

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6015382</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/01/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WEALSHIRE PLUS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>170 JAMESTOWN LANE LINCOLNSHIRE, IL 60069</b>
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(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
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S 000	Initial Comments  First Probationary Licensure Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations (1 of 4)  330.1120a) 330.1720c)3)A)  Section 330.1120 Personal Care  a) Each resident shall have proper daily personal attention and care including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.  Section 330.1720 Content of Medical Records  c) In addition to the information that is specified above, each resident's medical record shall contain the following:  3) An ongoing record of notations describing significant observations or developments regarding each resident's condition and response to treatments and programs.  A) Consultants who provide direct care or treatment to residents shall make notations at the time of each visit with a resident.  This REQUIREMENT was not met as evidenced by:  Based on observation, interview and record review the facility failed to ensure a resident's left	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>ankle and right heel stage three pressure injury received physician ordered treatments and failed to ensure out-side consultants who provided direct care or treatment to residents made notations at the time of each visit for 1 of 8 residents (R2) reviewed for personal care in the sample of 8.</p> <p>The findings include:</p> <p>On 07/31/23 at 10:25 AM, R2 was sitting in the dining room. R2 had a surgical shoe on his right foot and a regular shoe on his left foot.</p> <p>On 7/31/23 at 10:25 AM, V4 RN (Registered Nurse) said, R2 is seen by the home care nurse on Monday, Wednesday, and Friday. R2 has a wound to the left lateral ankle and the right heel. V4 said, I do not do anything with R2's dressings or wounds.</p> <p>On 7/31/23 at 10:27 AM, R2 agreed to allow wound treatment and dressing change observation.</p> <p>On 07/31/23 at 12:30 PM, R2 was sitting in a wheelchair eating lunch. At 12:40 PM, V9 (Home Health Nurse) was at the nurse's station waiting for R2 to complete his meal. V9 said, home health comes twice a week to provide wound care to R2 in the facility; R2 goes to the wound clinic one day a week. I fill out a form and place it in a binder. I do not know where the binder is located.</p> <p>At 1:00 PM, V9 pushed R2 in a wheelchair into his room. V9 did not lift R2's pant legs. V9 did not remove R2's socks. V9 did not look at R2's wounds. V9 did not provide R2's prescribed treatment. V9 did not change R2's dressing. At</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>1:30 PM, V9 left R2's room, walked by V4 (RN), and then left the facility. V9 did not communicate with V4. At 1:32 PM, V4 went into R2's room. Two nursing assistants helped R2 from his wheelchair to the bed. V4 lifted R2's left pant leg and pulled down R2's sock. R2 did not have a dressing covering his left lateral ankle wound. There was a 1.0 centimeter by 2.0 centimeter pale/yellow central area bordered by a 3.0 centimeter circle of red, edematous, intact skin. R2's right heel dressing was soiled with a gray/brown mottling over the dressing.</p> <p>On 07/31/23 at 1:30 PM, V4 said, if the resident has an issue with their wounds, I contact the home health agency and report it to them. I do not assess what the outside consultants do. I document in the treatment record that the physician orders were carried out when I see the homecare agency staff arrive in the facility.</p> <p>On 07/31/23 at 1:40 PM, R2 said, my dressing was changed last Friday (07/28/23). I was taken to the wound clinic.</p> <p>On 07/31/23 at 1:55 PM, V11 (Reception) and V12 (Reception) agreed, outside consultants that provide treatments to residents document their visits in the binders by the reception desk. Each company has their own binder.</p> <p>On 07/31/23 at 1:55 PM, there were 3 binders with the names of consultants who provide direct care and treatments to residents at the front desk. The binder for R2's Home Health Agency was not present.