OAK LAWN RESPIRATORY & REHAB
9525 SOUTH MAYFIELD
OAK LAWN, IL 60453

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG
S 000
Initial Comments
2090118/ IL118937

S9999
Final Observations
Statement of Licensure Violation:

300.610a)
300.1010h)
300.1210b)
300.1210d)(2)(5)
300.1620a)
300.3240a)

Section 300.610 Resident Care Policies
a) The facility shall have written policies and
procedures governing all services provided by the
facility. The written policies and procedures 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. The
policies shall comply with the Act and this Part.
The written policies shall be followed in operating
the facility and shall be reviewed at least annually
by this committee, documented by written, signed
and dated minutes of the meeting.

Section 300.1010 Medical Care Policies
h) The facility shall notify the resident's
physician of any accident, injury, or significant
change in a resident's condition that threatens the
health, safety or welfare of a resident, including,
but not limited to, the presence of incipient or
manifest decubitus ulcers or a weight loss or gain
of five percent or more within a period of 30 days.
The facility shall obtain and record the physician's
Continued From page 1

plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.

Section 300.1210 General Requirements for Nursing and Personal Care

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.

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.

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 300.1620 Compliance with Licensed Prescriber’s Orders

a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a
Continued From page 2

licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These requirements were not met as evidenced by:

Based on interview and record review, the facility failed to provide wound care treatments daily as ordered, failed to notify the wound care physician when treatments were not performed as ordered and failed to document that wound care treatments were performed on a daily basis which affected one resident (R289) of five residents reviewed for pressure sores in a sample of 32. These failures contributed to the deterioration of R289's sacral wound.

Findings include:

R289's Admission Record documents that he was admitted to the facility on 7/17/19 with a sacral pressure sore.

R289's Medical Diagnoses include, in part: Hemiplegia and Hemiparesis affecting Right side, Encephalopathy, Dependence on Respirator, Tracheostomy Status and Diabetes Mellitus.
Continued From page 3

The wound measurements for R289's sacral pressure sore were as follows:
7/18/19: 5.6 cm (centimeters) length (L) by 5.2 cm width (W) by 0.8 cm depth (D). Hydrogel was ordered for wound treatment to be done daily.
8/12/19: 8 cm (L) by 9 cm (W) by 1.2 cm (D). Wound treatment was changed to cleanse wound with Dakins to be done daily and apply Dakins soaked gauze to sacrum. The wound increased in size for length, width and depth.
8/22/19: 9 cm (L) by 9 cm (W) by 0.8 cm (D). The length of the wound increased and now there is slough. The previous wound treatment on 8/15/19 did not indicate that R289's sacral wound had slough.
9/5/19: 15.5 cm (L) by 11 cm (W) by 1.2 cm (D). R289's sacral wound deteriorated in length, width and depth. It is documented in this assessment that R289's sacral wound deteriorated.
8/12/19: 8 cm (L) by 15 cm (W) by 0.9 (D). The width of the sacral pressure sore increased with undermining now present. This wound assessment documents a change in wound treatment to cleanse wound with Dakins and Medihoney to be done daily.
9/27/19: 14.5 cm (L) by 9.3 cm (W) by 0.6 cm (D). The length of the wound increased. Wound treatment was changed to Calcium Alginate to be done daily. During this visit, a wound debridement was performed.
10/4/19: 14.5 cm (L) by 9.3 cm (W) by 0.6 cm (D).
10/11/19: 14.5 cm (L) by 9.3 cm (W) by 0.6 cm (D).
10/18/19: 16 cm (L) by 18 cm (W) by 0.5 cm (D). The length and width of the wound increased. Wound treatment was changed to Dakins to be done daily according to the weekly wound rounds document.
10/25/19: 16.5 cm (L) by 9 cm (W) by 0.5 cm (D).
The length of the wound increased. Wound treatment was changed to Dakins with Calcium Alginate to be done daily according to the weekly wound rounds document.

R289's July 2019 Treatment Administration Record (TAR) does not document that Hydrogel wound care treatments to the sacrum were performed daily as ordered for the following dates: 7/19, 7/20, 7/21, 7/22, 7/23, 7/24 and 7/26. There is no documentation in R289's progress notes that V23 (Wound Care Physician) was notified regarding the wound care treatments that were not performed for these dates.

