STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145960	A. BUILDING _____ B. WING _____	09/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRESENCE RESURRECTION LIFE CTR	7370 WEST TALCOTT AVENUE CHICAGO, IL 60631

(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 282 SS=D	Annual Certification 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to implement a care plan intervention by not placing bilateral floor mats for 1 (R3) of 7 residents reviewed for falls in a total sample of 24. Findings include: On 9/16/15 at 8:00 am R3 was in bed asleep with a floor mat on the left side of her bed only. At 8:25 am R3 was still in bed but awake. No floor mats were in place. Care plan dated 5/28/15 with review date of 8/26/15 forwarded by E2(Director of Nursing) notes a problem of "poor safety awareness." Approaches include: "Low bed with floor mats while in bed." On 9/16/15 at 2:00 pm E13(minimum data set coordinator) stated floor mats were to "prevent from getting hurt when in bed. (E13) rolls out of bed. Should have floor mats when in bed."	F 282		
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES	F 314		

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 314	Continued From page 1	F 314		

Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, the facility failed to reposition every 2 hours 1 (R3) of 6 residents at risk for pressure sores in a total sample of 24.

Findings include:

R3 is 87 years old with a face sheet listed birthdate of 4/26/1928 and diagnosis of Dementia.

On 9/15/15, during uninterrupted, direct, observation from 1:10 pm until 4:10 pm R3 was up in the wheelchair. At 2:45 pm R3 was taken to her room where she stayed in her wheelchair until 4:10 pm. R3 was observed in her wheelchair without repositioning for 3 hours. On 9/16/15 at 9:30 am E9 (Certified Nursing Assistant for R3 on 9/15/15 dayshift) stated, "(supposed to) Get up and change (R3) every 2 hours and reposition. 11:45 am last time changed and repositioned. Keep pressure off butt."

On 9/15/15 at 4:00 pm E15 (Certified Nursing Assistant) stated, "She's (R3) heavy; dependent."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145960	A. BUILDING _____ B. WING _____	09/18/2015

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F 314	Continued From page 2 E15 continued, "4:00 pm for my reposition." R3's patient last documented risk profile for skin breakdown is dated 9/3/15 and scored as a 12. R3 is assessed as "high risk" for pressure sore development. This assessment under preventive interventions-recommendations, with a date of 6/3/15 notes R3 is chairfast with very limited mobility. Interventions include: "turning schedule," "Frequency: Every 2 hours," "Use pressure redistribution surface if bed or chair bound. Consider pressure redistribution surface if: There is intractable pain or Severe pain with turning or Additional risk factors are present. Note: Pressure redistribution surface does not replace turning schedules." R3 is assessed as "constantly moist." Additional document titled, "interventions based on (risk assessment)," and forwarded by E2(Director of Nursing)states, "reposition the wheelchair bound resident every hour." Facility presented an active care plan of 5/28/15 with a review date of 8-26-15 in which R3 is described as having poor safety awareness with an approach of "reposition at least every 1-2 hours."	F 314		