-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	ILTIPLE CONSTRUCTION	(X3) DATE SI COMPLE	
		145983	B. WINC			C 9/2011
	PROVIDER OR SUPPLIER	EET,THE	\$	STREET ADDRESS, CITY, STATE, ZIP 2940 WEST 87TH STREET CHICAGO, IL 60652	•	0/2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 314	wounds present. Review of the TAR November docume assessment and dr extremities was las The skin assessme present besides the which the right later On November 28, 2 last dressing was the stockings on Nover last time she saw the usually writes the of treatments is to be was no active order	for R7 for the month of nts the weekly skin essing change to the lower t done on November 7, 2011. In the did not reveal any wounds a 2 lower leg extremity ulcers, ral leg was listed as closed. 2011 at 1:E30, E15 stated the ne Inna Boot Compression mber 7, 2011 and that was the ne wound. Also, stated Z1 reder in the chart for what done and didn't realize there	F 3	14		
F9999	b) The facility care and services to practicable physical well-being of the re-	ATIONS: General Requirements for	F999	99		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE SURV COMPLETED	
		145983	B. WII				C 9/2011
NAME OF PROVIDER OR SUPPLIER RENAISSANCE AT 87TH STREET,THE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES				2	REET ADDRESS, CITY, STATE, ZIP CODE 940 WEST 87TH STREET CHICAGO, IL 60652		
(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	plan. Adequate and care and personal or resident to meet the care needs of the remeasures shall incl following procedure c) Each direct and be knowledged respective resident d) Pursuant to nursing care shall infollowing and shall seven days a week 2) All treatment administered as ord 3) Objective of resident's condition emotional changes determining care refurther medical evant made by nursing stresident's medical resident's	I properly supervised nursing care shall be provided to each e total nursing and personal esident. Restorative ude, at a minimum, the es: care-giving staff shall review able about his or her residents' care plan. subsection (a), general aclude, at a minimum, the be practiced on a 24-hour, this and procedures shall be dered by the physician. Servations of changes in a procedured and the need for luation and treatment shall be aff and recorded in the	F9	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145983	B. WIN				C 9/2011
	ROVIDER OR SUPPLIER	EET,THE	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 1940 WEST 87TH STREET CHICAGO, IL 60652		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	Continued From pa	ge 7	F99	999			
	agent of a facility sh	abuse and Neglect ee, administrator, employee or nall not abuse or neglect a ction 2-107 of the Act)					
	These Regulations by:	were not met as evidenced					
	interview the facility sore development, progression of pres residents reviewed	on, record review and failed to prevent pressure accurately follow the sure sore in 2 (R1, R7) of 4 for pressure sores in a ents and 1 resident in the ole					
	Findings include:						
		ata Set (MDS) for R1 with an ence date of 9/26/11 (Annual nents the following:					
	Section M: Risk for pressure u developing pressure	cers- Is the resident at risk of e ulcers? (1) Yes					
		ulcers- does this resident inhealed pressure ulcers at 0) No					
	the following order: Recliner chair due t sitting posture, poo	rder Sheet for R1 documents o decreased balance, poor r trunk and poor body control. r for pressure relief device for					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145983	B. WIN				C 9/2011
	PROVIDER OR SUPPLIER	EET,THE		29	EET ADDRESS, CITY, STATE, ZIP CODE 940 WEST 87TH STREET HICAGO, IL 60652		
(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 APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	11/23/11 R1 was sit without any pressur Practical Nurse) sta orders for a pressur reclining chair. The Nurse 's notes documents: Writer Nurse) summoned to coccyx (buttocks R1 's family summ requested that E6 laupon assessment, R1 's coccyx. On observation of would to the coccyx. E5 (that E5 was made as coccyx on 10/17/conference room) to 10/17/11 and noted R1 's coccyx. E5 din R1 's coccyx until acknowledged that the coccyx on 10/13 documentation of F Wound and Skin notes that E5 did not document open areas, or ever R1 's buttocks after on 10/17/11. E5 thassessment with the excoriation to R1 's	cocated in R1 's chart. On ting in the reclining chair, re relief device. E4 (Licensed ated that R1 does not have re relieving device for the for R1 dated 10/16/11 (E6, Licensed Practical to room and noted open area). On 11/22/11, E6 stated that oned E6 to the room and cook at R1 's skin. E6 stated E6 noted an open wound to 11/22/11 at 10:04 am, during and care, R1 had an open area Wound Care Nurse) stated aware of the open area to R1 '11. E5 stated (11/22/11, in the hat E5 assessed R1 on multiple small open areas on did not document the findings wound and Skin notes d not mention open areas on 11/4/11. Although E5 R1 had skin impairments to	F99	99			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	ISTRUCTION (X3) DATE SUR COMPLETE	
		145983	B. WI	NG			C 9/ 2011
-	ROVIDER OR SUPPLIER	EET,THE	•	29	REET ADDRESS, CITY, STATE, ZIP CODE 940 WEST 87TH STREET CHICAGO, IL 60652		
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F9999	R1 's coccyx until 1 assessment for R1	ge 9 I1/18/11. The nutritional dated 9/26/11 documents that al intake is 76-100% of meals.	F9:	999			
	was being treated fone on the right and leg. According to the assessment dated cellulitis to both low Review of the wour 14, 2011 document	osed records reveals that R7 or 2 lower extremity ulcers, rerior leg and one on the left e nursing admission October 13, 2011, R7's had er extrmities. In care notes dated October is statis ulcers to both lower oproximately 3x3 with bloody					
	clean both legs with lactate 12% moistu	11, an order was obtained to n normal saline solution, apply re lotion and xeroform, then sings every other day.					
	Record) list for R7 t	(Treatment Administration to have Unna Boots placed to emities and changed every 7					
	the month of Octob an order for R7 to h	(Physician Order Sheet) for er and November does not list have Unna Boots or kings to the lower extremity.					
		2011 at 12:35pm during a ation Z3 (Wound Care Nurse					

