

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005995</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/20/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MEADOWS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3250 SOUTH PLUM GROVE ROAD ROLLING MEADOWS, IL 60008</b>
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Z 000	<b>COMMENTS</b>  Complaint Survey: 2397697/IL164424	Z 000		
Z9999	<b>FINDINGS</b>  Statement of Licensure Violations  350.620a) 350.1210b) 350.1230a)1) 350.1230b)1)2)3)4)5)6)7) 350.3240a)  Section 350.620 Resident Care Policies  a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.  Section 350.1210 Health Services  b) The facility shall provide all services necessary to maintain each resident in good physical health.  Section 350.1230.  a) Each facility shall have a full-time Director of Nursing services (DON) who is a registered nurse (RN) and whose only responsibility is the immediate supervision of the facility's health services. This person shall be on duty a minimum of 36 hours, four days per week. At least 50	Z9999	<b>Attachment A</b> <b>Statement of Licensure Violations</b>	

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

TITLE

(X6) DATE

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Z9999	<p>Continued From page 1</p> <p>percent of this person's hours shall be regularly scheduled between 7 A.M. and 7 P.M.</p> <p>1) A registered nurse or licensed practical nurse shall be on duty 24 hours per day and seven days per week in charge of health services at all times when the director of nursing services is not on duty. The nurse shall be a registered nurse when required by the medical and/or nursing needs of the residents.</p> <p>b) Residents shall be provided with nursing services, in accordance with their needs, which shall include, but are not limited to, the following: The DON shall participate in:</p> <p>1) Pre-admission evaluation study and plan. 2) Evaluation study, program design, and placement of the resident at the time of admission to the facility. 3) Periodic reevaluation of the type, extent, and quality of services and programming. 4) Development of discharge plans, and the referral to appropriate community resources. 5) Training in habits in personal hygiene and activities of daily living. 6) Development of a written plan for each resident to provide for nursing services as part of the total habilitation program. 7) Modification of the resident care plan, in terms of the resident's daily needs, as needed.</p> <p>Section 350.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. It is the duty of any facility employee or agent who becomes aware of such abuse or neglect to report it as provided in the Abused and Neglected Long Term Care Facility Residents</p>	Z9999		

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Z9999	<p>Continued From page 2 Reporting Act. (Section 2-107 of the Act)</p> <p>These Requirements were not met as evidenced by:</p> <p>Based on record review, observation, and interview, the facility failed to implement pressure ulcer prevention measures for 1 of 1 resident (R1) who acquired a stage 4 decubitus ulcer at the facility which became infected, resident developed sepsis and expired.</p> <p>The facility failed to notify the physician of R1's decubitus ulcer not improving when a foul odor was found by staff coming from R1's wound.</p> <p>The facility failed to ensure Nursing staff were documenting wound measurements and stages of wound to assist in determining decubitus ulcer decline or improvement.</p> <p>The facility failed to implement their pressure ulcer policy to develop care plans for individuals that have a documented skin breakdown. These failures impact 3 of 3, R1, R2 and R3 in the sample with decubitus ulcers.</p> <p>Findings include:</p> <p>1) Certificate of Death dated 8/15/23 written by Z6, Medical Examiner lists R1's cause of death as Sepsis unspecified organism due to Infected Sacral Wound.</p> <p>Facility Policy titled Pressure Ulcer prevention and Managing Skin Integrity (undated) includes, "Upon identification of a wound, a full wound assessment, including its location, size, and description of the tissue involved, will be completed." "If Braden scale is below 16 skin inspections every 8 hours" "dietician referral for decubitus ulcers" document skin breakdown</p>	Z9999		

