| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | , , | | l' ' | | E SURVEY PLETED |
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| | | 14G003 | B. WING | <u>' —</u> | | 02/ | 08/2013 |
| | ROVIDER OR SUPPLIER ODD DEVELOPMENTA | AL CENTER | | 10 | EET ADDRESS, CITY, STATE, ZIP CODE D5 EASTERN AVENUE ELLWOOD, IL 60104 | | |
| (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 |
| W 473 | dining room at 7:26 minimal assistance eating breakfast at trays arrived from the made to assure that and coffee were at 's food was served one hour after the to E18 Direct Service she was going to with the toast and eggs his plate in the microwere taken prior to the plate was removing them were taken prior to the plate was removing them were set temperature, E18 significant microwave available re-heat food, there available to assure the proper temperature were maintained at it arrived from the kind FINAL OBSERVAT LICENSURE VIOL 350.1230d)2) 350.3240a) Section 350.1230 No. 1230 No | t two serving carts to the am. R4, who requires during mealtime, began 8:26 am, one hour after the he kitchen. No attempts were to the eggs, toast, milk, juice the correct temperatures. R79 to him at 8:30 am, more than rays arrived from the kitchen. Person, explained to R79 that arm up his food and placed in the microwave and placed rowave. No temperatures serving the food to R79 once wed from the microwave. System was in place to assure rived at the proper aid although there was a for staff and residents to were no food thermometers that the food were served at tures. E18 said there was no assure cold items such as milk the proper temperature, once intenen. HONS ATION: | W 4 | | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | E CONSTRUCTION | | E SURVEY PLETED |
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| | | 14G003 | B. WING | i | | 02/0 | 08/2013 |
| | ROVIDER OR SUPPLIER | AL CENTER | | 10 | REET ADDRESS, CITY, STATE, ZIP CODE 05 EASTERN AVENUE BELLWOOD, IL 60104 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE | (X5) COMPLETION DATE |
| W9999 | agent of a facility shresident. (Section 2) These regulations withe following: Based on observation interview, the facility. Stage 4 to his coccitoot bunion (R50), the needs of R50 when a. Nursing services current reposition p. Nursing services current reposition p. Nursing services currently repositioning as reconstruction. Nursing services quarterly, reposition sheets to be the modurrent skin status. d. Nursing services untellectual Disability care issues, which is the Individual Services. The Individual Services in R50, per review Assessment dated. | e residents. abuse and Neglect ee, administrator, employee or nall not abuse or neglect a -107 of the Act) vere not met as evidenced by on, record review, and y failed to Ensure for 1 of 1 (R50) who has an active yx, and Stage 3 to his right nat :nursing services met the they failed to: a repositions R50 as per a rotocol. a ensured that the contracted vere aware and implemented juired for R50. a updated the nursing hing protocol, and tracking ling protocol, and tracking ling protocol, and tracking ling to coordinated with the Qualified y Professional all current skin need to be incorporated into | yew. | 9999 | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | ` ' | ATE SURVEY DMPLETED | |
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| | | 14G003 | B. WING | ; | | 02/0 | 08/2013 |
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| W9999 | Retardation, Down Impairment. Per re Specialist Evaluatio currently being trea his coccyx which m 1.0cm x 2.9cm, with o'clock. R4 also hadecubitus to his righ measures 0.4cm x recommendation to facility protocol. Per 10:25am, R50 is whambulate, or reposi R50 is incontinent, At 10:25am, on 1/9, breakfast in the grewheelchair. R50 haresting on top of a procover. At 10:44am, the television room attends Day Training adaptive tilted wheelchairs. The pill had a hole in the cosocks, and his feet was not wearing shootwear. At 10:56a clipped and filed R5 the fingernail clippe communal basket of the special street in the communal basket of the manual captive tilted wheelchair. The pill had a hole in the cosocks, and his feet was not wearing shootwear. At 10:56a clipped and filed R5 the fingernail clippe communal basket of the special street was not wearing shootwear. | Syndrome, and Speech view of R50's Wound Care in dated 1/7/13, R50 is ted for a Sage 4 decubitus to easures 1.5cm(centimeters) x in undermining of 4.7cm at 9 is a Stage 3 pressure in the foot bunion, which 0.5cm x 0.05cm, with the off load, and reposition per in observation on 1/9/13, at ineelchair bound, and unable to tion himself independently, and wears disposable briefs. 13, R50 was observed eating at room, sitting upright in his ad socks on both of his feet, billow, without a pillow case in R50 was observed arriving in of the B-Wing, where he ge. R50 was seated in his elchair which was set at 18 en concentrator was plugged innula was positioned en concentrator had what taks of dried fluid on many chine. A pillow had been oblaced on the footrests of his low, which had no covering, orner. R50 was wearing white were touching together. He oes or any type of protective am, Z1(Day Training Staff) 50's fingernails. Z1 confirmed rs and file were from a | W9 | 999 | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ' | LDING (X3) DATE S | | E SURVEY PLETED | |
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| | | 14G003 | B. WING | i | | 02/0 | 08/2013 |
| | ROVIDER OR SUPPLIER | AL CENTER | | 10 | REET ADDRESS, CITY, STATE, ZIP CODE 05 EASTERN AVENUE BELLWOOD, IL 60104 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE | (X5) COMPLETION DATE |
