

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013353	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/30/2023
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NAME OF PROVIDER OR SUPPLIER ALDEN TOWN MANOR REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 6120 WEST OGDEN CICERO, IL 60804
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S 000	Initial Comments Annual Certification and Licensure Survey Facility Reported Incident of 2/6/2023 / IL156385	S 000		
S9999	Final Observations (State Licensure Violations 1 of 2) Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b) 300.1210d)5 Section 300.610 Resident Care Policies a) 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. 300.1210 Section General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that	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>includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>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.</p> <p>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:</p> <p>5) 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.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to prevent a resident who is incontinent of bowel and bladder and requires extensive assistance from staff for ADL (Activities of Daily Living) care, from developing a pressure ulcer. These failures affected one (R18) of four residents reviewed for pressure ulcers and resulted in (R18) developing a Stage 3 sacral wound after being admitted to the facility with skin intact.</p> <p>Findings include:</p> <p>R18 is an 83-year-old female who was admitted to the facility on 1/4/2023, with past medical history including but not limited to chronic kidney disease stage 4, hypertensive heart disease, type 2 diabetes with Diabetic Peripheral Angiopathy, anemia, dementia, etc.</p> <p>03/28/23 10:22 AM, resident was observed sleeping in bed with pressure relieving mattress activated, resident was unable to answer any questions.</p> <p>Braden scale assessment dated 1/5/2023 document a score of 14 (moderate risk) for pressure ulcer.</p> <p>New admission skin assessment dated 1/5/2023 documented old bruise to bilateral upper extremities, old scab to heels, skin intact, no concerns.</p> <p>Facility' pressure ulcer list received 03/27/23 documented that R18 has a facility acquired pressure ulcer.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Physician order dated 1/4/2023 stated to conduct skin checks one time a day, every Thursday. Documentation of weekly skin checks not provided during the course of this survey.</p> <p>Minimum Data Set (MDS) assessment 3/15/2023 section G (functional status) coded resident as requiring extensive to total dependence on staff for all activities of daily living (ADL). Section H (Bowel and Bladder) of the same assessment coded resident as always incontinent for bowel and bladder.</p> <p>Care plan initiated 1/5/2023 documents the following: resident has potential for alteration in skin integrity CKD, DM, COPD, Osteoporosis, Dementia, Emphysema, Anemia, Long term use of Anticoagulants, depression, and hx of falls. Skin Observation completed old bruising to the bilateral upper extremities, Toenails thick yellow, heels firm, and dry/closed black scab to the LLE Interventions include Inspect skin daily with care, Pericare after incontinent episodes, Barrier cream to areas exposed to moisture/incontinence, etc.</p> <p>ADL care plan initiated 1/9/2023 documents: resident has an ADL Self Care Performance Deficit Decreased Functional Ability, Fluctuating ADLs, Poor coordination. Interventions include Assist with ADL tasks as needed, Check skin for changes during bathing etc.</p> <p>Review of facility concern/grievance log showed a documentation of concern from resident's daughter dated 1/29/2023, stating that the C.N.A for the morning shift did not change resident on that day (sent the previous day), she showed resident's wet clothing to the afternoon shift staff.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Further review of medical record shows the following documentation: 2/15/2023 10:00 Skin / Wound Progress Note Per Nurse request: Resident observed with MASD to the Perineum area and Buttocks. Primary made aware. Daughter updated. Orders received and carried out. Preventive measures in place. WC will monitor/ follow.</p> <p>Further review of medical record shows the following progress note dated 2/15/2023: Daughter called and asked for writer to evaluate her mom's buttock Sacral area. writer completed a body assessment small opening noted to the resident sacral area. writer cleansed and barrier protection applied. resident changed and re positioned made as comfortable as possible. No pain verbalized or observed at this time. call light is within reach Will have wound care to follow up for treatment.</p> <p>2/15/2023 11:12 Nurses Note, Note Text: wound care has evaluated the buttock sacral area. Writer awaiting orders. daughter of resident notified of the findings. She has no questions or concerns currently. plan of care will continue as ordered.