

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145899</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>LEXINGTON OF ORLAND PARK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>14601 SOUTH JOHN HUMPHREY DR</b> <b>ORLAND PARK, IL 60462</b>		
(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 000	INITIAL COMMENTS	F 000			
F 686 SS=G	<p>Complaint Investigation</p> <p>2075179/ II124440- F686 2075049/ II124303 2074362/ II123574 2074071/ II123262- F686 2072699/ II121810- F686 2072368/ II121448- F686</p> <p>Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to identify a Pressure Injury for an incontinent resident at increased risk for pressure injury. The facility also failed to monitor and provide weekly wound documentation for 2 of 4 residents (R1 and R2) reviewed for pressure injury. .</p> <p>As a result of this failure, R2 was initially discovered with a stage 4 Sacral pressure injury</p>	F 686	<p>F 686 the facility will continue to identify a pressure injury for an incontinent resident at increased risk for pressure injury. The facility will continue to monitor and provide weekly wound documentation.</p> <p>Corrective Action for Resident Affected: R2 and R1 discharged from facility</p> <p>How Other Residents Will Continue To Be</p>	9/22/20	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

09/22/2020

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145899</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>LEXINGTON OF ORLAND PARK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>14601 SOUTH JOHN HUMPHREY DR</b> <b>ORLAND PARK, IL 60462</b>		
(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 686	<p>Continued From page 1 exposing the bone, with slough and undermining.</p> <p>The Findings Include:</p> <p>1). The Face Sheet documents that R2 a Caucasian female was admitted on 2/27/20 without any pressure wounds. Care Plan dated 3/6/20 said R2 was at risk for altered skin integrity due to impaired mobility and incontinence and listed as an intervention to monitor skin daily during care. R2 also had care plans dated 3/6/20 for incontinence of bowel and bladder and required extensive assistance with activity of daily living skills due to immobility. Physician Progress Notes were reviewed from 3/1/20 to 6/20, it says R2 was admitted for short term rehab following a fall which resulted in a back fracture.</p> <p>The Facility Wound Care Assessment dated 4/1/2020 says a stage 4 sacral wound was discovered on this day. The measurements were as follow; 3.0 cm in length by 3.60 cm in width by .8 cm in depth with sloughing and bone exposure.</p> <p>The Wound Care Doctors Notes (Initial Wound Evaluation and Management Summary) dated 4/3/2020 says R2 was seen for a stage 4 sacral wound of one day duration measuring 4 cm in length by 4 cm in width by .9 cm in depth with undermining of 1.5cm by 12 o' clock and 30 percent slough with bone exposure. On this day the large wound was debrided.</p> <p>On 9/1/20 at 9:02AM, V7(Wound Care Nurse) said it is a problem to initially discover a stage 4 sacral wound with bone exposure on a resident who is incontinent of bowel and bladder.</p>	F 686	<p>Identified: During course of survey all active pressure injuries reviewed for current assessment. There was a total of 23 pressure injuries only 3 facility acquired and all wound assessments current. Upon hire, nurses receive education and training on facility policies and procedures which includes skin checks and process for completing weekly wound assessments. Upon hire, nursing assistants receive education and training on skin management which includes immediate reporting to nurse of any open areas on resident's skin. Upon hire, wound nurses and unit managers receive education and training on monitoring compliance and documentation on skin checks and wound assessment documentation. Negative trends reported for follow up.</p> <p>System Revision: Facility completed skin sweep on all residents census of 115 no unknown pressure injuries identified. Reeducation to nursing assistants on compliance with skin checks during bath/showers and during ADL care. Report any changes in skin or open areas immediately to nurse. Reviewed and provided C.N.A Skin Care Guidelines. Reeducation to staff nurses on monitoring compliance of skin checks, completing weekly skin checks and follow as soon as possible upon receiving report of a new pressure injury. Follow wound process which includes order for weekly wound</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145899</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>LEXINGTON OF ORLAND PARK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>14601 SOUTH JOHN HUMPHREY DR</b> <b>ORLAND PARK, IL 60462</b>		
(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 686	<p>Continued From page 2</p> <p>On 9/3/20 at 10:06AM, V20(Wound Care Physician) said he saw R2 for the first time on 4/3/20 and she had a stage 4 sacral wound exposing the bone with slough and undermining. V20 said the facility did not provide a good explanation for discovering a wound of this size and depth on an incontinent resident. " There is no good explanation."</p> <p>2). The Face Sheet documents that R1 was admitted on 6/13/2018 with the following pertinent diagnosis: Chronic kidney disease, dementia, metabolic encephalopathy and diabetes.</p> <p>Progress Note dated 1/29/20 says " R1, 86 year old black female was re-admitted from the hospital on 1/28/20 and has the following diagnosis: right shoulder pain, right hip pain, high blood pressure, diabetes mellitus, weakness... Head to toe skin assessment was done. Left knee scab/lower leg scab, Discoloration to the bilateral bottom foot. Right heel Deep tissue injury and stage 2 pressure ulcer to the coccyx area. Resident is susceptible to skin breakdown related to co-morbidities and decreased mobility. Family called... Staff will continue to monitor."</p> <p>Weekly Wound Assessments were reviewed and documentation showed the right heel was assessed on 1/29/20 and then on 2/23/20. This was more than 3 weeks and the wound deteriorated. The Pelvic region wounds were assessed on 1/28, 1/29 and 2/28/20, again more than 3 weeks and the pelvic wound deteriorated.</p> <p>On 2/28/20 the Wound Care Doctors Notes (Initial Wound Evaluation and Management Summary) were reviewed. The notes document multiple wounds: site 1 unstageable sacral</p>	F 686	<p>assessment.</p> <p>Reeducation to wound nurses and unit managers on monitoring compliance with skin checks and monitoring electronic medical reports to validate weekly wound assessments completed weekly. Follow through to assure assessment completed if missed.</p> <p>Implement audit tool for wound nurse or designee to complete regularly monitor incontinent residents at increased risk for pressure injury and weekly wound assessment documentation is current. Forward audit tool to Director of Nursing.</p> <p>How Facility Will Monitor System: Director of nursing to review audits and address negative observations one to one with identified staff. Report findings to the QAPI Committee for review and resolution</p>		

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

PRINTED: 09/23/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145899</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>LEXINGTON OF ORLAND PARK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>14601 SOUTH JOHN HUMPHREY DR</b> <b>ORLAND PARK, IL 60462</b>		
(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 686	<p>Continued From page 3</p> <p>necrosis, site 2 left ischium unstageable necrosis and site 3 unstageable deep tissue injury to the left heel. There was no documentation about a right heel wound.</p> <p>Progress Notes dated 3/2/2020 states R1 was hospitalized and returned on 3/11/2020 with wound decline. Progress Notes review from 3/11/20 to 3/22/20 states, R1 returned on hospice, the wounds continued to decline and R1 expired on 3/22/20.</p> <p>Care Plan dated 2/5/20 for skin alteration stage 2 pressure ulcer and deep tissue injury was reviewed. Interventions included: treatment as ordered, weekly documentation and monitor skin daily and report changes.</p> <p>On 9/1/2020 at 9:02AM, Z7(Wound Care Nurse) said weekly documentation is done on all residents wounds. On 9/4/20 at 12Noon , V7 said this is all the documentation they have for R1.</p>	F 686			