Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING: \_ **B. WING** IL6001697 10/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE SNF CHICAGO RIDGE, IL 60415 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure Survey \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)1) 300.1210d)2) 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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 Attachment A care and personal care shall be provided to each Statement of Licensure Violations resident to meet the total nursing and personal Illinois Department of Public Health

STATE FORM

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

TITLE

PRINTED: 12/06/2023 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: IL6001697 B. WING 10/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY **CHICAGO RIDGE SNF** CHICAGO RIDGE, IL 60415 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 care needs of the resident. 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: Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. All treatments and procedures shall be administered as ordered by the physician. These requirements are not met as evidenced by: Based on observation, interviews and records reviews the facility failed to ensure to continue to provide substance abuse maintenance medications for one resident admitted with opioid dependency. This failure affected one of three residents reviewed for treatment orders followed in the sample. This resulted in one resident (R372) not receiving her medication for 3 days, following admission to the facility. R372 reported not feeling well, being sweaty, and staff observed R372 to be "fidgety". In addition, the facility failed to follow MD orders by not securing an abdominal wound dressing. This affected one of three residents (R222) reviewed for wound dressing in the sample. This failure resulted in R222 not having the dressing change at least twice a day which left the wound and wound packing exposed with noted fecal matter on the wound area. The findings include: R372 is a 55 year old admitted to the facility on 10/13/23 from the hospital. Diagnosis include but not limited Type II Diabetes, Asthma, and Illinois Department of Public Health

Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: \_ B. WING 10/18/2023 IL6001697 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10602 SOUTHWEST HIGHWAY **CHICAGO RIDGE SNF** CHICAGO RIDGE, IL 60415 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 Continued From page 2 S9999 Psychoactive Substance Dependence. On 10/15/23 at 10:04AM R372 said I have not received my methadone in 2 days. On 10/15/23 at 2:55 PM V5, Nurse, checked the medication cart. V5 said no, R372's medications have not been delivered yet. V5 said R372 is on Seroquel and Methadone only. Surveyor with V5 at the medication cart who said there are no bottles/vials of Methadone on the medication cart. V5 said I am calling the pharmacy about R372's medications. On 10/16/23 at 9:51AM R372 said I still have not received my Methadone. I'm feeling sick. I don't feel good and I'm all sweaty. The nurse gave me Tylenol this morning, but it's not working. R372 said I need my medications. On 10/16/23 at 9:53 AM V7, Licensed Practical Nurse said R372 did not get her Methadone. V7 said I gave her Tylenol this morning. At 9:56AM R372 came to the nurses station holding her right side and said to V7 my whole side hurts. On 10/16/23 at 1:05PM V15, Transportation Scheduler said, R372 has been scheduled to go to the Methadone Clinic for treatment on 10/19/23 (6 days since admission). On 10/16/23 at 1:15PM V15 said V2, Regional Director, just told me to send R372 to her appointment tomorrow by private transportation. I saw R372 in the hallway and she was looking "fidgety" in the hallway, I noticed her as I was walking by. On 10/16/23 at 1:20PM V7 said I assessed R372 this morning, she was fine, no symptoms.

Illinois Department of Public Health

PRINTED: 12/06/2023 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 IL6001697 10/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE SNF CHICAGO RIDGE, IL 60415 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) S9999 Continued From page 3 S9999 On 10/17/23 at 9:43AM V17, Substance Abuse Counselor, said I saw R372 in group yesterday. R372 is an alcoholic and participated in the group for alcoholism. I got the list yesterday when she came to group. V17 said today I am working on my admission evaluation for R372 with her answering questions personally. V17 said R372 did not report any symptoms of withdrawal to me vesterday. V17 said symptoms can include sick to her stomach, pain, restless anxious, behaviors. disruptive behaviors, shakes, and chills or hot flashes. V17 said for Heroin use the Methadone is used to help the body adjust and may stop the craving. V17 said it will throw the patient off if they are cut off. She did not tell me anything yesterday. On 10/17/23 at 1:48PM V3, Director of Nursing, said I receive an email when potential new admissions are coming. V3 said I was notified by email (as reading to the surveyor) that R372 is being admitted for Methadone. V3 said when a resident is admitted from the hospital it is important for the residents to get their dosing. V3 said residents should not be waiting 6 days to get their Methadone dosing because they could go into withdrawals. On 10/18/23 at 12:07PM V28, Nurse Practitioner, V28 said when a resident is admitted I expect them to receive their Methadone within a day. On 10/18/23 at 12:32PM V3 said the facility does not have a policy to address residents admitted for Methadone Treatment. Physician order dated 10/14/23 reads Methadone HCl Oral Solution 5 MG/5ML (Methadone HCl), give 18 ml by mouth one time a day for

Illinois Department of Public Health

STATE FORM

**VNJ611** 

PRINTED: 12/06/2023 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: IL6001697 B. WING 10/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE SNF CHICAGO RIDGE, IL 60415 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES 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 DEFICIENCY) S9999 Continued From page 4 S9999 antipsychotic, 18ml daily x7days. Progress Notes dated 10/15/23 states Methadone HCI Oral Solution 5 MG/5ML, give 18 ml by mouth one time a day for antipsychotic, 18ml daily x7days. "On order." Care plan reviewed on 10/16/23 morning by the surveyor, does not identify R372's history of substance use/abuse. Care plan provided to the facility on the morning of 10/17/23 includes substance abuse. R372's hospital records dated 10/6/23 state R372 is a heroin and history of cocaine user. On 10-17-23 at 10:04 AM, surveyor noted R222 lying in bed with abdominal dressing partially open exposing the wound and wound packing. Surveyor noted small amount of fecal matter on the wound dressing with stool visible in the colostomy. R222's abdominal pad was twisted and taped across the top and the right lower corner. The lower left corner of the abdominal pad was not secure, tape was noted on R222 left lower abdomen. R222's wound and abdominal packing could be seen from the entire left lateral side of the dressing. On 10-17-23 at 10:04am, R222 said, "I have been waiting on staff for three hours to change my dressing. My dressing was last changed at 11:00 AM yesterday. My dressing has been open all night." On 10-17-23 at 10:00 AM, V2 (DON) said R222's TAR documents the wound dressing was done once on 10-14-23, 10-15-23, 10-16-23, and 10-17-23.

Illinois Department of Public Health

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ B. WING IL6001697 10/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY **CHICAGO RIDGE SNF** CHICAGO RIDGE, IL 60415 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 5 On 10-17-23 at 10:09am, V2 (DON) said, R222's dressing is soiled with spots of feces and was not secure. V2 said she expected R222's dressing to be clean and secure. V2 said R222 is at risk for infection related to the wound being exposed. dressing soiled with feces from the colostomy bag, and dressing not being secure and intact. On 10-17-23 at 11:58 AM, V25 (LPN) said she say R222's abdominal dressing was moderately saturated with drainage and the dressing was partially open. exposing view of the wound and wound packing. V25 said she did not see any fecal matter. During R222's med pass, R222 said he needs a dressing change and dressing was partially open. R222's treatment administration record documents (dated 10-1-23 to 10-31-23) abdominal treatment was provided once on 10-14-23, 10-15-23, 10-16-23, and 10-17-23. Physician order sheet dated 10/12/23 documents: Abdomen- Clean with normal saline, then pat dry. then place wet to dry gauze inside wound, cover with ABD pad and secure with tape 2x daily and as needed. Physician Order Policy (reviewed 11/22) documents Purpose: To provide guidance to ensure physician orders are transcribed and implemented in accordance with professional standards. (B)