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Z9999	<p>Continued From page 3</p> <p>daily"</p> <p>"D. Interventions (example care plans) will be written for any individual that have a documented skin breakdown." "Evaluations of the plan of care will include: 1. changes in the plan if progress toward expected outcomes are not evident."</p> <p>According to www.mayoclinic.org dated 5/13/23 - "Bedsore fall into one of several stages based on their depth, severity and other characteristics. The degree of skin and tissue damage ranges from changes in skin color to a deep injury involving muscle and bone."</p> <p>Review of R1's record failed to include evidence of daily skin inspections, or a wound care plan as required by facility's policy. The record does include entries as below:</p> <p>6/1/23 - Barrier Cream to bilateral buttocks redness with diaper change written by E2, LPN. 6/14/23 - Barrier cream redness buttocks twice a day for 7 days written by E2, LPN. 6/29/23 - Buttock redness applies barrier cream with every diaper change written by E2, LPN. The same entries failed to include nursing documentation from 6/1/23 to 6/29/23 of R1's pressure wound description as stage 1, measurements (size) of the reddened area on R1's buttocks or area on buttocks where pressure ulcer is located.</p> <p>On 6/29/23 Physician order sheet written by E3, MD "buttocks redness apply barrier cream with diaper change".</p> <p>On 7/26/23 the characteristics of the wound changed as indicated by physician order sheet dated 7/26/23 written by E3, Medical Doctor, "discontinue current treatment of right buttock</p>	Z9999		

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Z9999	<p>Continued From page 4</p> <p>wound 2. Santyl to right buttock wound every day (6 cm by 7cm x 0 cm) 3) rotate patient every 2 hours to alleviate pressure from right buttock 4. wound care "</p> <p>On 7/27/23 - 7pm, record review for R1. E2, LPN documents, "Dressing removed from right buttock wound, cleaned and assessed by writer. No noticeable change from yesterday. New dressing applied as per treatment order." E2 failed to describe the wound, or the type of dressing used on the wound. No wound documentation entered for R1 on 7/28/23, 7/29/23, or 7/30/23.</p> <p>On 7/31/23 - 8pm, record review for R1. E2, DON documents, "Dressing changed as per treatment order to patient buttocks wound. Heavy drainage from wound site with foul odor. Will follow up with Doctor.</p> <p>Review of R1's record nurse entries by E2, Licensed Practical Nurse (LPN) from 7/26/23 to 8/6/23 failed to include any pressure ulcer descriptions such as measurements of the length, width, depth, drainage, or color of R1's sacral pressure ulcer. R1's record also lacks a care plan for her documented skin breakdown or a dietician referral once the wound developed as required by facility policy.</p> <p>On 8/4/23 - R1 visit to wound clinic. R1's record entry by Z10 wound care Medical Doctor MD 1000am. Wound debrided in outpatient wound clinic. "Large ulcer in the right buttock. There is a large amount of necrotic tissue. extended down through the subcutaneous to involving the muscle. There is palpable bone that is likely the ischial bone on the right." Z10 documents wound Shape round/oval length</p>	Z9999		

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Z9999	<p>Continued From page 5</p> <p>5.5cm width 7cm wound surface 38.5cm wound depth 4cm, necrotic tissue covering 75 to 100% of wound.</p> <p>On 8/5/23 Dakin's solution to wound twice a day two times a day by physician order by Z9 wound doctor.</p> <p>R1's nurse's notes written by E2, LPN dated 7/31/23 at 7pm and 8/1/23 at 7pm both include, "foul odor and heavy drainage." from buttock wound. On 8/2/23, E2 documents again R1 has a "foul odor" from right buttock pressure ulcer. E2 notes lacks notification to the physician of this abnormal finding of the wound.</p> <p>Facility form dated 8/6/23 at 7pm, titled "Emergency Transfer Form" includes R1 is on transfer to (name of local hospital) "presenting problem/illness, poor appetite, pocketing food and liquids; Stage 4 ulcer to her R buttock." Staff who completed form is not listed.</p> <p>Record review - R1 is a 63-year-old female according to past medical history in hospital record dated 8/7/23 list several diagnoses including Alzheimer Disease, Degenerative Joint Disease, Down Syndrome, Hypertension, Hypothyroidism, Venous Insufficiency, Pressure Ulcer and Chronic Renal Insufficiency.</p> <p>Review of R1's admission to hospital emergency department on 8/6/23, Z2, admitting physician assessed R1 and documents, "Hypernatremia due to poor free water intake in a patient with advanced Dementia who is bed bound continue Intravenous fluids, Leukocytosis due to Sepsis " "protein calorie malnutrition in a patient with advanced Dementia, who has lost the ability to</p>	Z9999		

