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 IL6005169 05/11/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **7618 NORTH SHERIDAN ROAD LAKEFRONT NURSING & REHAB CTR** CHICAGO, IL 60626 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) **Initial Comments** S 000 Annual Licensure and Certification Survey S9999 Final Observations S9999 Statement of Licensure Violations I of II: 300.610a) 300.1210b) 300.1210d)2)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 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 Attachment A Statement of Licensure Violations care needs of the resident. d) Pursuant to subsection (a), general nursing

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

care shall include, at a minimum, the following

TITLE

(X6) DATE

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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 IL6005169 05/11/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **7618 NORTH SHERIDAN ROAD** LAKEFRONT NURSING & REHAB CTR CHICAGO, IL 60626 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to provide a working wound vacuum and failed to assess one resident's (R85) wound. These failures affected one resident (R85) causing (R85's) wound to have a foul odor, purulent greenish drainage and (R85) feeling embarrassed due to the odor that permeated (R85's) room. Findings include: R85's Face sheet documents R85 has a diagnosis that include but not limited to acute hematogenous osteomyelitis left ankle and foot, unspecified abnormalities of gait and mobility, other lack of coordination, peripheral vascular disease, idiopathic aseptic necrosis of the femur, complete traumatic amputation at level between knee and ankle unspecified lower leg sequela and acquired absence of unspecified foot. R85's Brief Interview for Mental Status (BIMS) dated 03/20/23 documents that R85 has a BIMS

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Illinois Department of Public Health

score of 15 which indicates that R85 is cognitively

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6005169 05/11/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **7618 NORTH SHERIDAN ROAD LAKEFRONT NURSING & REHAB CTR** CHICAGO, IL 60626 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 2 On 05/08/23 at 10:49 am, Surveyor observed R85's room door closed. Upon opening R85's room door, surveyor observed R85 in bed asleep and R85's room with a foul odor. Surveyor unable to interview R85 due to R85 asleep. On 05/08/23 at 3:00 pm, V2 (Director of Nursing/DON) stated, V2 was the facility's wound care nurse. Surveyor requested to see R85's wound. V2 stated, that R85's wound is changed on Monday's Wednesday's and Friday's and was already changed and will not be changed again until Wednesday May 10, 2023. On 05/09/23 at 11:40 am, Surveyor and V2 observed R85 sitting in a wheelchair in R85's room with a wound vacuum device in place on R85's amputated left leg area between R85's knee and ankle area and a foul odor in R85's room. R85 stated, "Now that my machine (referring to R85's wound vacuum device) is back working, what is the smell and this green drainage in this container (referring to the wound vacuum device canister)?" Surveyor and V2 observed R85's wound vacuum canister with moderate amount of foul odorous green drainage. V2 replied to R85, "That is the drainage." When V2 was asked regarding the odor in R85's room V2 stated that the foul odor in R85's room was from R85's drainage from R85's wound (referring to R85's wound to left leg area between R85's knee and ankle area). V2 also stated, "R85's wound vacuum device was not working for a few days and that R85 was giving a new wound device on May 9, 2023".

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On 05/09/23 at 11:45 am, R85 stated that on May 5, 2023, R85 informed the nurse (unknown nurse) that R85's wound vacuum device was not

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Illinois Department of Public Health

is not working. V20 stated, "We (referring to

On 05/10/23 at 9:30 am, Surveyor requested to see R85's wound and V2 stated that R85 was not in the building and that R85 was sent to the wound clinic for R85's wound to R85's left leg area between R85's knee and ankle area to be assessed. V2 also stated that V21 (Nurse

staff) have to tell the DON".

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6005169 05/11/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **7618 NORTH SHERIDAN ROAD LAKEFRONT NURSING & REHAB CTR** CHICAGO, IL 60626 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 4 Practitioner/NP) saw R85 on 05/09/23 and ordered for R85 to go to the wound clinic. On 05/10/23 at 12:43 pm, Surveyor requested R85's wound assessments for the past four weeks from V2 (DON). V2 stated, "I (V2) do not have it. I usually do it (referring to R85's weekly wound assessment) every week but I (V2) did not do it. R85's last assessment I (V2) completed in the system was April 5, 2023." On 05/10/23 at 1:45 pm, V21 (Nurse Practitioner) stated, R85 is an alert and oriented resident and that V21 last saw R85 on May 09, 2023. V21 explained, R85 has a vascular wound to her lower left extremity with a wound vacuum device in place that is changed on Monday's, Wednesdays, and Fridays by the facilities nurses as well as R85 also goes to wound clinic (unsure of how often). V21 stated, on May 09, 2023, V21 assessed R85's wound with a foul odor and green drainage in R85's canister. V21 stated, R85's wound should be assessed every time R85's wound vacuum dressing is changed on Monday's, Wednesday's, and Friday's. V21 also explained, "If R85's wound vacuum is left in place and goes without being changed or unassessed there is a possibility of sepsis and infection occurring to R85's wound." Surveyor asked V21 if R85's wound vacuum device is not working, what should happen to R85's wound. V21 stated, "R85's wound vacuum device should be removed immediately, and a wet-to-dry dressing should be applied to avoid infection from occurring to R85's wound." V21 was asked signs of infection. V21 stated, "Foul odor and green drainage are signs

Illinois Department of Public Health

of an infection." V21 stated, "On May 9, 2023, staff informed V21 that R85's wound vacuum stop working on May 05, 2023, and that R85's wound vacuum was not replaced until May 09, 2023."

