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 C IL6010086 B. WING 08/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10426 SOUTH ROBERTS **BRIA OF PALOS HILLS** PALOS HILLS, IL 60465 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) S 000 Initial Comments \$ 000 Complaint Investigations: 2395983/IL162203 2396426/IL162763 2396458/IL162808 S9999 **Final Observations** S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)5) 300.1220b)3) Section 300.610 Resident Care Policies 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 b) The facility shall provide the necessary Attachment A care and services to attain or maintain the highest Statement of Licensure Violations practicable physical, mental, and psychological well-being of the resident, in accordance with Illinois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6010086 08/21/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10426 SOUTH ROBERTS **BRIA OF PALOS HILLS** PALOS HILLS, IL 60465 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 \$9999 Continued From page 1 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. Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 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. 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in

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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: IL6010086 B. WING 08/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **10426 SOUTH ROBERTS BRIA OF PALOS HILLS** PALOS HILLS, IL 60465 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. These requirements were not met as evidenced by: Based on observation, interview, and record review, the facility failed to implement interventions to prevent pressure ulcer development for residents assessed at risk for alteration in skin integrity upon admission and failed to provide ongoing skin assessments for residents who are dependent on staff for care. This failure affected three (R1, R9 and R14) of four residents reviewed for pressure ulcers and resulted in R14 developing a facility-acquired stage 4 pressure ulcer to the right ear; R9's wound progressing to stage 4 on the sacrum, which required hospitalization for sepsis and an unstageable pressure ulcer to left hip; and R1 developing a stage 2 sacral pressure ulcer. Findings include: 1. R14 is a 75-year-old female admitted to the facility on 6/6/2023 with past medical history of hemiplegia and hemiparesis following cerebrovascular disease affecting left non dominant side, dysphagia, difficulty walking. generalized weakness, essential primary hypertension, etc. Braden score assessment dated 6/6/2023 scored R14 as a 9. MDS assessment dated 6/13/2023 section G (functional) coded R14 as total dependence with two staff physical assist for bed

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mobility and transfers, and total dependence with

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STATEMENT OF DEFICIENCIES (X1) PROVIE
AND PLAN OF CORRECTION IDENTIF

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING:

(X3) DATE SURVEY COMPLETED

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B. WING\_

C 08/21/2023

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## **BRIA OF PALOS HILLS**

## 10426 SOUTH ROBERTS PALOS HILLS, IL 60465

	Continued From page 3	00000		1
\$9999	one to two staff physical assist for all other ADLs. Section H of the same assessment coded R14 as always incontinent for bowel and bladder, review of physician orders shows an order for oxygen 2 liters via nasal canula, and weekly skin screen ordered 6/6/2023. ADL care plan initiated 6/19/2023 states that R14 requires assistance with daily care needs, interventions include but not limited to assist to turn and reposition every 2 hours, keep clean and dry after each incontinence episode, monitor skin integrity during routine care and report abnormal findings etc.	S9999		
	08/09/2023 10:41AM, R14 was observed in her room, awake but could not respond to interview questions. Floor mats were on each side of R14's bed. R14 was lying on her bed on her right side and was receiving oxygen via nasal canula. R14 had a bandage on her right ear. There was not an ear cushion between the oxygen tubing and R14's skin. V19 (Registered Nurse) stated R14 has a wound on her right ear.		55	
	08/14/2023 11:25 AM observed R14 lying in her bed on her right side. The assigned nurse was asked to remove the bandage on R14's ear. A large area of abrasion to R14's right ear was noted. R14 had oxygen via nasal canula. Oxygen tubing observed rubbing the skin, no ear cushion was in use.			
29	Wound assessment dated 7/4/2023 documented a stage 4 pressure ulcer to the right ear measuring 2.2 x2.5 x 0.3cm, light serosanguineous exudate, less than 5 days, and an unstageable DTI to the left ear measuring 1.7 x 1.4 and unmeasurable depth.  08/14/2023 at 3:00PM, V39 (Wound Care			