R289's wound care treatment was changed to Dakins solution on 8/8/19. R289's August 2019 TAR documents that Hydrogel treatments to R289's sacrum were performed on 8/9, 8/10, 8/11, 8/12, 8/13, 8/14, 8/18, 8/20, 8/24 and 8/25 despite the change in order to Dakins solution. It is also documented that the facility performed Dakins wound care treatments in addition to Hydrogel treatments on 8/12, 8/13, 8/14, 8/18, 8/20, 8/24 and 8/25. There is no documentation that wound care treatments were performed on R289's sacral pressure sore for the following dates: 8/15, 8/16, 8/17, 8/19, 8/21, 8/22, 8/23, 8/26, 8/27 and 8/29. There is no documentation in R289's progress notes that V23 was notified regarding the wound care treatments that were not performed.

R289's September 2019 TAR does not have documentation that wound care treatments were performed on R289's sacral pressure sore for the following dates: 9/3, 9/5, 9/6, 9/10, 9/11, 9/16, 9/19, 9/20 and 9/27. There is no documentation in R289's progress notes that V23 was notified regarding the wound care treatments that were not performed.
S9999 Continued From page 5

care treatments that were not performed.

On 10/18/19, R289's sacral wound care treatment was changed to Dakins solution to be done daily. R289's October 2019 TAR documents that there were no sacral wound care treatments performed on the following dates: 10/3, 10/4, 10/8, 10/10, 10/13, 10/17, 10/21, 10/22, 10/24, 10/26, 10/28 and 10/30.

There is no documentation in R289's progress notes that V23 was notified regarding the wound care treatments that were not performed.

There is no Care Plan that documents that R289 is resistive to wound care.

On 10/7/20 at 12:15pm, V5 (Wound Care Nurse) stated, "Medications are applied during wound care treatments. So because wound care treatments are procedures, they need to be documented and signed out. There is space on the TAR to document if a resident refuses treatment or is out of the building. If they don’t sign out a wound treatment, I can’t necessarily say that it was done. Yes, the wound can worsen in size and character if wound treatments are not performed as ordered. It is possible that a resident can develop sepsis in the wound if wound treatments are not done as ordered." V5 confirmed that she looked at R289's TAR's for July 2019 through October 2019 and that there were multiple blank spaces where wound care treatments should have been signed out.

On 10/7/20 at 5:07pm, V23 (Wound Care Physician) stated, "In general, it was an ongoing issue with that facility. I had multiple conversations on multiple levels with the Director of Nursing, Administration and multiple nursing staff regarding trying to get them to do what I was
Continued From page 6

asking them to do in order to prevent the pressure sores from deteriorating. During my rounds, I was noticing more acquired wounds which is a red flag and questionable whether my orders were being followed. The turning, the offloading, the treatments. If not performing the wound treatments as ordered, you definitely could develop an infection in the wound. Yes, can develop sepsis if wound dressings are not changed or treatment is not followed. But when I see an increase in acquired wounds, it's definitely concerning."

R289's hospital record dated 10/30/19 documents that R289 was admitted to a local hospital. Impression and Plan: Diagnosis - Acute septic shock, UTI (urinary tract infection), back and sacral pressure ulcers.

A facility policy dated 4/10/15 and titled, "Physician Orders (Following Physician Orders)" documents: Policy: It is the policy of the facility to follow orders of the physician.

A facility policy dated 5/19/17 and titled, "Wound Cleansing and Dressings" documents: Policy: It is the policy of the facility to cleanse all wounds to clear exudates, bacterial contamination, and debris from the wound bed. Optimal wound healing cannot proceed until inflammation-producing substances are removed from the wound bed. Wound cleaning is completed as indicated in the physician's order by the licensed nurse. It is the policy of this facility to perform wound dressing changes as ordered by the physician using clean technique on all chronic or contaminated wounds. A moist wound environment is most favorable for optimal wound healing. III. Dressing changes 2. The physician's order may include: e. Frequency of dressing
**OAK LAWN RESPIRATORY & REHAB**

**9525 SOUTH MAYFIELD**

**OAK LAWN, IL 60453**

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>ID PREFIX TAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>S9999</td>
<td>Continued From page 7 change. B. Apply new dressing after cleansing the wound per physician order. V. Documentation A. Documentation of the dressing change is completed on the Treatment Administration Record (TAR).</td>
<td>S9999</td>
<td></td>
</tr>
</tbody>
</table>

(B)