STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145661	A. BUILDING _____ B. WING _____	C 01/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JACKSON SQ SKL NRSG & LIVING	5130 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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) COMPLETION DATE
F 314	Continued From page 5 8/06/12 were not document as being done. R5's wound care notes dated 7/27/12 documented upon dressing change R5 had an open area to the right buttock measuring 2.5 cm X 3.5 cm, and sacrum wound 5.0 cm X 6.0 cm X 0.2 cm. This was a newly developed pressure ulcer and an increase of the pressure ulcer identified on admission. R5's medication administration record (MAR) had the administration of pain medication on 8/08/12 for pain located in R5's buttock area.	F 314		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)2)3)4)A)5) 300.1220b)2)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145661	A. BUILDING _____ B. WING _____	C 01/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JACKSON SQ SKL NRSG & LIVING	**5130 WEST JACKSON BOULEVARD CHICAGO, IL 60644**

(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) COMPLETION DATE
F9999	Continued From page 6 Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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. Restorative measures shall include, at a minimum, the following procedures: c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 2) All treatments and procedures shall be administered as ordered by the physician.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145661	A. BUILDING _____ B. WING _____	C 01/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JACKSON SQ SKL NRSG & LIVING	5130 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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) COMPLETION DATE
F9999	Continued From page 7 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following: A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician. 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145661	A. BUILDING _____ B. WING _____	C 01/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JACKSON SQ SKL NRSG & LIVING	5130 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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) COMPLETION DATE
F9999	Continued From page 8 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These requirements were not met as evidence by: Based on observation, interview and record review, the facility failed to follow pressure ulcer policy for monitoring skin condition and implement pressure relieving methods, completing accurate measurement for pressure ulcer and provide pressure ulcer treatments as ordered for two of seven residents (R3 and R5), in the sample of fourteen residents reviewed for pressure ulcers. As a result of these failures R3 developed stage II, III and IV pressure ulcers, resulting in the need for debridement of the stage IV ulcer at a hospital. R5 developed a stage III pressure ulcer that had increased in size just seven days after being admitted to the facility. Findings Include: 1. R3 was readmitted into the facility on 8/27/12.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145661	A. BUILDING _____ B. WING _____	C 01/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JACKSON SQ SKL NRSG & LIVING	**5130 WEST JACKSON BOULEVARD CHICAGO, IL 60644**

(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) COMPLETION DATE
F9999	Continued From page 9	F9999		

R3's admission records for bodily assessment indicate that R3 had no open pressure areas. R3's risk assessment scale for skin breakdown indicated that R3 was scored 14 which is moderate risk. Review of the facilities policy for pressure ulcer prevention state that all residents assessed and treated.
The facility's wound care notes indicate that on 9/16/12, R3 had developed four new pressure ulcer areas. The wound summary sheets with date of 9/16/2012 indicated a stage three pressure ulcer to the right buttock, stage three pressure ulcer to the coccyx, stage two pressure ulcer to the left buttock and stage two pressure ulcer to the anal area. The comprehensive assessment of the pressure ulcers did not include measurement for the depth for any of the stage three pressure ulcers identified at this time.
Further review of the wound care notes indicated R3's had a sacrum ulcer stage IV in which was not assessed until 10/29/2012 after treatment was started 10/27/12. There was no documentation when this pressure ulcer was developed. The facility's wound assessment details report date 10/30/12 denotes 5.5 cm X 3.5 cm X 2.0 cm with exudates and moderate amount serosanguineous drainage on the sacrum area.
The hospital physician progress notes date 10/01/12 indicated that the sacrum ulcer was infected and Stage IV. The hospital physician progress notes indicated that the pressure ulcer was debrided.
The facility's pressure ulcer prevention policy and procedures included but not limited: "All residents assessed to be at risk for breakdown should be placed on a pressure reducing bed or mattress. Based on the results of the pressure risk

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145661	A. BUILDING _____ B. WING _____	C 01/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JACKSON SQ SKL NRSG & LIVING	5130 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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) COMPLETION DATE
F9999	Continued From page 10	F9999		

assessment, all residents at-risk for pressure ulcer development will receive a documented daily visual inspection of their skin by the RN/LPN (register/licensed nurse) or CNA (certified nurse aide)delivering care." This policy also denotes: "a Stage 3 pressure ulcer has a full thickness tissue loss and the depth varies and Stage 4 pressure ulcer has full thickness tissue loss with exposed bone, tendon, or muscle and the depth varies. "

R3's physician's order sheet reflected no use of a pressure relief mattress until 9/16/12, when facility staff acknowledged R3 developed new pressure ulcers. In addition, the wound assessment notes does not include measurements of depth for the identified stage 3 pressure ulcers during the period of 9/16 to 9/27/12.