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**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 B. WING IL6010086 08/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **10426 SOUTH ROBERTS BRIA OF PALOS HILLS** PALOS HILLS, IL 60465 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 4 S9999 Nurse/LPN) stated R14's pressure wound to her right ear was first reported to her 06/29/2023 and R14's wound is healing. Ear cushions were placed on R14 on 06/29/2023, R14 typically leans her head to the right side and is supposed to be repositioned from right to left to relieve some pressure off her ear. V39 stated if R14 was turned and repositioned every 2 hours it is possible the pressure wound on her ear could have been prevented. V39 stated R14 cannot move on her own and must be repositioned to a different side. Interventions in place for R14's pressure wound to her ear are ear cushions, daily treatment, and turning and repositioning. 08/21/2023 1:26 PM, V2 (Director of Nursing) stated residents who require repositioning every two hours are supposed to be repositioned from left to right or to back. V2 stated R14 has a stage 4 pressure wound on her right ear so she should be repositioned to her back to relieve pressure on her ears. V2 stated R14 should be gotten out of bed on Mon, Wed, and Fri by restorative staff. R14 is normally located in the dining room when she is gotten out of bed. 8/21/2023 at 2:53PM, V2 (DON) said R14 favors her right side but she should have foam behind her ears to prevent the oxygen tubing from rubbing on the skin. V2 stated they just in-serviced all staff and made sure everyone has the foam cushion available for R14's ear. 2. R1 is a 72-year-old male who was admitted to the facility 4/27/2023, with past medical history of fatigue, other symptoms and signs concerning food and fluid intake, dysphagia

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pharyngoesophageal phase, unsteadiness on feet, other abnormalities of gait and mobility, need for assistance with personal care, dementia,

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING IL6010086 08/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10426 SOUTH ROBERTS **BRIA OF PALOS HILLS** PALOS HILLS, IL 60465 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (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) S9999 Continued From page 5 S9999 etc. R1 was not at the facility during the investigation and could not be observed or interviewed. Per record review, R1 was sent to the hospital on 5/27/2023 per family request. Facility Braden scale assessment dated 4/27/2023 scored R1 as 15 at risk for skin breakdown. Minimum data set assessment (MDS) section G (Functional) documented R1 requires extensive assistance with two staff physical assist for bed mobility and transfers. requires extensive assistance with one or two staff physical assists for all other activities of daily living (ADLS). Wound care admission assessment dated 4/28/2023 documented a DTI to right heel. Wound care note dated 5/10/2023, documented a healed skin condition to the sacrum, scar tissue noted to the area. Wound care note on 5/16/2023, documented healed scar tissue to sacrum opened. Interim/baseline care plan dated 4/27/2023 documented alteration in skin integrity goal: resident will show sign of healing through next review. Interventions include inspect skin daily. keep skin clean and dry, peri care after each incontinence episode, etc. Review of facility wound assessment dated 5/16/2023 documented a stage 2 pressure ulcer to the sacrum measuring an area of 0.69cm squared, length 1.84cm and width 0.58cm. new-minutes old, acquired in-house. Wound evaluation on 5/23/2023 documented stage 2 pressure ulcer to the sacrum measuring 1.05 cm squared, length 1.61cm and width of 0.87cm.

R1 was not placed on an air loss mattress until

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PRINTED: 10/23/2023 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** IL6010086 08/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **10426 SOUTH ROBERTS BRIA OF PALOS HILLS** PALOS HILLS, IL 60465 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (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 DATE TAG DEFICIENCY) S9999 Continued From page 7 S9999 found to have sepsis related to sacral wound vs UTI as documented in hospital record dated 8/7/2023. R9 was readmitted to the facility on 8/12/2023. R9 was observed in her room on 8/16/2023 around 10:30AM with V39 (wound care nurse), awake and alert. R9 stated she is doing okay but just wanted to be left alone. Braden scale dated 6/6/2023 scored R9 as a 9. indicating a very high risk for skin breakdown. MDS dated 8/1/2023 section G (functional coded R9 as requiring extensive and 2-person physical assist for bed mobility, total dependence with persons physical assist for transfer and total to extensive assist with one to person assist for all other ADLs. Section H (bowel and bladder) of the same assessment documented R9 is frequently incontinent of bowel and bladder. R9 has an order for weekly skin screen dated 6/25/2023. ADL care plan initiated 6/27/2023 stated R9 requires assist with daily care needs. Interventions include to encourage and assist with turning and repositioning, keep lean and dry after each incontinent episode, etc. Per record review, R9 was admitted to the facility originally on 5/15/2023 with a DTI to left heel and healed pink scar tissue on the left/right buttocks and sacrum as documented in new admission head to toe assessment dated 5/16/2023. Wound care note dated 5/23/2023 shows, the scar tissue at the sacrum was documented to have an

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opening.

R9 was discharged home on 6/5/2023 with a facility acquired stage 2 pressure ulcer to the sacrum. Wound care instruction and supplies given to the family. R9 was re-admitted to the

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