STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145684	A. BUILDING _____ B. WING _____	C 05/17/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE OF HOMEWOOD	940 MAPLE AVENUE HOMEWOOD, IL 60430

(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 Complaint Investigation 1692444/IL85301 No deficiency 1692445/IL85302 No deficiency 1692511/IL85378 Refer to F309	F 000		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to leave a resident's incontinence brief open to air and failed to perform hourly incontinence checks as ordered for the treatment of a moisture associated skin dermatitis. This applies to one of one resident (R1) with dermatitis in a sample of 9. Findings Include: R1's face sheet diagnoses included bladder disorder. R1's Medical Practitioner Progress Note dated 4/26/16 indicated R1 had a moisture associated dermatitis due to incontinence and that R1 is incontinent of urine and stool. R1's nursing progress note dated 4/27/16 indicates that R1 was identified with moisture associated skin dermatitis (MASD).	F 309		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 309	Continued From page 1	F 309		

R1's Minimum Data Set dated 4/23/16 indicates that R1 requires extensive two person assistance for bed mobility and is always incontinent of bowel and bladder.

R1's alterations in skin integrity care plan revised 1/20/16 includes an intervention dated 4/23/16 to check resident frequently for incontinence and kept dry and repositioned as ordered.

R1's Physician Order Sheet (POS) included an order dated 2/26/16 for staff to check R1's incontinence brief hourly for soiling. Also, R1's POS included an order dated 4/27/16 to keep R1's incontinence brief open every shift and Triad wound paste to the right buttock.

On 5/12/16 at 3:20 pm, the surveyor observed R1 on a low air loss air mattress with a closed incontinence brief in place. E11 (CNA) was present at the time of the observation.

On 5/16/16 at 10:00 am , the surveyor observed R1 with a closed incontinence brief in place. E3 (wound nurse) was present at the time of the observation.

On 5/16/16 at 1:10 pm the surveyor , while with E3, observed R1 with a closed incontinence brief in place. R1 had a small open area to the upper right buttock where Triad cream was placed after wound cleansing. Following R1's wound observation R1's incontinence brief was replaced and closed by staff.

On 5/16/16 from 1:15 pm - 3:20 pm R1 was observed to receive no incontinence checks or care as ordered in R1's (POS) for hourly incontinence checks.

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F 309	Continued From page 2 On 5/17/16 at 8:42 am Z4 (Wound Nurse Consultant) stated the purpose of keeping R1's incontinence brief open is to wick the moisture away from R1's skin. Z4 stated when asked about the hourly incontinence checks for R1 that R1 needed more frequent incontinence checks and assessments due to the MASD. Z4 stated R1's intolerance to the removal of protective dressings due to pain required the interventions for hourly checks and open incontinence brief to but implemented. On 5/17/16 at 9:20 am with E3 Wound Nurse and Z4 Wound Nurse Consultant R1's right buttock MASD was observed with an open bleeding area measuring 1.0 centimeters (cm) x 0.9 cm.	F 309		