

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002687</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/23/2023</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>SHERIDAN VILLAGE NRSG &amp; RHB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5838 NORTH SHERIDAN ROAD CHICAGO, IL 60660</b>
--	--

(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  2384889/IL160902	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.1210b) 300.1210d)2) 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.  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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6002687	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED  C 08/23/2023
NAME OF PROVIDER OR SUPPLIER  SHERIDAN VILLAGE NRSG & RHB			STREET ADDRESS, CITY, STATE, ZIP CODE 5838 NORTH SHERIDAN ROAD CHICAGO, IL 60660		
(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>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>2) All treatments and procedures shall be administered as ordered by the physician.</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> <p>These requirements are not met as evidenced by:</p> <p>Based on observations, interviews, and record reviews the facility failed to follow their wound prevention policy to ensure 2 [R7, R10] residents did not develop pressure wounds and the facility failed to prevent pressure wounds from worsening for 1 [R7] resident. These failures resulted in R7 and R10 developing facility acquired pressure wounds; [R7] stage-4 (sacrum), stage-3 (left lateral heel), stage-2 (left fifth toe), and [R10] stage-3 (right ankle).</p> <p>Findings include,</p> <p>R7's clinical record documents in part; medical</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6002687	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 06/23/2023
NAME OF PROVIDER OR SUPPLIER  SHERIDAN VILLAGE NRSNG & RHB		STREET ADDRESS, CITY, STATE, ZIP CODE 5838 NORTH SHERIDAN ROAD CHICAGO, IL 60660		
(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>diagnosis of hypertensive heart disease without heart failure, weakness, need for assistance with personal care, dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety, and bipolar disorder. R7's physician orders and care plan does not document heel protectors as an intervention.</p> <p>R7's physician orders in part:                      - [ 5/5/23] Alginate calcium/Santyl Special                      Instructions: Cleanse sacrum area with normal saline, apply Alginate with silver/Santyl silver cover with gauze island with border. Once A Day.                      - [5/5/23] Cleanse wound of Left medial foot/Right medial heel with normal: Apply calcium alginate with silver/povidone gel, cover with gauze island with border. Once A Day                      - [ 4/30/23] Leptospermum Honey/Iodoform, Special Instructions: Cleanse Right Hip with normal saline, pack iodoform gauze packing strips, apply gauze island with border.</p> <p>On 6/21/23, at 8:03 AM, surveyor observed R7 resting in bed laying on his left side, clean and dry. No heel protector boots in place.</p> <p>On 6/21/23 at 8:04 AM, V6 [Certified Nurse Assistant] stated, "I been working here for seven years. I am very familiar with the resident. R7 used to have heel protector boots, but I am not sure what happened to them."</p> <p>On 6/21/23 at 1:04 PM, surveyor observed V23 [Wound Care Physician] and V13 [Wound Care Nurse-Licensed Practical Nurse] assess R7's wounds. V23 stated, "R7's sacrum was initially noted moisture associated skin damage on 3/8/23, measured 3.1x 2.9 x0.4cm, today the sacrum area measures 6.2x 5.8x 0.2cm with</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6002887	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 06/23/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  SHERIDAN VILLAGE NRSG & RHB	STREET ADDRESS, CITY, STATE, ZIP CODE 5838 NORTH SHERIDAN ROAD CHICAGO, IL 60660
---	--

