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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		E SURVEY PLETED
		145669	B. WING			12/2	24/2012
	ROVIDER OR SUPPLIER KE TER NRSG & REH	IAB CENTER		2	REET ADDRESS, CITY, STATE, ZIP CODE 222 WEST 14TH STREET VAUKEGAN, IL 60085		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 431	& undated R34's Brovana Inha expiration date of 10 2 Employee coats h Medication refrigera degrees Fahrenheit accumulation of ice E21 stated on 12/20 Inhalation medicatio 9/25/12. E21 also s should be dated upo During observation the 3rd floor on 12/2 E4(Registered Nurs Assistant Director of found: R35's Novolog Insu During observation Room/Refrigerator E22 (Registered Nurs found: Influenza Vaccine 1 1 large plastic conta E22 acknowledged all opened medicati opening. The facility's Insulin with revised date of Novolog Insulin sho opening. FINAL OBSERVAT LICENSURE VIOL 300.1210b)	d: rivative (PPD) 1 vial - opened alation Solution 11 packs - 0/12 langing on the wall ator temperature was 46 r (F). There was heavy in the freezer. 0/12 at 10:00 AM that R34's on was discontinued on aid that all medication vials on opening. of the 3rd Medication Cart in 20/12 at 12:20 PM with se) & E5 (Nursing Manager - of Nursing), the following was lin 1 vial - opened & undated. of the 1st floor Medication on 12/20/12 at 12:35 PM with urse), the following were vial - opened & undated ainer of Employee's beverage on 12/20/12 at 12:45 PM that on vials should be dated upon Storage Recommendations 3/27/12 indicated that ould be discarded 28 days after		999			
	300.1210d)5)						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII		(X3) DATE SURVEY COMPLETED			
		145669	B. WING _		· · · · · · · · · · · · · · · · · · ·	12/2	24/2012
	ROVIDER OR SUPPLIER KE TER NRSG & REH	IAB CENTER	,	2222	T ADDRESS, CITY, STATE, ZIP CODE WEST 14TH STREET JKEGAN, IL 60085		
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F9999	Continued From pa 300.3240a)	ge 27	F999	99			
	Section 300.1210 G Nursing and Persor	Seneral Requirements for nal Care					
	and services to atta practicable physical well-being of the re- each resident's com- plan. Adequate and care and personal of resident to meet the care needs of the re- d) Pursuant to subs	ection (a), general nursing at a minimum, the following ed on a 24-hour,					
	pressure sores, head breakdown shall be seven-day-a-week lenters the facility widevelop pressure social condition de sores were unavoid pressure sores sha services to promote	In to prevent and treat at rashes or other skin practiced on a 24-hour, basis so that a resident who eithout pressure sores does not pressure that the pressure lable. A resident having a healing, prevent infection, essure sores from developing.					
	Section 300.3240 A	buse and Neglect					
		ee, administrator, employee or nall not abuse or neglect a -107 of the Act)					

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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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	EVIDENCED BY: Based on observation review the facility fawas at high risk for failed to document to open areas, failed to concerns, and failed upon readmission to of 6 residents (R27 in the sample of 30. These failures resure R27's unstageable heel and stage II promote and stage II promote findings included R27 was admitted to multiple diagnoses Muscle Weakness, according to the initial date 8/7/12. Section shows that R27 was zero pressure ulcer for pressure ulce	on, interview and record illed to identify that a resident developing pressure ulcers, the location of reddened and o follow-up on identified skind to identify pressure ulcers of the facility. This applies to 1 or reviewed for pressure ulcers of the facility. The applies to 1 or reviewed for pressure ulcers of the facility. The applies to 1 or reviewed for pressure ulcers or the facility. The applies to 1 or reviewed for pressure ulcers or the facility in the atment to pressure ulcer on her right essure ulcer on her sacral.	F99	999	· · · · · · · · · · · · · · · · · · ·		
	Wound Risk Assess	according to the facility's sment (not dated). 15 AM, E8 (Treatment Nurse)					

