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 IL6009856 06/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST 69TH STREET **WENTWORTH REHAB & HCC** CHICAGO, IL 60621 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigations: #2384076 /IL159928 #2384048 /IL159891 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300,1210d)3)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. 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 care needs of the resident.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ B. WING 06/08/2023 IL6009856 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST 69TH STREET **WENTWORTH REHAB & HCC** CHICAGO, IL 60621 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 2 to affect 56 residents at risk for pressure ulcer. Findings include: R2's medical record face sheet listed date of admission as 07/20/2022 with diagnosis that includes but not limited to: Hemiplegia and Hemiparesis following unspecified Cerebrovascular Disease Affecting Right Non-dominant side, Cellulitis Unspecified. Lymphedema not elsewhere classified, Unspecified Asthma uncomplicated. Essential hypertension, Type 2 Diabetes Mellitus without complications, Major Depressive Disorder, Recurrent unspecified, Morbid (Severe) Obesity due to excess calories, Suicidal Ideations, Cerebral Infarction unspecified. R2's MDS (Minimum Data Set) dated 4/20/23 scored R2's BIMS (Brief Interview for Mental Status) as 05 showing R2 is cognitively impaired. Section G of the MDS for ADL's (Activity of Daily Living) assistance coded R2 for transfer 4/3 showing R2 is totally dependent on staff, for performance with two persons + physical assist. Coded 3/3 for personal hygiene showing R2 needs extensive assistance and two persons + physical assist. On 05/17/2023 at 11:55am, R2 observed lying in bed wearing a hospital gown. V11 CNA (Certified Nursing Assistant) was in R2's room assisting R2's roommate. V11 stated, I'm about to change R2 now just give me a minute. On 5/17/2023 at 12:03pm observed V11 assisting R2 with incontinent care. Observed R2's right leg with open wound. V11 stated, "R2 has an open sore on that leg and so I (V11) applied Zinc cream on it to help it heal". V11 stated, "There are three open

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wounds on the bottom (referring to R2's

buttocks). I (V11) can show it to you because I'm

RJRM11

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stated, "I (V8) was not aware of the wound (Referring to R2's wound) until you (referring to

On 5/17/2023 at 12:15pm V9 LPN (Licensed Practical Nurse) assigned to R2 stated, "I don't know R2 has any wound/pressure ulcer because

the surveyor) showed it to me (V8)".

the treatment nurses deal with that".

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when I started charting".

right buttocks". V19 stated, "I (V19) did not receive any order for treatment until 05/17/23

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to facility.

fax the order to them (Outside agency

company)." V20 (Wound Care Nurse) presented a request form made to outside agency for low air loss mattress but was unable to present any email or faxed documentation to verify request was completed or air loss mattress was delivered

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like incontinence. The LALM is ordered because it can aid in healing of the pressure sore. It can evaporate some of the moisture, with the use of the zinc it can heal the open areas. R2 can benefit from the use of the mattress (Referring to LALM)". After assessing the resident skin and a

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exudate type and amount as serous and light. Treatment initiated 05/18/23 daily and PRN Normal saline, with zinc oxide. Left side torso described as blister with measurement in cm (centimeter) L x W x D (Length, Width and Depth) 1.3 x 2.5 x 0.2, exudate type and amount as

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my error because the pressure ulcer was there (referring to R2 buttocks). V3 then stated that when a skin impairment is noted by the CNAs it should be reported to the nurse in charge at the time and documented. V3 stated we (Facility) will have to correct this because the staff are just documenting without understanding of what was

been documented. Further review of the

document showed an entry that showed that R2 has skin impairment on 05/13/23 that was not

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followed accordingly. Responsible/oversees for assessing and documenting wound status and skin care. Administer or assist with wound treatments as ordered by the physician. Review

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