

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007322	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/06/2023
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NAME OF PROVIDER OR SUPPLIER AVANTARA EVERGREEN PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 10124 SOUTH KEDZIE EVERGREEN PARK, IL 60805
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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
S 000	Initial Comments Annual Licensure and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210a) 300.1210b) 300.1810a) 300.1810b) 300.1810c)3) 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. Section 300.1210 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	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>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 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>Section 300.1810 Resident Record Requirements</p> <p>a) Each facility shall have a medical record system that retrieves information regarding individual residents.</p> <p>b) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible and available at all times to those personnel authorized by the facility's policies, and to the Department's representatives.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>c) Record entries shall meet the following requirements:</p> <p>3) Medical record entries shall include all notes, orders or observations made by direct resident care providers and any other individuals authorized to make such entries in the medical record, and written interpretive reports of diagnostic tests or specific treatments including, but not limited to, radiologic or laboratory reports and other similar reports.</p> <p>These Requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to follow their skin care treatment policy by not assessing a resident's skin for breakdown and failed to have a plan of care in place to address assessment and monitoring of a resident's skin with a soft cast in place. This failure affected one (R12) of one resident reviewed for skin breakdown and resulted in R12 developing a vascular injury to the top of his right foot measuring 7.00 x 6.80, with an unknown length and area of 47.60cm.</p> <p>Findings include:</p> <p>R12 is a 79-year-old man who has resided at the facility since 8/30/2022 with past medical history including, but not limited to Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, wedge compression fracture of T7 -T8 vertebra subsequent encounter for fracture with routine healing, essential primary hypertension, type 2 diabetes, anemia, etc.</p> <p>Per record review, facility minimum data set (MDS) assessment dated 2/7/2023 section C</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>(cognitive) coded R12 with a BIMS score of 14 (cognitively intact), section G (functional) coded resident as requiring extensive assistance with two-person physical assist for transfer, extensive with one-person physical assist for bed mobility, locomotion non and off unit, dressing, toilet use and personal hygiene. Section H (bowel and bladder) of the same assessment coded resident as always incontinent of bowel and bladder.</p> <p>04/03/23 11:00 AM, R12 was observed in his room, awake and alert and stated that he is doing okay. R12 stated that he needs to see a podiatrist, he saw one in December and since then no one has been here. R12 said he has wounds to his legs and the one on top of his right foot resulted from him wearing a cast for too long.</p> <p>4/3/2023 at 2:23 PM, observed wound care for R12 with V4 (LPN/wound care and V21 RN/wound care) and noted a large area of excoriation on top of R12's right foot. V4 was asked how the resident got the injury and she said, the resident had a cast, and the wound was under the cast; it was discovered when he went to the orthopedic doctor on 3/31/2023. He has an order for Betadine on Xeroform to top of the right foot.</p> <p>Wound assessment dated 3/28/2023 documented a facility acquired vascular wound to the top of right foot measuring 7.00 x 6.80 with an unknown depth, with an area of 47.60cm.</p> <p>Review of R12's care plans, did not include any plan of care related to care of the soft cast on R12's right foot.</p> <p>Care plan initiated 2/10/2023 states the following: R12 is at risk for alteration in skin integrity</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>including pressure injury due to impaired mobility, incontinence, repeated falls, and disease process associated with dx: lt side hemiparesis post CVA, anemia, HTN, HLD, DM2, prostate CA, polyneuropathy, and retinal ischemia. Resident will not incur any pressure injuries through the next review as evidenced by absence of pressure injuries. Interventions include Follow facility policies/protocols for the prevention/treatment of skin breakdown. Obtain and monitor lab/diagnostic work as ordered. Report results to MD and follow up as indicated. Turning and Repositioning, Use lifting device, draw sheet, etc. to reduce friction.</p> <p>On 4/4/2023 at 2:00 PM, V16 (LPN) said that she was the assigned nurse for R12 the day he went for an appointment. R12 had two escorts when he left, he did not complain of anything to her, she came back the following day and was told that resident had a cast, she is not sure what happened. V16 added that the cast was wrapped up, she never took care of it, just gave resident his medications.</p> <p>At 2:52 PM, V2 (DON) said that there was no treatment for R12's cast, the skin under the cast should be assessed by the wound care team and it should be documented in the medical record.</p> <p>4/5/2023 at 10:40 AM, V4 (Wound Care Coordinator) said that she does not know the date the resident got the cast, they were not doing any treatments or assessment of the cast; she was notified of the injury by another nurse on 3/28/2023.</p> <p>Surveyor requested for any documentation of when the resident got the cast and how long it was on the resident, but none was provided.</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>Review of R12's medical records show a hospital after-visit summary dated 2/20/2023 which includes instructions for caring for a knee sleeve or brace and reads: to wear the knee sleeve or brace as told by the doctor. Take it off only as told by the doctor, loosen if toes tingle, become numb turn cold or blue. Keep it clean, if sleeve or brace is not waterproof do not get it wet...</p> <p>Document presented by V2 (DON) titled, "Skin Care Treatment Regimen," (revised 7/28/2022) states that it is the policy of the facility to ensure prompt identification, documentation and to obtain appropriate topical treatment for residents with skin breakdown. The same policy states, in part, that residents who are not able to turn and reposition themselves will be turned and repositioned every 2 hours unless specified in POS (physician order summary).</p> <p>(B)</p>	S9999		
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