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		145983	B. WIN	IG			D 9/ 2011
	PROVIDER OR SUPPLIER	EET,THE	•	29	REET ADDRESS, CITY, STATE, ZIP CODE 940 WEST 87TH STREET CHICAGO, IL 60652		
(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	at Little Company of was sent to the emonomer 11, 2011 of compression barbandages were renat 12:30 pm by the Department. When multiple skin issues extremities and a swas also noted. "It legs could have been compression banda" was just in the hos no skin issues, now On November 23, 20 Care Nurse) stated to the hospital on Nonly 2 sores, one on not recall what type R7's legs but the facompression banda On November 28, 20 admission wound a Little company of Mayer a total of 20 wand leg, as well as assessments were and November 14, hospital. On November 28, 20 patient at Little Composervations were assisted surveyor in	f Mary Hospital) stated that R7 ergency room by the facility on . R7 was wearing some type indages on both legs. These noved on November 11, 2011 nurses in the Intensive Care the bandages were removed, were noted on both lower tage 2 sacral pressure sore lese deep tissue injuries on his en cause by whatever those ages were," Also stated R7 pital in September 2011 with when has about 20 total". 2011 at 1:30pm, E5, (Wound that when R7 was transferred ovember 11, 2011, he had in each leg. E5 stated she did of bandages were present in cility does use a 4 layer age at times.	F99	999			

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUPPLIER (X3) DATE SUPPLIER (X4) MULTIPLE CONSTRUCTION (X3) DATE SUPPLIER (X4) MULTIPLE CONSTRUCTION (X5) DATE SUPPLIER (X6) MULTIPLE CONSTRUCTION (X6) DATE SUPPLIER (X6) MULTIPLE CONSTRUCTION (X7) DATE SUPPLIER (X7) MULTIPLE (X7) M					
		145983	B. WIN	IG	11/2	C 2 9/2011
	ROVIDER OR SUPPLIER	EET,THE		STREET ADDRESS, CITY, STATE, ZIP CO 2940 WEST 87TH STREET CHICAGO, IL 60652	DDE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		N SHOULD BE	(X5) COMPLETION DATE
F9999	approximately 9x1: the left lateral malledorsum, of the food deep tissue injury p. The left heel has b. The left lateral toe The right lateral for approximately 2x10. The right heel has touch The right medial indeep tissue injury The right mid foot sore. The are about 5 vibase of both feet with intact skin. Review of the nurs Little Company of I complete skin asses wounds present. Review of the TAR November docume assessment and dextremities was last The skin assessment and d	ollows: s a stage 2 pressure sore 1 cm, eolus, left lateral foot and t reveals what looks to be pressure sores plackish, reddish eschar tissue. has a 2x6 cm purplish sore. not has an unstageable	F99	999		

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		145983	B. WING _			C 9/2011
	PROVIDER OR SUPPLIER	EET,THE	2	REET ADDRESS, CITY, STATE, ZIP CODE 940 WEST 87TH STREET CHICAGO, IL 60652	11/2	0/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	usually writes the o	rder in the chart for what done and didn't realize there	F9999	DEFICIENCY)		