

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006837	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/10/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS OAKTON PAVILLION	STREET ADDRESS, CITY, STATE, ZIP CODE 1660 OAKTON PLACE DES PLAINES, IL 60018
--	---

(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
S 000	Initial Comments Complaint Investigation: 2390652/IL155681	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210d)2)3)5) 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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) 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: 2) All treatments and procedures shall be administered as ordered by the physician. 3) 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. 5) A regular program to prevent and treat pressure sores, heat rashes or other skin	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006837	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/10/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS OAKTON PAVILLION	STREET ADDRESS, CITY, STATE, ZIP CODE 1660 OAKTON PLACE DES PLAINES, IL 60018
---	---

(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 1</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure a resident's negative pressure wound therapy machine was continuously on when applied to a pressure wound for 1 of 3 residents (R5) reviewed for pressure wounds in the sample of 9. This failure resulted in R5 developing an infected pressure wound and sent the hospital.</p> <p>The findings include:</p> <p>R5's Face Sheet shows that he was admitted to the facility on 12/21/22. R5's hospital After Visit Summary does not show a medication order for antibiotics on admission. R5's Wound Management Detail Report dated 12/22/22 shows that R5 had a stage 4 sacrum ulcer measuring 11 centimeters (cm) x 8 cm x 2 cm that had a heavy amount of serosanguineous drainage (clear/bloody draining that is present in a healthy healing wound) with no odor present. R5 had a negative pressure wound therapy (wound V.A.C) machine attached to the wound.</p> <p>R5's Physicians Order Sheet shows an order dated 12/22/22 for, "Site: Sacrum-cleanse area</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006837	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/10/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS OAKTON PAVILLION	STREET ADDRESS, CITY, STATE, ZIP CODE 1660 OAKTON PLACE DES PLAINES, IL 60018
---	---

(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 2</p> <p>with noncytotoxic wound cleaner, pat dry, apply skin prep, drape, black foam to wound bed, drape, connect the wound vac at 125 mmHg continuous suction. May use Dakins soaked gauze and foam or bordered gauze if wound vac seal is not achievable."</p> <p>R5's Nursing Notes dated 12/26/22 at 10:47 AM shows, "Wound care update-Upon assessment of sacral wound I observed there was no seal and the wound vac dressing was completely soaked, wound bed had a foul odor, erythema on peri wound and maceration, NOD (nurse on duty) reported she "turned the machine on this am."</p> <p>On 2/10/23 at 9:30 AM, a wound V.A.C machine was observed in a resident room. The machine had a note on it that said, "Do not turn this machine off."</p> <p>On 2/10/23 at 12:00 PM, V18 (Licensed Practical Nurse) said that she worked on 12/26/22 the day shift. V18 said that during her morning rounds she went into R5's room and it smelled horrible. V18 said that she checked the wound V.A.C machine and it was off. V18 said that she then turned the wound V.A.C machine on and notified the wound nurse.</p> <p>On 2/10/23 at 11:15 AM, V4 (Wound Registered Nurse) said that wound V.A.Cs are never to be turned off unless the dressing is being changed. V4 said that she has notes on each machine that says to not turn them off. V4 said that wound V.A.Cs can only be left off for about 2 hours before the resident is at risk for infections, drainage accumulation and wound deterioration. At 11:35 AM, V4 said that she came in Monday morning (12/26/22) and the day shift nurse said that they were having issues with the machine</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006837	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/10/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS OAKTON PAVILLION	STREET ADDRESS, CITY, STATE, ZIP CODE 1660 OAKTON PLACE DES PLAINES, IL 60018
---	---

(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 3</p> <p>beeping and she "turned it on" when she came in. V4 said that she asked her how long the V.A.C had been turned off and the nurse did not know. V4 said that the nursing staff is directed to call her if the machine is beeping and if she cannot attend to the machine right away, the machine should be removed and a wet to dry dressing should be placed on the wound until she can re-apply the wound V.A.C.</p> <p>R5's Wound Culture Report dated 12/28/22 shows there was heavy growth of Escherichia coli and moderate growth of Enterococcus species present.</p> <p>R5's Nursing Notes on 12/30/22 show, "Relayed wound culture lab results to [Nurse Practitioner], with order to send resident out for further evaluation due to worsening infection to sacral wound."</p> <p>On 2/10/23 at 12:15 PM, V19 (Emergency Room Registered Nurse) said that R5's Emergency Room Report from 12/30/22 documents that he arrived at the hospital with a 15 cm x 15 cm sacral wound that had purulent draining (white/yellow drainage that is a sign of infection) and a foul odor present.</p> <p>R5's Care Plan dated 12/27/22 shows, "[R5] is currently receiving negative pressure wound therapy due to pressure ulcer..[R5's] ulcer will not increase in size. Ulcer will not exhibit signs of infection.....Confirm the unit is on and set the appropriate negative pressure settings, that the foam is collapsed and NPWT device is maintaining the prescribed therapy and pressure. Address and resolve alarm issues....If seal the seal is broken, or alarm is [sic] does not resolve remove and apply moist dressing and notify MD</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006837	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/10/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS OAKTON PAVILLION	STREET ADDRESS, CITY, STATE, ZIP CODE 1660 OAKTON PLACE DES PLAINES, IL 60018
--	---

(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 4 (Medical Doctor)."</p> <p>The facility's undated (brand name) Negative Pressure Wound Therapy Quick Reference Card shows, "Warning alarms need to be addressed as soon as possible. The therapy is stopped or lessened as long as the cause of the alarm is not corrected. If you are unable to correct the cause of the alarm, contact the physician for instructions. If you are unable to reach the physician, contact an emergency room for assistance.....Failure to obtain and follow instructions from the treating physician could result in injury or death."</p> <p>"B"</p>	S9999		