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Z9999	<p>Continued From page 6</p> <p>feed herself, review of outside notes, report weight loss as well." "Advanced Dementia diagnosis 10 years ago and common in patients with Down Syndrome; noted by family to have accelerated in last year; patient with near zero quality of life per sister/brother, wheelchair, bedbound, incontinent and unable to perform any activities of daily living."</p> <p>On 8/6/23 - Hospital emergency department admission note written by Z2, Emergency Department Doctor documents R1's physical exam "Left heel with dislocation with pressure sore; large wound right buttock noted, foul smelling with thick gray membranous lining, packing removed to examine, wound is around 4.5 centimeters (cm) deep with 3 cm diameter opening but a larger underlying cavity," blood pressure 74/49, temperature 100.4 pulse oximetry 93%" "ill appearing woman". "Protein calorie malnutrition in a patient with advanced dementia, who has lost the ability to feed herself."</p> <p>On 8/6/23 - Sacral Wound Culture taken in emergency department signed off by Z2, Physician. The gram stain results are "rare polymorphonuclear leukocytes seen. Moderate gram-negative bacilli few gram-positive cocci. Z2 documents. "Severe sepsis with septic shock, presumed due to infected sacral wound." "Consultation report continued, "Hypernatremia due to poor free water intake in a patient with advanced Dementia who is bed bound" "Leukocytosis due to sepsis" "Advanced Dementia diagnosis" "Long term picture is very poor."</p> <p>Z2, MD "had a long discussion with family at bedside, advised that she has septic shock from this extensive sacral wound and that while this is ultimately treatable with antibiotics, debridement</p>	Z9999		

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Z9999	<p>Continued From page 7</p> <p>and support, it won't address the larger long-term picture of a person in rapid decline from her dementia with near zero quality of life."</p> <p>On 8/6/23 - Note by Z3, wound care consultant "chronic stage 4 pressure injury on right buttock."</p> <p>Interview with E2, Licensed Practical Nurse on 10/12/23 at 1:50pm. E2 was asked when did R1 develop her pressure ulcer, what was determined as the cause and why the size of the pressure ulcer was not documented. E2 states R1 had a skin condition where she would develop redness and "the nurses don't measure wounds because there would be a discrepancy in the measurements with each of the nurses measuring" "the wound care clinic measure the wounds."</p> <p>E2 was asked why the foul odor he documented coming from R1's wound was not reported the doctor, E2 states, "when you use Santyl on the wound you debride it and you will get a foul odor, that's expected."</p> <p>Interview by telephone with E3, Medical Director (MD) on 11/1/23 at 5:20pm regarding R1. E3 was asked if he expects notifications from nursing staff of changes in decubitus ulcer appearance and wounds size including a foul odor. E3, MD states, "I am not a specialist in wound care, we refer the residents to a wound care specialist, the short answer is yes I would want to be notified if there are changes in the resident's wound."</p> <p>E3 was asked if the dietician should be involved in the care of resident with decubitus ulcers. E3, MD states, "yes, the dietician can give nutritional value to the healing process." E3 was asked over what time frame can a decubitus ulcer change from stage 1(redness to the skin) to a stage 4 (opening in skin to muscle and bone). E3 states,</p>	Z9999			

