STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUII	DINC	G			
		145220	B. WIN	G			尺 <b>5/2008</b>	
	ROVIDER OR SUPPLIER  L OF HAZEL CREST			33	EET ADDRESS, CITY, STATE, ZIP CODE 800 WEST 175TH STREET AZEL CREST, IL 60429			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
{F 332}	reviewed the POS a MAR." This review indicate	and the physician's order. E10 and stated, "I went by the ed a dosage error due to lack e physician's orders."	{F 3:					
	300.1210a) 300.1210b)2) 300.1210b)3) 300.1210b)5) 300.3240a) Section 300.1210	General Requirements for						
	a) The facility must and services to atta practicable physica well-being of the re each resident's conplan of care. Adeq nrusing care and personal control of the control o	provide the necessary care in to maintain the highest I, mental, and psychosocial sident, in accordance with aprehensive assessment and uate and properly supervised ersonal care shall be provided meet the total nursing and						
	minimum the follow a 24-hour, seven da 2) All treatments ar administered as ord 3) Objective observesident's condition emotional changes and determining ca	care shall include at a ing and shall be practiced on ay a week basis: ad procedures shall be dered by the physician. Vations of changes in a , including mental and , as a means for analyzing re required and the need for luation and treatment shall be						

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SU COMPLE	
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		145220	B. WING	G			` 5/2008
	PROVIDER OR SUPPLIER			33	EET ADDRESS, CITY, STATE, ZIP CODE 00 WEST 175TH STREET AZEL CREST, IL 60429		
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F9999	resident's medical resident's medical resources ores, her breakdown shall be seven day a week the enters the facility with develop pressure so clinical condition desores were unavoid pressure sores shat services to promote and prevent new processure sores and prevent new processive services to promote and prevent new processive sores and prevent new processive services to promote and prevent new processive services and procedure interviews of the policy and procedure interviews the facility failed to assess each pressure sores as on physician if a reside improve or responding seven to fourteen of facility also failed to effective interventions.	aff and recorded in the record. In to prevent and treat at rashes or other skin a practived on a 24 hour, coasis so that a resident who ithout pressure sores does not cores unless the individual's amonstrates that the pressure lable. A resident having all receive treatment and a healing, prevent infection, ressure sores from developing.  Abuse and Neglect  ee, administrator, employee of shall not abuse or neglect a	F99'	99			

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	PROVIDER OR SUPPLIER		•	33	REET ADDRESS, CITY, STATE, ZIP CODE 300 WEST 175TH STREET HAZEL CREST, IL 60429		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	newly developed process. These failures occur (R3, R19 and R20)  These failures resulted in the facility and had stage four pressure staff, and resulted in change in the statu intervention. Both inhospitalization for process. R20 developed a stage facility and received this sore without an the physician for an treatment that R20.  Findings include:  1) Record review of list did not indicate (treatment nurse) with 3:00 p.m. regarding E13 stated R3 "has Surveyor told E13 to R3 for pressure sor developing them.  At 3:15 p.m. (15 mi surveyor and stated sending R3 to the history." Surveyor in the history."	cian order before treating a ressure sore.  Intered in 3 sampled residents  Intered in R3 being sent to the 1/30/08 immediately after Z2 in observed R3 in bed with a refoot that had developed in progressed to an infected a sore without intervention by in R19 having a significant is of his wounds without residents required immediate required immediate residents required immediate residents required immediate residents required immediate required immediate residents required immediate residents required immediate residents required immediate required immediate residents required immediate required immediate residents required immediate residents required immediate required required immediate required immediate required immediate required	F99	999			

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	PROVIDER OR SUPPLIER		ı	330	EET ADDRESS, CITY, STATE, ZIP CODE 00 WEST 175TH STREET AZEL CREST, IL 60429		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	blister found on R3 to a local hospital. Ithe hospital becaus that's infected. It lo osteomyelitis." Upo "I never heard anythefore today."  At 3:25 p.m. survey outer aspect of R3' a large necrotic/bla surrounding rednes. There was also a nredness to the little feet/heels were resulfts/devices in place even though R3 is pressure sores. E1 me anything about these areas and given transferred out."  E4 (Assistant Direct at approximately 3: for residents that a E4 stated, "The staresidents daily."  R3's care plan for insclerosis with a progoal date of 02/17/10 skin daily with ADL for any changes surin skin, tender area R3 has a limited medate 07/31/07 and	that required her being sent Z2 stated, "I'm sending R3 to se she has a blister on her foot boks pretty bad. It could be on further interview Z2 stated, hing about it (sore to her foot)  For with E13 observed the selft plantar area. There was took blister area with so noted to the left plantar site. The secretic area surrounded by toe of R3's left foot. R3's sting on the bed with no et o prevent pressure sores high risk for development of 3 stated, "No one never told (R3) having this. I'll assess we you a copy before R3 is  Stor of Nurses) was interviewed 40 p.m. regarding the policy re high risk for pressure sores. If should do skin checks on the should do skin checks on the should do skin checks on (activity of daily living) care (ch as redness, bruising, break is and report to nurse. Also obility care plan with problem a goal date of 02/17/08 as	F99	999			
	also a care plan for	r skin breakdown. There was r skin breakdown related to rith a problem date of 12/06/07					