</p> <p>On 08/01/23 at 9:30 AM, R1 was sitting in the dining room in a wheelchair. R1 said, no one changed my dressings yesterday. I have not had</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>anyone change my dressing today either. I have the same dressing from the wound clinic last Friday.</p> <p>V13 (DO-Doctor of Osteopathic Medicine) said, the wound is covered to protect the skin. An open wound is at risk for infection. By covering the wound the resident is at a decreased risk for infection.</p> <p>On 07/31/23 V1 (Executive Director) was asked to provide R2's wound records. V1 Executive Director provided R2's After Care Orders from the wound clinic dated 07/19/23. All other wound records on 07/31/23 were dated prior to 07/19/23.</p> <p>R2's Medical Record on 07/31/23 shows, V9's Home Health Company's last entered communication form dated 06/10/23 shows, left ankle and right heel wound dressing, changed today. All other Home Health records on 07/31/23 were dated prior to 06/10/23.</p> <p>R2's wound clinic After Care Orders dated 07/19/23 shows, stage three pressure ulcers to the right heel and left lateral ankle.</p> <p>R2's Physician Order dated 07/7/23 shows, on the day shift every Monday, Wednesday and Friday right heel-and left lateral ankle: Soak wounds for 5 minutes with hydrochlorous acid, cleanse with Normal Saline, apply topical agent; apply polyurethane dressing then cover with abdominal dressing pad and gauze wrap and then tubular elastic dressing. (NO BORDER FOAM NO TAPE ON THE SKIN); Apply triamcinolone and nystatin cream on the peri-wound area. Tubular compression bandage-medium (10-20 millimeters of mercury) right lower leg tube grip size E in the morning and</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>remove at night. Protective boot while in bed.</p> <p>V1 provided R2's home care note dated 07/31/23. R2's Home Care note dated 07/31/23 by V9 Home Health Nurse shows, Last Dressing Change: 07/31/23. No change in treatment.</p> <p>The facility did not provide a Policy for out-side consultants not providing physician ordered treatments and then documenting the treatment as being provided to the resident.</p> <p style="text-align: right;">(B)</p> <p>Statement of Licensure Violations (2 of 4)</p> <p>330.1510a) 330.1530f)</p> <p>Section 330.1510 Medication Policies</p> <p>a) Every facility shall adopt written policies and procedures for assisting residents in obtaining individually prescribed medication for self-administration and for disposing of medications prescribed by the attending physicians. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility.</p> <p>Section 330.1530 Labeling and Storage of Medications</p> <p>f) The label of each individual medication container filled by a pharmacist shall clearly indicate the resident's full name; licensed prescriber's name; prescription number, name, strength and quantity of drug; date of issue;</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>expiration date of all time-dated drugs; name, address, and telephone number of pharmacy issuing the drug; and the initials of the pharmacist filling the prescription. If the individual medication container is filled by a licensed prescriber from his or her own supply, the label shall clearly indicate all of the preceding information and the source of supply; it shall exclude identification of the pharmacy, pharmacist, and prescription number.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to administer the ordered dose of medication for 1 resident (R6) and failed to ensure multi-use pen of insulin was labeled with an open or discard date for 1 resident (R2) reviewed for medication administration and medication storage in the sample of 8.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>R6's Physician's Order Sheet shows an order for Miralax Oral Packet 17 GM (Grams) (Polyethylene Glycol 3350)-Give 1 packet by mouth as needed for constipation.</li> </ol> <p>On 7/31/23 at 1:00 PM, R6's Hospice Nurse notified V4 RN (Registered Nurse) that R6 had not had a bowel movement in 4 days and needed some Miralax. At 1:07 PM, V4 took a plastic medication cup and measured out 17 milliliters (3.4 teaspoons) of Clearlax (generic Miralax) and poured it into a cup, mixed it with water and administered it to R6.</p> <p>The Manufacturer's Instructions for Clearlax</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>show, "The bottle top is a measuring cup marked to contain 17 Grams (G) of powder when filled to the indicated line (4.5 teaspoons)... fill to top of white section in cap which is marked to indicate the correct dose (17 G)."