#### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 04/18/2009 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		DINC	G	COMPLETED		
		14G253	B. WIN	G			C <b>4/2008</b>	
	PROVIDER OR SUPPLIER			17	EET ADDRESS, CITY, STATE, ZIP CODE 7312 CLYDE AVENUE OUTH HOLLAND, IL 60473	VENUE AND, IL 60473		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
W 331	/ RSC) stated, "All I ulcer was first noted 9/25/08.	sidential Services Coordinator know is that the decubitus das a red rash by E5 on	W 3					
W9999	FINAL OBSERVAT  LICENSURE VIOLA  350.1230b)5)6)7) 350.1230d)1)2) 300.3240a)  Section 350.1230 N  b) Residents shall services, in accorda shall include, but ar The DON shall part  5) Training in had activities of daily living  6) Development resident to provide the total habilitation	ATIONS:  Jursing Services  be provided with nursing ance with their needs, which he not limited to, the following: icipate in:  abits in personal hygiene and ing.  t of a written plan for each for nursing services as part of	99W	999				
	d) Direct care perso are not limited to, the 1) Detecting signal adaptive behavinursing or psychoso	ont's daily needs, as needed.  onnel shall be trained in, but the following:  Ins of illness, dysfunction or or that warrant medical, ocial intervention.  equired to meet the health						

(X2) MULTIPLE CONSTRUCTION

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		14G253	B. WIN	IG _			2 4/2008
NAME OF PROVIDER OR SUPPLIER  PHOENIX COURT				1	REET ADDRESS, CITY, STATE, ZIP CODE 17312 CLYDE AVENUE SOUTH HOLLAND, IL 60473	13/2	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W9999	or agent of a facility resident. (A, B) (See These REGULATIO by:  Based on record refailed to maintain the (R1), who sustained decubitus ulcer on the facility of the facility resident of the facility residen	Abuse and Neglect ee, administrator, employee y shall not abuse or neglect a ction 2-107 of the Act)  ONS are not met as evidenced  view and interview, the facility he skin integrity for 1 of 1 client d an infected stage 4 his right hip, when they:  that a system is in place to ure sore on his right hip.  that preventative measures o maintain R1's skin integrity.  eet dated 10/20/08, is a 61 se diagnoses include Profound	W99	999			
	Reporting Form da The report includes the local hospital w admitted to the local Hip Infected Decub	ss notes were reviewed. The					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	JLTII	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUII	DIN	G			
		14G253	B. WIN	G			C <b>4/2008</b>	
	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE 7312 CLYDE AVENUE			
PHOENIA	K COURT			S	OUTH HOLLAND, IL 60473			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
W9999	Continued From pa	ge 10	W99	99				
	legs, left leg edema refuses to walk or u	eddened areas to bilateral atous with healing wound, R1 use walker. R1 is recently ent. R1 has skin breakdown on						
		f informed me to look at R1's rcular wound with necrotic						
	instructions, nurse	ed physician's office for further stated no new orders to with Desitin. Requested order luation.						
		ed the local hospital's home care, received appointment for						
	10/16/08 - R1 a Z1 with Infected De	admitted to local hospital per ecubitus right hip."						
		viewed. A Physician's Orders s dated 10/7/08 was reviewed. wing:						
	to bilateral leg. Left healing wound. R1	omplaints: "reddened areas leg remains edematous with refuses to walk or use walker. ming incontinent. R1 has skin cks, please check."						
		in's Progress Notes: "Lots of in breakdowns- refusal to						
		d 10/9/08 noted, "Egg crate nosis): Decub (decubitus						

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION  IG	(X3) DATE SI COMPLE	TED
		14G253	B. WI	1G _			C <b>4/2008</b>
	PROVIDER OR SUPPLIER		•	1	REET ADDRESS, CITY, STATE, ZIP CODE 7312 CLYDE AVENUE SOUTH HOLLAND, IL 60473		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	assessment was not care plan addressir found either. R1's la 6/26/08 include the  Total Protein: 8 Albumin: 3  E10 (nurse) was intal: 20am. E10 state buttocks looked her buttocks looked hip. I was not inform Surveyor asked when and her buttocks looked where liberal buttocks looked which hip was open. It didn't would say it's a state took him to the wouthere."  Surveyor asked whappeared like on 10 looked the same as dark area."  R1's progress notes assistants were reverse were noted.	ther reviewed. No skin oted in his record. No nursing his decubitus ulcer can be aboratory results dated following blood levels:  3.1 (normal) 3.5 (low)  terviewed on 10/21/08 at ed, "The pressure sore on R1's aled; staff showed me the right ned about it until 10/13/08."  but the 10/9/08 order for egg ne right hip decubitus ulcer. on't know. I did not see where 0 clarified, "The first time I	W99	999			