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	ROVIDER OR SUPPLIER KE TER NRSG & REH	IAB CENTER		22	EET ADDRESS, CITY, STATE, ZIP CODE 22 WEST 14TH STREET AUKEGAN, IL 60085		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	development becaudue to R27's Lymph said that the pressure of the clinical record. R27's Restraint Caran intervention to "Factor of the Diabetes Care documents to "Inspector of the Clinical record. R27 had a "Red Are on 12/6/12 and an "documented) on 12 (Certified Nursing Amedical record. No regarding these skin the clinical or electror of the clinical or electror. E2 said documented the local areas and should hoon 12/19/12 at 4:10 Nurses) stated that R27's red and open 12/6/12 and 12/8/12 a	s at high risk for pressure ulcer use she is highly compromised noma and chemotherapy. E8 ure ulcer assessments dated 12 were not accurate. E8 sidents should have a skin	F99	99			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
		145669	B. WING			12/2	24/2012
	ROVIDER OR SUPPLIER	HAB CENTER		2222	T ADDRESS, CITY, STATE, ZIP CODE WEST 14TH STREET UKEGAN, IL 60085		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	aware of any skin of prior to her going of the prior to her going of the prior to her going of the progress of the hospital for observation of the hospital for observation of the hospital present on Admission of the hospital present on Admission of the hospital present on Admission of the present on the present of the present on the present of the p	ob stated that they were not concerns identified for R27 but of the facility on 12/11/12. Invent out of the facility to have a according to Daily Nursing umentation dated 12/11/12 1/12 R27 was admitted to the ation status post cording to the Nursing ed 12/11/12 at 4:00 PM. In pressure ulcer on her sacral entimeters (cm) according to the nation Physician ed 12/11/12 9:00 PM. The sion Physician Progress note to the presence of an ele wound. However, sew with Z1 (R27's physician) essure ulcer was present on 12/11/12 at the hospital, (12). (This is also documented is Progress Note dated entation that R27's skin was ong out on 12/11/12, according nical record. On 12/19/12 at e) stated that R27's skin was on R27 being sent out for the	F99	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		` '	TE SURVEY	
		145669	B. WING			12/2	24/2012
	ROVIDER OR SUPPLIER KE TER NRSG & REF	IAB CENTER		22	EET ADDRESS, CITY, STATE, ZIP CODE 22 WEST 14TH STREET AUKEGAN, IL 60085		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	surmises that R27 hours while at the sexure users of the hours and a stage II from the hospital or according to the hours are admission Daily 12/12/12 and signe intact." Additionally under the section Ia Nursing Progress Nalternative word "Wicheck-marked). The admission nursing a also documents "sk on page 10. The head admission nursing a has hand written do pressure ulcer to the "NUC." These entre E2 (Director of Nursknow who hand written do pressure ulcer to the "NUC." These entre E2 (Director of Nursknow who hand written do pressure ulcer to the "NUC." These entre E2 (Director of Nursknow who hand written do pressure ulcer to the "Nuc." These entre E2 (Director of Nursknow who hand written do pressure ulcer to the "Nurse) electronic sexual progression on 12/19/12 at 4:45 he was not the nurs readmission on 12/10 hecause E7 di stated that E7 did not the computer.	was on a cart/gurney for 11 urgical center and hospital. pressure ulcer upon discharge in 12/12/12 at 4:15 PM, spital Discharge/Patient orm. The Discharge form the presence of a left heel in 12/12/12 in the presence of a left heel in the presence	F99	99			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		145669	B. WING			12/:	24/2012
NAME OF PROVIDER OR SUPPLIER GLENLAKE TER NRSG & REHAB CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL				22	EET ADDRESS, CITY, STATE, ZIP CODE 222 WEST 14TH STREET AUKEGAN, IL 60085		
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F9999	nursing admission of On 12/19/12 at 4:40 she was the nurse re-admitted on 12/1 assessed R27's ski R27 did not have at the system for her shard copy electronic confirmed that E6 in the system for her spassword. The facility's Wound 12/13/12 shows the ulcer measuring 2.0 and an unstageable X 4.0 (100% necrot Physician orders for dated 12/13/12. The these pressure ulcer treatments or physician pressure ulcers upon 12/12/12. On 12/19/12 at app skin was assessed Nurses). R27 was pressure ulcer mean her sacral, left of crhave an unstageable 5.2 X 5.5 cm, black was assessed by the Z6 stated that R27 the right foot and a said that the strong	ge 32 form dated 12/12/12. D PM E7 (Nurse) stated that for R27 when R27 was 2/12. E7 said that she in upon re-admission and that my skin concerns. E7 stated it." E7 said that she did not stage II" or "Rt heel" on the conursing assessment. E7 and typed the information into because she did not have a did Documentation form dated at R27 had a stage II pressure in X 1.5 X 0.1 on the sacral, it is pressure ulcer measuring 4.0 ic) on the right heel. If these pressure ulcers are mere is no identification of ers and no measurements, cian's orders for these on R27's readmission date of a roximately 2:00 PM, R27's with E8 and E10 (Treatment moted to have a stage II suring 2.0 X 2.0 X 0.1 cm on ease. R27 was observed to be right heel wound measuring in color. On 12/20/12, R27 hee Wound Care doctor (Z6), had strong anterior pulse in weaker posterior pulse. Z6 pulse will compensate for the stated that R27 had a Deep	F99	999			

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F9999	Continued From partissue Injury in her (B)		F9999				