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: _ IL6008593 B. WING 09/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2534 ELIM AVENUE** GROVE AT THE LAKE, THE ZION, IL 60099 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure and Certification Survey \$9999 Final Observations S9999 Statement of Licensure Violations 1 of 2 300.610a) 300.1210d)5) 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 Pursuant to subsection (a), general Attachment A nursing care shall include, at a minimum, the **Statement of Licensure Violations** following and shall be practiced on a 24-hour, seven-day-a-week basis: 5) A regular program to prevent and treat Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

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	area. The open area was red with some white tissue inside. V4 WCN stated, it was an in house acquired sacral wound.			**		
	On September 26, 2023 at 1:54 PM, V4 Wound Care Nurse (WCN) stated, she first saw R108's sacral wound on June 6, 2023 it was a DTI (deep tissue injury). She doesn't know why she doesn't have an assessment done. She didn't have measurements, a picture or any other information about the wound. She confirmed the first wound assessment was done on June 14, 2023 with the wound care doctor. "I honestly don't know why it is not in there (assessment done on June 6, 2023)." She also stated, R108 is dependent on staff for turning, repositioning and changing. R108's minimum data set dated August 16, 2023 shows, she is not cognitively intact and requires extensive assist of two people for bed mobility, toilet use ad personal hygiene. R108's care plan (not date) shows, "R108 At risk for skin breakdown d/t (due to): DM (Diabetes					
	Incontinent, Use of a of 13, Actual skin alt injury stage 4." The facility's Skin Carevised July 28, 202: It is the policy of this identification, docum appropriate topical triskin breakdown."	ertension), Impaired mobility, anticoagulant, Braden score eration, Sacrum: pressure are Treatment Regimen last 3 shows, "Policy Statement: facility to ensure prompt entation and to obtain eatment for residents with				
	was changing R131's V9 Wound Care Phy	i, 2023 at 9:42 AM, V4 WCN s sacral wound dressing with sician and V29 Certified NA). R131 did not have a				

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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: _ C IL6008593 B. WING 09/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2534 ELIM AVENUE GROVE AT THE LAKE, THE** ZION, IL 60099 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 It is the policy of this facility to ensure prompt identification, documentation and to obtain appropriate topical treatment for residents with skin breakdown." - B -2 of 2 300.340 c) 3) C) iii) Section 300.340 Incorporated and Referenced Materials c) The following statutes and State regulations are referenced in this Part: 3) State of Illinois rules C) Department of Public Health: iii) Food Code (77 III. Adm. Code 750) This REQUIREMENT was not met as evidenced Based on observation, interview, and record review the facility failed to ensure a food service employee renewed their Food Handler's Certification after it expired. This has the potential to affect all residents residing in the facility. The findings include: The CMS 672 dated 9/25/23 shows the facility has 146 residents residing in the facility. On 9/25/23 at 10:26 AM, V22's (Dietary Aide) Food Handler's Certification hanging on the kitchen bulletin board has an expiration date of

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