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			A. BUI	LDIN	G	، ا	C
		14G253	B. WIN	IG _			4/2008
NAME OF PROVIDER OR SUPPLIER  PHOENIX COURT			17	EEET ADDRESS, CITY, STATE, ZIP CODE 7312 CLYDE AVENUE OUTH HOLLAND, IL 60473			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	seemed to have dia went to bed after he 10/3/08 - R1 co hygiene. R1 has rereported to the nurs. Further review of the more entries relating decubitus ulcer.  R1's progress notes were reviewed. The "9/18/08 - R1 hone on the upper Rupper butt. Nursing Communication not 10/16/08 - Whe was told that R1 wo to go to the wound When R1 came in, wet. Another staff at to change him. Staft had gotten worse."  E9 (Program Assistinterviewed on 10/2 "About 3 or 4 week on his right buttock about a quarter size maybe a week or to black. It was not opends." Surveyor as down more. E9 stafusual." Surveyor as down more.	R1 had a red mark that aper rash. R1 ate fine and e was bathed.  Impleted his meds and dness to his buttocks, this was se."  In progress notes showed no g to R1's redness and/or  Is from his day training site e following entries were noted.  It is a 2 red spots on his legs:  I leg and one on the left leg, was called by staff.	W99	999			

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUBBLIED/CLIA

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION  NG	(X3) DATE SU COMPLE	TED
		14G253	B. WIN	1G _			C 4/2008
NAME OF PROVIDER OR SUPPLIER  PHOENIX COURT				1	REET ADDRESS, CITY, STATE, ZIP CODE 17312 CLYDE AVENUE SOUTH HOLLAND, IL 60473	10/2-	#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 APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	E2 (PA) was interving the state of the state	ed if R1 was on a turning ered, "No."  ewed on 10//21/08 at 3:00pm. The first week of October, I R1's buttocks near his right ogram assistants) said it's a bit bigger than a quarter. The off and it looked old."  ewed on 10/21/08 at 2:37pm. The sewed on 10/21/08 at	W99	999			

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-	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) N A. BU		IPLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED		
		14G253	B. WING			C <b>10/24/2008</b>		
NAME OF PROVIDER OR SUPPLIER  PHOENIX COURT				1	REET ADDRESS, CITY, STATE, ZIP CODE 7312 CLYDE AVENUE SOUTH HOLLAND, IL 60473	10/2-	#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 APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
W9999	mentioned it again. looked black, like b black circular sore. little bit at the edgethe point where it wworse." Surveyor a E5 answered, "He whis eyes, you'll know E7 (PA) was intervied to stated, "R1's rig maybe about a more by the nurse as we looked like an open outside, not black. hip bone part." Sunthis observation. E7 down. E5 should w "When I saw it before scab on it, looked by treatment was proved to answered, "We added, "Beginning 13th), E11 (PA) and because it was lead Surveyor asked whanswered, "He norm He wasn't changing E8 (Day Training Pinterviewed on 10/2 "When I first saw it, Originally I wrote it looked. It was on the hip." E8 continued, peeling. It then becweek before he we asked E8 to describe.	Then I saw it again and it ruised. It looked like it was peeling a st. Looked like it was getting to ras going to open or get sked how R1 was behaving. was sitting more. Looking at whe wasn't comfortable."  ewed on 10/21/08 at 1:31pm. ht hip was showed to menth ago. It was relayed to menth ago. It was relayed to menth ago. It was red on the You see a little white	W9	999				

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NAME OF PROVIDER OR SUPPLIER  PHOENIX COURT			•	1	REET ADDRESS, CITY, STATE, ZIP CODE 7312 CLYDE AVENUE SOUTH HOLLAND, IL 60473			
(X4) ID PREFIX TAG			ID PREF TAG	EFIX (EACH CORRECTIVE ACTION SHOUL			(X5) COMPLETION DATE	
W9999	probably the size of red and a little pushotified the nurse. (black part). It was Some pus and bloowith distilled water and the day training site "Typically, R1 is ou Lately he was sittin him up and stand was pillow under his bithis was the recommendated the facility. E8 answany guidelines from ask them if I could because when I chawiped off, but I did wiped stated, "R1 had a hight hip about 12cr stageable at that preschar. Once I deb stage 4 and it went Surveyor asked how wound to develop the develops maybe a surveyor asked how wound to develop the develop the develop the develop the develop the develop the	f a silver dollar. At first it was coming out. That's when we then it became a size of a fist open and about 1 in deep. It doming out. We cleaned it and put gauze on it and called sked what R1's regular day at a was. E8 answered, tgoing, funny and playful. It get whole day. We try to get with his walker. I would also put uttocks." Surveyor asked if mendation from the nurse or wered, "No, we did not receive a nursing or the facility. I did nave medicine for his sore anged him the medicine got not receive anything."  on 10/21/08 at 11:50am. Z1 uge decubitus ulcer on the m x 8 cm in size. It was not bint. It was covered with rided the wound, it was a all the way to the bone."  w long did it take for R1's or this stage. Z1 answered, "It week or two."	W99	999				