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005169			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING		05/	05/11/2023		
NAME OF	PROVIDER OR SUPPLIER	STREET AI	ODRESS, CITY, ST	TATE, ZIP CODE		,9	
LAKEFR	ONT NURSING & REI	HAB CTR	RTH SHERIDA	IN ROAD			
		CHICAG	D, IL 60626	<u> </u>			
(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	99 Continued From page 5		S9999				
	V21 stated, V21 ord	dered for R85 to go to the y 10, 2023 and a culture of collected at R85's wound	2				
1	that if a residents w draining the drainad then the wound will infection. V2 stated	at 2:15 pm, V2 (DON) stated wound vacuum device is not ge properly from the wound, deteriorate and show signs of "Signs of infection include"				5	
	purpose of the wou wound drainage, pr help with wound he wound vacuum is le several days the wo	I foul odor." V2 stated, "The nd vacuum is to drain the event signs of infection and aling." V2 also stated, "If a eft in place and not working for bund can deteriorate and have signs and symptoms of			a a		
- %	charge of changing dressing and that V	ined, the floor nurses are in R85's wound vacuum /2 was told on May 8, 2023, acuum device was not working			9		
	V2 called the Dural supplier right away vacuum device. V2 given a working wo 09, 2023, that was supplier. V2 was a R85's wound. V2 s	3. V2 stated on May 08, 2023, ole Medical Equipment (DME) to get R85 another wound 2 also explained, R85 was and vacuum device on May delivered by the wound DME sked regarding assessment of stated, R85's wound is	26 -		8		
	should be assessed vacuum is removed explained, if a would without being assed deteriorate and carralso stated that if a working properly, the should be reported should have a dry or working properly.	essed at least weekly and devery time R85's wound of three times a week. V2 and goes more than a week assed the wound can a have signs of infection. V2 wound vacuum device is not not be wound vacuum device to V2 immediately, the wound dressing placed until the ced and the equipment should					

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reinforcement."

topical and dressing materials ordered at the prescribed frequency ... Frequently reassess the integrity of the dressing. Reinforce dressing as needed. Monitor for changes in amount, type, odor and frequency of drainage and need for

R85's Wound Assessment Details Report dated 04/05/23 and authored by V2 (DON) documents 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 IL6005169 05/11/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **7618 NORTH SHERIDAN ROAD LAKEFRONT NURSING & REHAB CTR** CHICAGO, IL 60626 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 S9999 Continued From page 7 R85's last wound assessment prior to 05/10/23. The facility's policy dated 07/28/22 and titled "Skin Care Treatment Regimen" documents, in part: Policy Statement: It is the policy of this facility to ensure prompt identification, documentation and to obtain appropriate topical treatment for residents with skin breakdown. Procedure: ... 2. Routine daily wound care treatment/dressing change is administered by the wound care nurse or designee daily unless otherwise indicated by the patient's attending physician." "B" Statement of Licensure Violations II of II: 300,610a) 300.1210b) 300.1210d)1)2)3) 300.3220f) 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.

Illinois Department of Public Health

Section 300.1210 General Requirements for

Nursing and Personal Care

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 IL6005169 05/11/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **7618 NORTH SHERIDAN ROAD LAKEFRONT NURSING & REHAB CTR** CHICAGO, IL 60626 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 8 S9999 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician. 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. Section 300.3220 Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. This REQUIREMENT is not met as evidenced by:

Illinois Department of Public Health

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Illinois Department of Public Health

call the doctor."

On 5/9/23 at 10:20 am surveyor observed R73 in room lying in bed. R73 stated, "I still have tooth pain and still haven't gotten anything for my pain."

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Illinois Department of Public Health

stated, pain assessment is done as soon as the resident complain of pain and is documented on the MAR (Medication Administration Record) or progress notes. Nurses are expected to carry out physician orders and manage resident's pain. Surveyor asked if a resident reports pain to nurse, what is the expectation of the nurse? V2 stated, "The nurse should go and immediately assess the resident for pain, ask the pain scale and give the appropriate pain relief medication."

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(5/5/2015) documents, in part,

"Summary/Objective: In keeping with our

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6005169 05/11/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **7618 NORTH SHERIDAN ROAD LAKEFRONT NURSING & REHAB CTR** CHICAGO, IL 60626 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 12 S9999 organization's goal of improving the lives of the Guest er serve, the Registered Nurse (RN) plays a critical role in providing superior customer service and nursing care to all Guests and guest. The RN provides supervision of staff and will safeguard the health, safety, and welfare of all Guest/guest under their care by following applicable laws, regulations, and established nursing policies and procedures. Essential Functions: 7. Place pharmacy orders, for and administer all newly prescribed medications and document." Facility Pain Policy (7/28/22), documents, in part, "Policy Statement: It is the policy of the facility to ensure that all residents are assessed for pain in every situation where there is a potential for pain. For pain complaints and for situations/ incidents that might result to pain (Example: fall incident, altercation, cuts, bruises, wound care, etc.), the nursing staff may document it in any part of the resident's medical record that includes Nurses Notes, Incident Report, and Medication Administration Record." "B"

Illinois Department of Public Health