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Z9999	<p>Continued From page 8</p> <p>"it can be a short period of time but it depends on the patient, I can't give a definitive answer on that, it depends on the status of the patient." E3 was asked if wound measurements are helpful in treatment of decubitus ulcers. E3 states, "yes, measurements can give you a sense of if the wound is improving or not."</p> <p>Interview with E2, LPN on 9/29/23 at 2:15pm. E2 was asked for wound care plans that were not in the records of R1, R2 and R3. E2 states "I don't have them" was not able to produce wound care plans for these residents.</p> <p>2) Observations were made of R2 on 10/11/23 at 12:45pm in her bed. R2 is a thin female with many bony prominence on her back collar bones, hips and sacral area. there are two stage 3 pressure ulcers:</p> <p>a. one ulcer is located on lower left buttock approximately 3 centimeters(cm) in length and 2.5cm in width circular shape wound bed mixture red dark pink and tan/nude skin tone with a glossy tone, no active drainage.</p> <p>b. second pressure ulcer is located to left sacrum approximately 2cm length by 2.2cm width vertical oval shaped, wound bed dark pink glossy tone no active drainage stage 3.</p> <p>Review of R2's record. R2 was admitted to the facility on 4/3/23. R2 was documented by E5, LPN to have no skin openings on admission. On 4/3/23 , R2 began having rectal bleeding and 911 was called and R2 was admitted to the hospital. On 4/14/23, R2 returned from the hospital and was readmitted to facility. E5, Licensed Practical Nurse (LPN) documents R2 has, "no wounds noted."</p> <p>There is no documentation in R2's medical record from 4/14/23 to 5/7/23 (23 days). The next entry</p>	Z9999		

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Z9999	<p>Continued From page 9</p> <p>On 5/7/23 informs R2 now have a stage 2 decubitus opening to her sacral and buttock area. On 5/7/23, documentation by E7, RN states R2 "has open area below the left buttock and sacral area approximately 0.2 centimeters (cm), left buttock opening is about 3 cm irregular shaped." Review of R2 record includes R2's pressure ulcer to buttock and sacrum was acquired at facility on 5/7/23 however; a low air mattress to relive pressure of decubitus ulcer was not ordered per physician order sheet dated 8/10/23 (3 months later)</p> <p>R2's record failed to include a care plan for her documented decubitus ulcer, daily skin breakdown monitoring or a dietician referral once R2 was identified to have a decubitus ulcer.</p> <p>Review of R2's record list a body assessment conducted by E2, Licensed Practical Nurse (LPN) on admission date 4/3/23. E2 list R2 is non ambulatory and utilize a wheelchair. There is no documentation of pressure ulcers, wounds or skin alterations listed other than redness to right ear lobe.</p> <p>On 4/3/23 at 9:15pm, E7, Registered Nurse documents R2 was found bleeding from the rectum with blood clots and active bleeding, 911 was called R2 was taken to local hospital and admitted.</p> <p>R2 returned to the facility on 4/14/23. E5, Licensed Practical Nurse (LPN) documents an entry in R2's record. E5's assessment does not include decubitus ulcers or any wounds found on R2.</p> <p>R2's record failed to have evidence of a skin assessment conducted until 5/7/23 (3 weeks later.)</p> <p>On 5/7/23 at 5:30pm E6, Registered Nurse documents "open area below left buttock and</p>	Z9999		

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Z9999	<p>Continued From page 10</p> <p>sacral area approximately 0.2 centimeters (cm) left buttock opening is about 3 cm, irregular shaped."</p> <p>Interview by telephone on 11/1/23 at 4:15pm with E5, Licensed Practical Nurse (LPN). E5 was asked did R2 have any decubitus ulcers or skin alterations when R2 returned to the facility from the hospital on 4/14/23. E5 states, "no".</p> <p>3) Observations were made of R3's pressure ulcer on 10/11/23 at 12:25pm. R3 was in bed laying on her right side. There is a closed black scabbed over lower right buttock..</p> <p>Review of R3's record includes admission on 6/26/23 to facility. The admission record indicate R3 was admitted without any pressure ulcers or wounds to her body.</p> <p>The same record includes first documentation of R3's pressure ulcer is a Physician orders dated 9/13/23 written by Z5, Medical Doctor (MD), "continue current wound care treatment."</p> <p>E2, LPN documents on 9/27/23 "discontinue santyl ointment treatment to right upper thigh start right upper posterior thigh apply leptospermum honey to wound bed then cover with bordered foam silicon dressing 1 time daily for 30 days, verbal order from Z5 MD."</p> <p>10/18/23 Verbal order written Z5, wound care physician requires "discontinuation of wound treatment to stage 3 pressure wound of the right posterior upper thigh."</p> <p>E2, has nurse entries in R3's progress notes for 10/4/23 and 10/18/23 that lacks wound measurements, stage of wound, or wound descriptions.</p> <p>Review of R3's record include a 35 year old female admitted on 6/23/23 with multiple</p>	Z9999		