</p> <p>Wound assessment dated 3/7/2023 documented two wounds; Wound 1- perinium buttocks diaper dermatitis and Wound 2 - sacral 3, with light exudate measuring 3.5 x 2.0 x 0.1.</p> <p>Wound note assessment dated 2/28/2023 documented a stage 3 pressure ulcer to the sacrum measuring 9.8 x 9.8 x 0.2 and volume of 19.21.</p> <p>3/29/2023 at 12:00PM, V9 (LPN/wound care) said that the wound team picked up resident on</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>2/2/2023 for Moisture Associated Dermatitis (MASD) to the perinium. The MASD was caused by moisture and being wet, resident is incontinent of bowel and bladder. V9 added that on 3/7/2023, resident was seen by the wound doctor who categorized her wound as a stage 3 facility acquired pressure ulcer to the sacrum measuring 3.5 x 2.0 x 0.1. The current treatment is Medi honey adapted or calcium alginate and Metro Cream External Cream 0.75 % (Metronidazole (Topical)), apply as needed. V9 said that resident was admitted to the facility with intact skin. Some of the interventions to prevent the development of pressure ulcer include timely incontinent care, turning and repositioning and completion of skin checks. V9 added that she does not know what happened, she was not here all the time.</p> <p>Document presented by V4 (DON) titled, Prevention and Treatment of Pressure Injury (dated 3/02/2021), states in part, that it is the policy of the facility to identify residents at risk for developing pressure injuries, identify the presence of pressure injuries and other skin alterations, implement preventive measures and appropriate treatment...through individualized resident care plan. Under procedures, the policy states that at least daily, staff should remain alert for potential changes in the skin condition during resident care.</p> <p>(B)</p> <p>State Licensure Findings 2 of 2</p> <p>300.610a) 300.1210a) 300.1210b)5) 300.1210c)</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>300.1210d)6) 300.1220b)3)</p> <p>a) 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.</p> <p>300.1210 Section General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>b) The facility shall provide the necessary care</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>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.</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>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:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>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 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. The plan shall be reviewed at least every three months.</p> <p>These regulations were not met as evidence by:</p> <p>Based on observation, interview, and record review, the facility failed to have effective and resident-centered interventions in place to prevent falls for a resident with a history of falls. This failure applied to one (R5) of eight (R5, R91, R32, R95, R101, R17, R34, and R138) residents reviewed for falls and resulted in (R5) having five falls in under two months, two of which resulted in injuries, including an odontoid fracture and requiring three stitches to the left side of her head.</p> <p>Findings include:</p> <p>R5 is an 85 year old female originally admitting to the facility on 4/18/2018 with multiple diagnoses including but not limited to the following: fibromyalgia, polyosteoarthritis, AFib, dementia, hypothyroidism, depression, osteoporosis, psychosis, pain, CKD III, bipolar disorder, type II DM, HTN, and moderate protein calorie malnutrition.</p> <p>Facility falls incident reports show R5 has had unwitnessed falls on 1/2/23, 1/16/23, 1/22/23, 2/1/23, and 2/22/23. It is to be noted that the falls 2/1/23 and 2/22/23 resulted in injuries requiring</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>R5 to be hospitalized.</p> <p>Facility incident report dated 2/1/23 states in part but not limited to the following: R5 stated that she fell on the floor and rolled out of the bed. R5 ambulated with her walker to the nurse's station. R5 has complained of headache, pain to back of neck and upper back pain. Complete body assessment done: swelling and a bump to right side of forehead right above eyebrow noted. Redness and bruising below right eye with minimal bleeding noted. R5 transferred to hospital for further evaluation.</p> <p>Hospital records dated 2/1/23-2/13/23 state in part but not limited to the following: Admitting diagnosis of closed type II fracture. Patient presented after unwitnessed fall at nursing home. Recommended no surgical intervention, C-Collar. Assessment/plan: Ground level fall, type II odontoid fracture, T11 subacute fracture, and chronic thoracic compression fracture.</p> <p>Reviewed imaging results from MRI cervical spine without contrast, CT thoracic spine without contrast, and lumbar spine 2D reformatted.</p> <p>Facility incident report dated 2/22/23 states in part but not limited to the following: R5 ambulated out of room pushing wheelchair and nurse noted lump and small laceration to forehead. R5 stated "I was sitting on the toilet and I fell asleep. I fell off the toilet and hit my head." R5 stated she had a headache. Received order to send to emergency room for evaluation. R5 returned to facility with dry dressing and three sutures to forehead.