</p> <p>On 8/1/23 at 9:00 AM, V6 LPN (Licensed Practical Nurse) said that the dose of medications should always be double checked before administering.</p> <p>The facility's Administering Medications Policy revised on 4/2019 shows, "Medications are administered in accordance with prescriber orders...The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication."</p> <p>2. R2's Physician's Order Sheet shows an order for Humalog KwikPen-Inject as per sliding scale before meals and at bedtime for diabetes mellitus.</p> <p>On 7/31/23 at 11:43 AM, V4 RN (Registered Nurse) administered 9 units of Humalog via an insulin pen to R2. Neither the insulin pen nor the bag that it was taken out of were labeled with an open date or discard date. The pen was more than 50% used.</p> <p>On 7/31/23 at 11:43 AM, V4 said that he did not notice that it was not labeled with an open date or discard date but it should have been. V4 said that insulin pens are good for 28 days after the first use.</p> <p>The Manufacturer's Instructions for Use for</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>Humalog KwikPen shows, "Throw away the Humalog pen that you are using after 28 days, even if it still has insulin left in it."</p> <p>The facility's Administration of Medication Policy revised on 4/2019 shows, "The expiration/beyond use date on the medication label is checked prior to administering. When opening a multi-dose container, the date opened is recorded on the container."</p> <p>(B)</p> <p>Statement of Licensure Violations (3 of 4)</p> <p>330.1940b) 330.1950f)</p> <p>Section 330.1940 Diet Orders</p> <p>b) Physicians shall write a diet order, in the medical record, for each resident indicating whether the resident is to have a general or a therapeutic diet. The diet shall be served as ordered.</p> <p>Section 330.1950 Meal Planning</p> <p>Each resident shall be served food to meet the resident's needs and to meet physician's orders. The facility shall use this Section to plan menus and purchase food in accordance with the following Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.</p> <p>f) Other foods shall be served to round out meals, satisfy individual appetites, improve flavor, and</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>meet the individual's nutritional and caloric needs.</p> <p>This REQUIREMENT was not met as evidence by:</p> <p>Based on observation, interview and record review the facility failed to give a resident ice cream or pudding as ordered for 1 resident (R1) and failed to provide a resident her preferred menu item for 1 resident (R8) of 8 residents reviewed for diet orders and meal planning in the sample of 8.</p> <p>The findings include:</p> <p>1. R1's Physician Order Sheet printed on 7/31/23 showed an order dated 4/20/22 to give ice cream or pudding with every meal three times a day for supplement.</p> <p>R1's meal ticket dated 7/31/23 showed no ice cream or pudding on the ticket.</p> <p>R1's care plan printed on 7/31/23 showed prepare/serve the resident's nutritional diet as ordered ...</p> <p>On 7/31/23 at 12:18 PM, R1 was sitting at the dining room table feeding herself pasta noodles, peas, salad, brownie and pot roast with gravy. There was no ice cream or pudding for her on the table. After the lunch meal, R1 was wheeled to the television lounge and placed at the table toward the television. No ice cream or pudding was served with her meal or after her meal.</p> <p>On 7/31/23 at 12:57 PM, V4 (Registered Nurse) said, "Does ice cream or pudding count as a med?" and then checked off the order as</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>administered on the Medication Administration Record. V4 did not verify that R1 received the ice cream or pudding before signing off.</p> <p>On 8/1/23 at 9:00 AM, V6 (License Practical Nurse) said, " If I have an order for ice cream, I would give the ice cream and then go back and sign out that I gave it."</p> <p>On 8/1/23 at 1:45 PM, V5 Culinary Director said, "If it is ice cream or pudding, I manually put it on the meal ticket. I find out about them by email or the nurses or during an audit. If she has it, the staff would make sure she gets it. The CNA's are responsible to make sure she gets it." V5 said, "The connection between the nursing staff and the kitchen staff has a failure....It is the point of it if she has an order she should be getting it."