residents' respective resident care plan. Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour.

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	seven-day-a-week	basis:				
	pressure sores, head breakdown shall be seven-day-a-week enters the facility will develop pressure so	ogram to prevent and treat at rashes or other skin practiced on a 24-hour, basis so that a resident who ithout pressure sores does not ores unless the individual's	18 ·			
	sores were unavoid pressure sores sha services to promote and prevent new pre-	monstrates that the pressure able. A resident having Il receive treatment and healing, prevent infection, essure sores from developing.  upervision of Nursing	:		29	3
	b) The DON st	nall supervise and oversee the the facility, including:	a d	, pl · · ·		
io ne	assessment of the r include medically de functional status, se impairments, nutritic psychosocial status condition, activities	the comprehensive esidents' needs, which offined conditions and medical nsory and physical onal status and requirements, discharge potential, dental potential, rehabilitation status, and drug therapy.				
	plan for each reside comprehensive asse and goals to be account and personal care a Personnel, represent nursing, activities, di modalities as are orde involved in the preplan. The plan shall	an up-to-date resident care int based on the resident's essment, individual needs omplished, physician's orders, ind nursing needs. iting other services such as etary, and such other dered by the physician, shall eparation of the resident care be in writing and shall be ed in keeping with the care				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6008825 12/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH WARREN BARR SOUTH LOOP CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID 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 CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 14 S9999 needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Regulations were not met as evidenced Based on observation, interviews and review of records, the facility failed to follow It's policy ensuring prompt identification, documentation. update care plan, and to obtain appropriate treatment for 1 resident (R2's) wound deterioration reviewed for pressure ulcers and skin breakdown. These failures resulted in resident's (R2) wound deterioration as to the size and stage of right buttock pressure ulcer, failure to have a treatment for pressure sore for 15 days. Findings include: On 11/30/2022 at 11:19 AM, with V8 (Wound Coordinator), R2's right buttock pressure ulcer was seen approximately about 2 inches x 3 inches in terms of length and width. The pressure wound has redness and exposure of bone-like color on the upper left area. V8 said "I am not sure if it is stage 3 or stage 4." R2's Wound Assessments are as follows of R2's pressure ulcer on the right buttock: Facility's initial skin evaluation, by V8 (Wound

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NAMEOE					12/	02/2022
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í.	R2 had a Stage 2 p by 0.5 (length by wi notes, R2's Braden	8/20/2022, documents that ressure ulcer measuring 0.5 dth) centimeters. Per V8's score was 11 which means further alteration of skin				
	record (TAR), docurright buttocks press 2 days after buttock discovered and it was Per the same TAR,	reatment administration ments that treatment for R2's ure was started on 8/22/2022, is pressure ulcer was as discontinued on 8/29/2022. R2 does not have a treatment 8/29/2022 to 9/12/2022 (15		13.00		er O
	V8 dated 8/29/2022 buttock pressure uk right buttock pressu	sment, in Wound Rounds, by documented that the right cer was healed. A photo of the re ulcer shows that skin was sure of underlying tissue and it.				
	V8 dated 9/15/2022 buttock pressure uld size from 0.5 by 0.5 in centimeters. Stag V17 (Wound Medica	ment, in Wound Rounds, by documented that the right cer increased exponentially in to 6.3 by 7.0 (length by width) ed from stage 2 to stage 3. al Doctor) initial assessment				
	R2's right buttock pr (length by width) in of Per V16's (Licensed 9/18/2022, it was do	Practical Nurse) notes dated cumented that R2 was mergency Room) with an				
	R2's Wound Assess	ment, in Wound Rounds, by documented that right		7		

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION		SURVEY PLETED
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	by width) in centime Per facility census,	R2 left the facility on		·	9	
	R2's Wound Asses V8 daled 11/19/202	sment, in Wound Rounds, by 22, documented that the right cer size 6.3 by 7.0 (length by s is stage 3.		:: ::		6
	11/21/2022 also do pressure ulcer incre (length by width by	ical Doctor) assessment dated cuments right buttock eased in size 7.5 by 9 by 1 depth) in centimeters, and ge 3 to stage 4, and was 7 as deteriorated.	10	8) (4) (5) (8) (8)		. Ta
	8/27/2022 on bowel assessed as always R2's treatment adm August, September	set (MDS) assessment dated and bladder: R2 was s incontinent as to his bowel. inistration record (TAR) for , and November, for right cer treatments, were never t being performed.	i e		a a	
	Nursing) said, "Well need to do our asse	1:39 AM, V2 (Director of as to R2's pressure ulcer, we essment on a daily basis. I				16 (A)
	resident skin daily. I R2's skin daily, I will said, "to R2's right be know why there was I can see on the TA record) that there we between those date But again, I need to	on the floor needs to check don't know if they checked have to investigate. V2 also buttock pressure sore, I don't is no order for 15 days. I know R (treatment administration as no order for treatment is (8/29/2022 to 9/12/2022). investigate to tell you what it best practice is to have	e0 0			
**	treatment orders for	any pressure ulcer."				46

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red. "
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pressure ulcer shows that skin was not intact with exposure of underlying tissue redness. V2 stated, "there is redness to that area. (Pointing at the picture). But there are some areas that are not

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