</p> <p>Hospital records dated 2/22/23 states in part but not limited to the following: Diagnoses: fall with closed head injury and forehead laceration</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>Facility progress note dated 2/22/23 states in part but not limited to the following: R5 will be returning to facility with 3 stitches to the left side of her forehead.</p> <p>On 3/27/23 at 10:15 AM, this surveyor observed R5 to be in room with door closed. R5 was observed sitting in chair in room wearing own clothes and shoes. No fall mats were noted on either side of resident bed at this time.</p> <p>On 3/28/23 at 11:00AM, R5 was observed to be in room with door closed. Upon entrance, resident was standing in bathroom brushing her hair by herself.</p> <p>3/28/23 at 11:30AM, V16 (Agency Licensed Practical Nurse) was interviewed regarding the resident's she was assigned to. V16 said she currently has no residents who are a high fall risk. It is to be noted that R5 was assigned to V16. V16 says they are notified about residents who are high fall risk by the previous nurse on duty, by the certified nursing assistants (CNA's) on duty, or within a daily communication. V16 said she was not notified of any resident being a high fall risk.</p> <p>3/28/23 at 12:00PM, it was noted that R5's bedroom door was still closed. V6 (Restorative RN/Fall Coordinator) was interviewed regarding R5. V6 said R5 is at a very high risk for falls. She says some of the interventions we have in place for her are we moved her room to the first floor with no roommates and close to the nursing station, her room is clutter free, the bed is in the lowest position or an appropriate position for her to transfer independently, all items are within close reach, she is provided with a wheelchair</p>	S9999		
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S9999	<p>Continued From page 11</p> <p>and rolling walker for mobility aid. We have tried fall mats when she was on the second floor but they decreased her ability to ambulate safely. At this time, R5 was shuffling through room making bed and organizing clothes. V6 said agency nurses are notified of residents who are at a high risk for falls through reports, meetings, and in their plan of care.</p> <p>On 3/29/23 at 9:55AM, V6 (Restorative RN/Fall Coordinator) said that all R5's falls have been unwitnessed. Said R5 would come out of her room and let the staff know that she had fallen. I updated the resident's plan of care to add interventions and discontinue interventions if they are not appropriate anymore.</p> <p>Facility most recent Minimum Data Set dated 12/29/22 states in part but not limited to the following: R5 needs supervision defined as oversight, encouragement, and cueing with bed mobility, transfer, walking in room and corridor, locomotion on and off unit, and extensive assistance with personal hygiene. R5 needs supervision or touching assistance with rolling left and right, sit to lying, lying to sitting on side of bed, sit to stand, chair to bed/bed to chair transfer, toilet transfer, and walking.</p> <p>R5's care plan originally initiated 4/27/2018 states in part but not limited to the following: Focus: R5 has an ADL self-care performance deficit secondary to activity intolerance, confusion, decreased motivation, and fatigue. ADLs noted to fluctuate from time to time due to dementia. Requires supervision/cues/encouragement.</p> <p>R5's care plan originally initiated 4/18/2018 states in part but not limited to the following: Focus: R5 is at risk for falls r/t impaired memory, judgement,</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER ALDEN TOWN MANOR REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 6120 WEST OGDEN CICERO, IL 60804		
(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	Continued From page 12 and safety awareness, history of falls, osteoarthritis, AFib, dementia, presence of pacemaker, use of wheelchair, use of walker, and use of antidepressant medication. Interventions: Bilateral floor mats dated 2/14/23; Encourage R5 to report falls to staff as they happen dated 1/2/23; low bed dated 2/14/23; encourage appropriate use of assistive devices; keep items within reach; provide an environment clear of clutter. Facility policy dated 8/2020 states in part but not limited to the following: Policy: The facility will assess hazards and risks, develop a plan of care to address hazards and risks, implement appropriate resident interventions, and revise the resident's plan of care in order to minimize the risks for fall incidents and/or injuries to the resident. Procedure: 3. Develop a plan of care to include goals and interventions which address resident's risk factors. Risk factors may include but are not limited to the following: contributing diagnoses and comorbidities, history of fall incidents, assistance required with ADL's, balance issues, behaviors, and/or cognitive status. 9. Review and/or modify the resident's plan of care at least quarterly and as needed in order to minimize risk for fall incidents and/or injury. (A)	S9999			