

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
“REPEAT B” VIOLATION(S)
STATEMENT OF VIOLATIONS

ARDEN COURTS OF HAZEL CREST

0049700

Facility Name

I.D. Number

3701 WEST 183RD STREET, HAZEL CREST, IL 60429

Address, City, State, Zip

29929

12/02/2010

Reviewed By

Date of Survey

LICENSURE ANNUAL & LICENSURE POST VISIT

07085, 08706, 29563

Type of Survey

Surveyed By

As a result of a survey conducted by representative(s) of the department, it has been determined the following violations occurred. Please respond to each violation. The response must include specific actions which have been or will be taken to correct each violation. The date of which each violation will be corrected must also be provided. Forms are to be submitted with the original signature.

IMPORTANT NOTICE:

THE STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER PUBLIC ACT 83-1530. DISCLOSURE OF THIS INFORMATION IS MANDATORY. THE FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

“REPEAT B” VIOLATION(S):

330.1110 f)

MEDICAL CARE POLICIES

f) The facility shall notify the physician of any accident, injury, or unusual change in a resident's condition.

This requirement is not met as evidenced by:

Based on observation, interview, record review and a review of the Resident Change of Condition policy and procedure presented by the facility, the facility failed to obtain and document treatment orders. Failure to obtain and document orders was done on a resident with a stage 2 pressure ulcer to the coccyx area for 1 resident (R1) in the sample. This is a facility acquired pressure ulcer, according to the facility staff.

The facility failed to follow the Plan of Correction they submitted to the department of Public Health from the survey completed on January 21, 2010. The facility failed to notify the physician in regards to a change of condition in the integrity of the patient's skin condition. The facility also failed to ensure that further assessment and treatment of the alteration in skin integrity was completed.

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CONT.
330.1110 f)

Findings include:

On 12/01/10 during entrance conference with E1 (administrator), E1 (administrator) identified R1 as being the only resident in the facility with a pressure ulcer.

During the initial tour accompanied by E2 (nurse) at 10:20am and E3 (caregiver/nurses' aid) present, the resident is noted to have a coccyx pressure ulcer. E2 identified it as being a stage 2 acquired in the facility. On the site is a DuoDerm dressing, wrinkled at the edges to the coccyx area. When E2 partially removed the dressing, it revealed a small area on the coccyx with no drainage or odor present. E2 states, "I'm gonna change it now."

At 10:25am, surveyor asked E2 if there is a treatment sheet. E2 states, "No, we don't," E2 continued; "It's changed every two days as needed."

E2 cleansed the coccyx area with normal saline and applied a new DuoDerm dressing.

R1 is an 82 year old admitted to the facility 07/22/2009 with a diagnosis that includes Dementia with Psychosis.

Upon review of the "individual service notes" from 10/27/10 to present; the current medication administration record and physician orders depicts no entries related to the coccyx pressure ulcer.

E2 interviewed on 12/01/10 at 11:10am about the lack of entries and physician orders for the ulcer. E2 states, "No, I (E2) didn't call the physician. I believe it was a stage 2. I called the doctor today (12/01/10) to get the order."

Surveyor accompanied by E4 (administration) reviewed the 24 Hour Report from 10/01/10 to present. Based on that review, R1 is not noted in any part of the reports. The service plan received today (12/02/10) from E4, dated 10/25/10, does not address or mention R1's coccyx pressure ulcer or altered skin condition.

The Resident Change of Condition policy and procedure states, in part, 2. A change of condition in a resident is documented on the 24 Hour Report per procedure. Part 3 states: depending on the change of condition, the Service Plan may be revised following reassessment of service requirements.

(Repeat B)