(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>2.0cm undermining, and there is muscle tissue exposed, the moisture associated sacrum area is now a stage 4 pressure wound. In the system I am not able to change the site etiology from moisture associated to stage 4 pressure ulcer. Last week (6/14/23), I noticed the muscle exposed, I should have classified the wound a stage 4 at that time, but the computer charting that I use, would not allow me to. Stage-3 left lateral heel facility acquired pressure wound noted on 3/15/23 measured 1.1x 1.3x 0.2cm, the area today measures 1.2x 1.5x 0.2cm. Today a new facility acquired pressure wound stage 2 on R7's left fifth toe with partial thickness, measuring 2.5x 3.6x not measurable. R7 was admitted (12/14/22) with right hip unstageable pressure wound measured 3.8 x 3.9 x 0.2cm, today the is stage-3 pressure right hip wound measures 7.2 x 6.0 x 1.9cm. R7 developed pressure wounds and the right hip worsening due to him being bed bound, moisture, and pressure. I did recommend R7 to keep the heel protector boots on at all times, while in bed. I do not know why R7 does not have them on his feet, now R7 has a new pressure wound on his toe." V18 stated, "I do not see the protective heel boots in the room, maybe the boots are in laundry, I am not sure."</p> <p>R10's clinical record document in part: medical diagnosis of: Paraplegia, Essential (primary) hypertension, and asthma. Physician order dated 5/26/23- Apply Calcium Alginate/Leptospermum honey, special instructions: cleanse right lateral ankle with normal saline; cover gauze island with border, once a day. R10's physician orders and care plan does not document heel protectors as an intervention.</p> <p>R10's minimum data set [MDS] Brief Interview Mental Status score= 15. Indicates R10 is</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6002687	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 06/23/2023
NAME OF PROVIDER OR SUPPLIER  SHERIDAN VILLAGE NRS&G & RHB		STREET ADDRESS, CITY, STATE, ZIP CODE 5838 NORTH SHERIDAN ROAD CHICAGO, IL 60660		
(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 4  cognitively intact  On 6/21/23 at 8: 38 AM, surveyor observed R10 resting in bed lying on his right side. Right foot was resting on the bed. R10 stated, "I was admitted here on 2/10/23, I did not have any wounds. I cannot move myself because I am paralyzed. The staff do not reposition me often. Staff assist me with repositioning maybe once to twice a shift. Laying on my side, for a long time caused me to develop a pressure wound. The nurses clean and dressed my wound maybe three times per week, only because I keep asking them. Most of the nurses tell me no, it is not their job to complete wound care, it is the wound nurse responsibility. I have not had any heel protector boots since I have been here at this facility. Also, when I get dressed and, in my wheelchair, the nurses do not put anything on my feet to protect them from pressure."  On 6/21/23 at 11:42 AM, V18 [Wound Care Nurse-Licensed Practical Nurse] stated, "I been working here almost a year as the treatment nurse. I been a Licensed Practical Nurse for ten years. I only work on Wednesdays and Thursdays. On Wednesdays I make wound rounds with V23 [Wound Care Physcian]. Thursdays I completed my documentation from wound rounds. The staff nurses complete the daily wound care. New admission and re-admissions are assessed, however there were no measurements taken. After I see the resident have a pressure ulcer, I'll fax their face sheet over to V23. The resident is seen on the upcoming Wednesday. At that time V23 will assess the wound and complete measurements. There are times resident's weekly measurements were missed due to V23 being out of town. The wound care treatments continue to be completed."	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6002687	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 06/23/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  SHERIDAN VILLAGE NRS&G & RHB	STREET ADDRESS, CITY, STATE, ZIP CODE 5838 NORTH SHERIDAN ROAD CHICAGO, IL 60660
--	--

(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 5</p> <p>On 6/21/23 at 12:52 PM, V7 [Licensed Practical Nurse] stated, "R10 is left out the facility on pass with a family member."</p> <p>On 6/21/23 at 1:15 PM, V23 [Wound Care Physician] stated, "On 5/31/23, R10 was noted with a facility acquired pressure ulcer to the right ankle, stage 3 measured 1.6 x 1.9x 0.3cm. On 6/14/23, R10's right ankle measured 1.8 x 2.1x 0.3 cm. R10's right ankle wound got larger due to R10 laying on his side, paralysis, and pressure. I recommended for R10 to have heel protector boots. I do not know why he did not have them on. R10 needs to have them on at all times especially while in bed. That can potentially make his [R10] wound worse due to pressure. R10 left out on pass with family. I will assess and measure his [R10] wound next Wednesday (6/28/23), R10 knew I was going to be here today for wound care, but he left the building anyways." V18 stated, "I will let the nurse know that R7 and R10 need their heel protector boots on."</p> <p>Policy Documents in part: Pressure Wound Treatment dated 1/2017</p> <ul style="list-style-type: none"> <li>-Provide guidelines for care of exiting pressure injuries and prevention of additional pressure injuries</li> <li>-Pressure injury treatment program should focus on the following: Managing tissue</li> <li>-Wound shows bone, tendon, muscle, joint or ligament the wound is a stage 4</li> <li>-Off loading pressure</li> <li>-Monitor nutrition and hydration status</li> </ul> <p>(B)</p>	S9999		
-------	--	-------	--	--