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Z9999	<p>Continued From page 11</p> <p>diagnoses including Depression, Hypothyroidism, Morbid (severe) Obesity and Moderate Intellectual Disability. The following documentation was reviewed regarding R3's posterior upper thigh wound: 9/13/23 - Physician Order Sheet written by Z5, MD cosigned by E2, DON, "continue current wound treatment as ordered" 10/18/23 - Physician Order Sheet (POS) includes an order dated 10/18/23 by Z5, to "discontinue wound treatment to stage 3 pressure wound of the posterior upper thigh."</p> <p>Record review and interview, the facility failed to develop a policy on pressure ulcer prevention and managing skin integrity which ensures staff ability to utilize a reproducible system to describe pressure ulcer including staging and measurements of wounds, have a system in place to identify staff documentation of care to residents in their medical records. This impacted 1 of 1 (R1) residents in the sample who expired from an infected sacral wound. This has the ability to impact 3 of 3 (R2, R3, and R4) inside the sample with pressure ulcers and the potential to impact 88 of 88 (R5 through R92) outside the sample of residents living in the facility.</p> <p>Surveyor reviewed facility's policy titled Pressure Ulcer Prevention and Managing Skin Integrity on 9/29/23. The policy is undated and lacks evidence of a review by the Governing body. The same policy failed to include directives to staff: a) documentation of stage of pressure ulcers. b) measurements and frequency to measure resident's pressure ulcer. c) Directives when to refer residents with pressure ulcers to specialist such as dieticians, wound care specialist, etcetera are unclear.</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005995</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/20/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MEADOWS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3250 SOUTH PLUM GROVE ROAD ROLLING MEADOWS, IL 60008</b>
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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
Z9999	<p>Continued From page 12</p> <p>Interview with E1, Administrator on 9/29/23 at 3:30pm. E1 was asked if there were any other policies that addressed pressure ulcer staging and measurements of resident's wounds. E1 states the policy given to surveyor is the only policy the facility have</p> <p>Review of facility's policy titled Job description, Director of Nursing. "Specific Requirements have a current, unencumbered licensed to participate as an Registered Nurse (RN) in this state." "Oversee all assessments" "Audit Medication Administration Records and Treatment Administration Records. Ensure thorough documentation of all medical charts. Ensure all medical charts are properly thinned and audits conducted monthly. " "Communicates with physicians"</p> <p>Interview with E1, Administrator on 11/6/23 at 1:25pm. E1 was asked who was the Director of Nurses (DON) and E1, replied, "we are looking for one, the one we have is just part time' Surveyor asked if the DON work out in the units directly with the residents? E1 replied "yes" Surveyor asked if DON was "here today?" E1 states, "yes, I think so, yes she is here today, but we are looking, the DON we had never returned after COVID. It's hard to find one." E1 was asked the name of the current Director of Nurses, E1 states E8, Registered Nurse is the part time DON, she works 3 days a week Monday, Tuesday and Wednesday.</p> <p>Telephone interview with E8, Registered Nurse on 11/13/23 at 10:55am. Surveyor addressed E8 as Director of Nurses and E8 corrected surveyor and states she is not the Director of Nurses and is a part time Registered Nurse who works with Z13, Psychiatrist and dietary orders and menus. E8</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005995</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/20/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>MEADOWS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3250 SOUTH PLUM GROVE ROAD ROLLING MEADOWS, IL 60008</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
Z9999	Continued From page 13  states she works "2 days a week" has no responsibilities as a Director of Nurses.  (A)	Z9999		