E2 (Director of Nursing) on 11/7/12 at 10:45 A.M. stated, " the certified nurse's aides are to do daily skin checks on all residents during bath or shower days, note any unusual observations on the skin assessment sheets and inform the nurse in charge". E2 was unable to supply documentation of the skin assessment sheets for R3 from 9/12 to 9/16/12. E2 continued to state that the treatment nurse is to check the skin assessment sheets on a daily basis for follow up on any concerns regarding resident's skin issues.

E4 (treatment nurse) stated on 11/5/12 at 11:50 A.M., "She was not notified of R3's pressure ulcer until 9/16/12."

R3 was observed on 01/10/13 at 10:05 A.M. in bed. R3 was observed with sacrum pressure ulcer length 3.0 cm X 2.5 cm, pink tissue, scanty amount sangerious drainage and no odor.

E5 (nurse-wound care coordinator) on 01/28/13 at 10:28 A.M. stated, "It was the right buttock but

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145661	A. BUILDING _____ B. WING _____	C 01/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JACKSON SQ SKL NRSG & LIVING	5130 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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) COMPLETION DATE
F9999	Continued From page 11	F9999		

it extended to the sacrum. I didn't assess the sacrum ulcer or treat the sacrum." E5 was unable to show where this change in R3's skin condition was documented by any of the wound care staff. 01/28/13 at 2:30 P.M. E12 (nurse consultant) in the presence of E5, acknowledged it was true that a stage 3 and stage 4 would have a depth measurement included in the assessment.

2. R5 closed record documented R5 as total care resident admitted to facility on 7/20/12. R5's skin assessment dated 7/20/12 indicated that R5 had only small scratches and a skin tear, both to the sacrum upon admission. R5's wound care notes dated 7/20/12 and initial minimum data set (MDS) assessment dated 7/27/12 both documented R5 having a pressure ulcer on admission. The wound care notes stated, R5 had a previous pressure ulcer noted to right ischium/ sacrum noted with stage 2 with measurement of 2.5 cm (long) X 1.8 cm (wide) X 0.2 cm (depth). On the MDS the same measurement was recorded but it was indicated as a stage 3 pressure ulcer. In addition, it indicated R5 was incontinent of bowel and bladder.
-R5's nurses notes dated 7/24/12 at A.M. stated, R5's indwelling catheter was removed this AM (morning). R5's comprehensive care plan dated 7/20/12 for the pressure ulcer indicated R5 was to be kept clean and dry as possible to minimize skin expose to moisture. The care plan had no details how the staff members would accomplish this take. The care plan also identified the use of a low air loss mattress (pressure relief mattress).
-On 1/28/13 at 2:30 P.M. E5 (wound care coordinator) and E12 (nurse consultant) were asked what was the plan for reducing the moisture or keeping R5 as dry as possible to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145661	A. BUILDING _____ B. WING _____	C 01/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JACKSON SQ SKL NRSG & LIVING	5130 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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) COMPLETION DATE
F9999	Continued From page 12 decrease the risk for development for further pressure. E12 initially reported it was documented on the wound care notes 7/20/12, R5 had a indwelling catheter. The surveyor asked for a physician order for the use of the catheter and it was not found. R5's physician's order did not have any orders for the use of a pressure relief mattress and indwelling catheter. R5 had order dated 7/20/12 for treatment of the sacrum area to be done on Monday, Wednesday and Friday and as needed. Also, treatment orders dated 7/27/12 for the right buttock on Monday, Wednesday and Friday and as needed and sacrum everyday and as needed. R5's treatment administration records (TAR) were reviewed to confirm the treatments were done as ordered. R5's TAR between 7/20 and 7/27/12 denoted one treatment (7/20/12) for R5's sacrum area. The treatment that should have been scheduled for 7/23 and 7/25/12 were not documented as being done. Next, R5's TAR between 7/27 and 8/09/12 had undocumented treatments for R5's sacrum area for 8 of 14 days before being transferred out. The treatments that should have been scheduled for 7/30, 8/3 and 8/06/12 were not document as being done. R5's wound care notes dated 7/27/12 documented upon dressing change R5 had an open area to the right buttock measuring 2.5 cm X 3.5 cm, and sacrum wound 5.0 cm X 6.0 cm X 0.2 cm. This was a newly developed pressure ulcer and an increase of the pressure ulcer identified on admission. R5's medication administration record (MAR) had the administration of pain medication on 8/08/12 for pain located in R5's buttock area. (B)	F9999		