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	PROVIDER OR SUPPLIER	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3	REET ADDRESS, CITY, STATE, ZIP CODE 3300 WEST 175TH STREET HAZEL CREST, IL 60429	02/2	3/2000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	follows: Conduct a times weekly. Pay sprominences.  On 01/31/08 E13 passessment of R3's 01/30/08. E13 state before R3 went to the following assessment of care. R3 went to the following assessment of color of state bate of onset: 01/3 onset: Acquired conset: Acq	o3/06/08 which reads as systematic skin inspection 2 special attention to the bony provided surveyor and pressure sore this was dated and, "I did this assessment the hospital yesterday." It is sment was documented: and foot o0/08 andition. In condition: Unstageable and bed: Eschar (indicate % in als may be appropriate: or eval.  The pressure ulcer and wound ment program included the ant's skin will be inspected and with special attention to bony are assistant and staff nurses. The sessments will be completed for anild or moderate risk for kin assessments will be ents who are high or severe are sident with diagnoses clerosis and Depression, and aff for assist in all areas of seed as high skin risk since	F99	999			

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F9999	12/10/07 with diagrace sided weakness and cognitive level is independent of the progression of the progressi	as admitted to the facility on a coses including stroke with left durinary incontinence. R19's dependent and requires all area of care except eating on 02/20/08 at approximately the status of residents with the facility stated: "(R19) was this morning because his an odor."  ew with E16 (charge nurse of R19 being sent to hospital dor, "(R19) went to the hospital of the Doctor saw (R19) there is no his wounds." E16 continued temperature yesterday."  requests by surveyor for the pentation for R19 on 02/19/08, as never provided during this  (physician's order sheet) for a at 10:00am indicated an end (R19) to hospital for a foul odor r/o (rule out) sepsis her review of the physician this day at 10:01a.m. lowing: S- r n complaint of or, O-NAD (no apparent tage 4 decub with yellow training. P- left hip ulcer rule epsis needs I and D bone	F99	999			

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPROPRIES OF THE APP	OULD BE	(X5) COMPLETION DATE
F9999	O1/01/08. This is in which documented facility on 12/10/07. The next skin assess indicates R19 with to the left outer hee as pink in color and. The next assessme (approximately 6 w to the facility) which right ischium and in were acquired in the unstageable and the 4.  The final document R19's right and left indicated that the right and the left ischium Surveyor questioned unstageable wound. Surveyor then reviews heets for R19 for the hospital. This was a treatment che 02/11/08. However that R19 did not recovered wounds by the facion 02/17/08 and 02/18 deteriorating with surveyor the deterioration of the deterioration of the deterioration of the deterioration of the skin as a treatment che wounds by the facion 02/17/08 and 02/18 deterioration of the deter	tocks with an onset date of contradiction to record review that R19 was admitted to the ssment is dated 01/23/08 and a newly acquired stage 2 ulcer I, this ulcer is characterized with no drainage.  Int is dated 01/30/08 eeks after R19 was admitted addresses R19's left and dicated that both wounds e facility. The left ischium is e right ischium is staged at a ed assessment regarding ischium is dated 02/15/08 and ght ischium was still a stage 4	F99	999			

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	PROVIDER OR SUPPLIER			3	REET ADDRESS, CITY, STATE, ZIP CODE 300 WEST 175TH STREET IAZEL CREST, IL 60429	UZIZ.	5/2005
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	so I don't know what 3. Review of clinic 69 years old and with 12/10/07 with diagroschizophrenia and level is moderately dependent on staff. In an interview with approximately 3:45 residents with presistated: "(R20) has at that I found this moderan with normal solution."  On 02/20/08 at approbarved E13 provideveloped, newly is Surveyor observed approximately the sheel. There was noted to caline, apply a clear to this area and wradressing. E13 and off lift R20's heels follanket.  Upon review of R20 assessment performance evidence that notified of this newly type of treatment to At approximately 4: interviewed regardinates.	ral record indicates that R20 is as admitted to facility on a noses including pneumonia, Dementia. R20's cognitive impaired and R20 is totally in all areas.  E13 on 02/20/08 at p.m. regarding the status of sure sores in the facility, E13 a pressure sore to his left heel rning. It's a stage 2 that I raline and apply wound gel apink, open, circular area size of a golf ball to R20's left odor or drainage observed. Itean this area with normal r gel identified as "wound gel" ap this area with a Kerlix corporate staff were noted to rom the bed using a rolled. D's clinical record there was no med for this new site nor was y developed site to order the	F9:	66			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		CONSTRUCTION	(X3) DATE SUR COMPLETE	
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F9999	the type of treatment talked with (Z3), but Upon further intervious assess the left heet. This observation in indicated that E13 properties in the facility of an assest reatment.  The facility failed to wound prevention provide treatments ordered for 3 days possible osteomyel.	to be used. E13 stated, "I t I forgot to write it down." ew E13 stated, "No I didn't wound."  terview and record review provided a treatment to a ressure sore without the sment or an order for  follow the pressure ulcer and program and R3's plan of care f inspecting R3's skin daily to bwn. Also, the facility failed to to R19's pressure sores as prior to finding it infected with itis as a result, the facility e that R3 and R19 received	F999	99			