</p> <p>2. On 7/31/23 at 11:55 AM, R8 was sitting in the dining room. R8 was not eating her meal. R8 did not have an egg salad sandwich. At 12:13 PM, R8 was provided with what looked like a very dry, over cooked, dry hard crust, frozen pizza slice.</p> <p>On 07/31/23 at 11:55 AM, R8 said, "I did not order any of the food on my plate. I would never order food like this in one million years. Look at my meal ticket, I ordered egg salad sandwich."</p> <p>On 07/31/23 at 11:58 AM, V10 (Dietary) said, "We do not have eggs in the kitchen."</p> <p>On 07/31/23 at 1:57 PM, V5 (Dietary Manager) said, "The staff should have called the kitchen and requested egg salad. We provide residents with a select menu. The menu lists the choices we have for that meal. The resident's circle what they want to be served. We have eggs."</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>R8's Meal Ticket dated 07/31/23 at Lunch shows circles around chocolate brownie, hot tea, and egg salad sandwich.</p> <p>R8's weight Record dated 01/02/23 shows, 139 pounds. R8's weight record dated 07/09/23 shows, 122 pounds. A twelve percent weight loss in six months.</p> <p>R8's Diet Order started 12/09/22 shows, Regular diet, Regular texture, thin liquids consistency.</p> <p>The facility's Dining and Food Preferences policy dated 10/2019 shows, "The registered dietitian will review, consult with the resident, and adjust the individual meal plan. The alternate meal and/or beverage selection will be provided in a timely manner."</p> <p>(B)</p> <p>Statement of Licensure Violations (4 of 4)</p> <p>330.4220i)</p> <p>Section 330.4220 Medical Care</p> <p>i) Every resident shall be permitted to refuse medical treatment and to know the consequences of such action, unless such refusal would be harmful to the health and safety of others and such harm is documented by a physician in the resident's clinical record. (Section 2-104(c) of the Act)</p> <p>This REQUIREMENT was not met as evidenced by:</p>	S9999		
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S9999	<p>Continued From page 11</p> <p>Based on observation, interview and record review the facility failed to ensure a resident was given the right to refuse a medication for 1 of 8 residents (R7) reviewed for medical care in the sample of 8.</p> <p>The findings include:</p> <p>R7's Physician's Order Sheet shows an order for Clindamycin (antibiotic) 300 milligrams (mg) three times a day for prophylaxis.</p> <p>On 7/31/23 at 12:47 PM, V4 (Registered Nurse) opened up a capsule of Clindamycin 300 mg and put it in a medication cup. V4 added vanilla pudding to the medication cup. V4 walked into R7's room with the medication cup and a cup of additional pudding and said, "I have some pudding for you." R7 said, "Does it have medicine in it?" V4 responded, "No, it is just pudding." R7 said, "Are you sure?" V4 responded, "No medicine, just pudding." R7 took a bite of the pudding from the medicine cup and said, "It sure does taste like there is medicine in it." V4 said, "No there is not, it's just pudding." V4 gave her the other cup of pudding and said, "See it's just pudding." R7 tasted the pudding and said, "This one tastes ok but I can taste the medicine in the other one." V4 then stated, "There is nothing in this, do you want another bite?" R7 refused to take another bite.</p> <p>On 8/1/23 at 9:00 AM, V6 (Licensed Practical Nurse) said that R7 is alert and oriented and can make her own decisions. V6 said that R7 is on a prophylactic antibiotic due to a chronic wound that keeps opening on her leg. V6 said that R7 prefers her antibiotic capsule opened up and put in pudding. V6 said that sometimes she does refuse to take it but her doctor is aware. V6 said that</p>	S9999		
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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6015382</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/01/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WEALSHIRE PLUS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>170 JAMESTOWN LANE LINCOLNSHIRE, IL 60069</b>
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(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 12</p> <p>staff should always tell a resident if they are giving them medication and if they want to refuse it, that is their right. V6 said that staff should never lie to a resident.</p> <p>The Facility's undated Resident Admission Packet shows, "The resident has the right to be informed of, and participate in, his or her treatment, including:...The right to request, refuse, and/or discontinue treatment..."</p> <p>(B)</p>	S9999		