

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006779	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/16/2024
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NAME OF PROVIDER OR SUPPLIER OAK LAWN RESPIRATORY & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 9525 SOUTH MAYFIELD OAK LAWN, IL 60453
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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 Health & Complaint Survey: 23910714/IL168142	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 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 care needs of the resident.	S9999		

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

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide adequate personal care to 2 of 3 (R6, R7) residents observed for personal hygiene in a sample of eight.</p> <p>Findings include:</p> <p>On 2/13/2024 at 11:48 AM, R6 was observed lying in bed. R6 was alert, and oriented x3. R6 was clean and no sign of distress noted. V17 (R6 cousin) was visiting and sitting by her bedside. A cup of water was observed at R6 bedside table. R6 said that she was wet, and R6 said that R6 diaper was last changed about 4:00 am. R6 said that staff does not change her diaper every 2 hours. V17 also said that R6 diaper does not get changed every 2 hours.</p> <p>On 2/13/2024 at 11:50 AM, this writer observed V10 change R6 diaper, and R6 diaper was soaked with urine. V10 said that V10 changed R6 diaper last at 8:45 am. V10 said that R6 diaper was supposed to be changed every 2 hours.</p> <p>On 2/15/2024 at 09:47 AM, V2 (Director of Nursing) said that staff are supposed to round on residents for personal hygiene care every two hours or as needed.</p> <p>R6 is a 91 year old female admitted on 4/7/2022. R6 code status is Do Not Resuscitate (DNR).</p> <p>On 2/13/2024 at 11:45 AM, R7 was observed lying on her bed alert and oriented. R7 was clean and no signs of distress was noted. R7 room was clean and a cup of water was observed at R7 bedside table. R7 said that she was wet, and that</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>she was changed last at 4:30 am. R7 said that she does not get changed every 2 hours. On 2/13/2024 at 12:02 PM, this writer observed V11 change R7 diaper, and R7 diaper was soaked with urine. V11 said that R7 was not assigned to him. V11 said that he is changing R7 because R7 told him that R7 needs her diaper changed. V11 said that the residents should be checked for personal hygiene every two hours or as needed.</p> <p>On 2/15/2024 at 09:47 AM, V2 (Director of Nursing) said that staff are supposed to round on residents for personal hygiene care every two hours or as needed</p> <p>R7 is an 85 years old female admitted on 2/14/2024. R7 is a full code.</p> <p>Guidelines for Incontinence Care Policy: It is the policy of the facility to ensure that residents receive as much assistance as needed for cleansing the perineum and buttocks after an incontinent episode or with routine daily care. Frequency depends on bladder diary results and/or routine minimal q 2 hour checks as well as care planning.</p> <p>(B)</p>	S9999		