| W9999 | a drink from a disp was R50's milksha supplement which breakfast and lunc R50 to reposition I did Z1 change the tilted wheelchair. In his milkshake, Z1 11:55am, Z2(Day R50, sat near the removed his socks R50's feet. As Z2 foot, a discolored a bunion portion of I she applied lotion Z2 said she had no have some type of area. Z2 stated the asked if it was ok a affected area. Z2 that she would onl on the wound area At 12:40pm, E3 (L observed bringing his room. During a same date and time should have inform had come off of his explained that R50 | om. At 11:16am, Z1 gave R50 cosable cup. Z1 said the fluid ake, and described it as a R50 received between the each day. Z1 did not assist himself in his wheelchair, nor angle of tilt on R50's adaptive At 11:18am, after giving R50 left to assist other clients. At Training Staff) approached footrests of his wheelchair, and began to apply lotion to applied lotion to R50's right area was observed on the R50's right foot. When asked if to that area of R50's right foot, ot. Z2 was asked if R50 should described from the R50 to t | W9 | 999 | | | |
| | decubitus. E3 stat staff will let nursing E3 stated she is n came off. E3 was been repositioned | ted that normally the direct care g know if R50's dressing is off. not sure when the dressing made aware that R50 had not since he was observed up in ting breakfast in the small | | | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ' | | E CONSTRUCTION | ` ' | E SURVEY PLETED |
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| | | 14G003 | B. WING | i | | 02/0 | 08/2013 |
| | ROVIDER OR SUPPLIER | AL CENTER | | 10 | EET ADDRESS, CITY, STATE, ZIP CODE 05 EASTERN AVENUE ELLWOOD, IL 60104 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAC | | PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE | (X5) COMPLETION DATE |
| W9999 | dining room attached 10:25am, nor had he stated that she will back to the B-Wing and then ensure that was asked if the Da aware that R50 has coccyx, and right for needed to be reposed by Training staff at be up for meals only minutes after meals. The undated Skin In Care Staff was revisit mitted to: "7. Reposition every limited to: 13. Follow the toiled and dry. Brief check if skin is irritated from cleaning buttocks at the top to the cleaning buttocks at the top to the cleaning patted dry." During an interview 1/10/13 at 1:30pm, Training staff are and repositioned every limited that staff are reminded Z4(Day Training Days and the staff are reminded Z4(Day Training Staff are st | ed to the great room at his brief been checked. E3 redress the wound, bring R50 Day Training, to eat his lunch, at he lies down after lunch. E3 by Training staff were made a pressure sore to his not bunion area, and that R50 hitioned. E3 stated that the area aware that R50 needs to by, then remain up 30-45 by, and then repositioned. Integrity Protocol for Direct lewed. It reads, but is not be the proposition of the larea is noted. Resident will be the larea is noted. Resident will by on Medical Stayback (or per d is to be repositioned at least | W9 | 999 | | | |

| | FOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUI A. BUILE | | E CONSTRUCTION | | E SURVEY PLETED |
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| | | 14G003 | B. WING | i | | 02/0 | 08/2013 |
| | PROVIDER OR SUPPLIER | AL CENTER | | 10 | REET ADDRESS, CITY, STATE, ZIP CODE 05 EASTERN AVENUE BELLWOOD, IL 60104 | | |
| (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 |
| W9999 | stated that the Day needed to be up at repositioned every should lie down at I have his feet on a parate (pressure relie how he can be sure repositioning R50 esurveyor with a repositioning R50 esurveyor with a repositioning R50 erived by this sufform that R50 arrived 11:30am, was recliin 12:30pm, was lying and was lying on his also documented the these same time frasurveying staff, R50 until 10:44am. R50 1:00pm, and was nhis wheelchair tilt on his brief checked at was informed that the Day Training re E1 stated that he is personally ensured 1:30pm and 2:30pm his repositioning for stated that R50 need Training program mand the repositioned R50 was observed care of Day Training being wheeled to his into bed, and began | Training staff thought R50 least one hour, and not hour. E1 stated that R50 Day Training for one hour, and oillow or bean bag or egg of food cradle). E1 was asked the Day Training staff are each day. E1 presented this positioning log from the hours 3:30pm, for the date of 1/9/13. 13, on which R50 was reveyor, staff marked on the ed at 10:30am, was eating at ned in his wheelchair at on his right side at 1:30pm, as left side at 2:30pm. Staff nat his brief was checked at ames. Per observation by 0 did not arrive to Day Training 0 did not eat lunch until ever changed in his position of f 18 degrees, and never had any of these time frames. E1 the information documented on positioning log was incorrect. aware of that, and he that R50 was repositioned at n, to ensure R50 did receive that two hour time frame. Z1 eds to arrive at the Day nuch earlier, to ensure R50 | W99 | 999 | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ' | | E CONSTRUCTION | | E SURVEY PLETED |
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| | | 14G003 | B. WING | | | 02/ | 08/2013 |
| | ROVIDER OR SUPPLIER | AL CENTER | | 10 | EET ADDRESS, CITY, STATE, ZIP CODE 05 EASTERN AVENUE ELLWOOD, IL 60104 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE | (X5) COMPLETION DATE |
| W9999 | into the dressing of away from the would with stool, underned by this surveyor, if changed, since is with the this will have to Nurse) to change he R50's dressing, with pain medication. If R50 was observed grimacing. E3 was has any medication discomfort during he have to wait and then change he usually R50 is not changed. After R5 coccyx was compliand positioned R50 left side. Z1 did play both feet were tout | age 141 I was observed wiping stool in R50's coccyx, instead of and. R50's dressing was soiled eath his dressing. At mention R50 should have his dressing was soiled with stool, Z1 stated of get E3(Licensed Practical his dressing. E3 changed thout being medicated with During this dressing change, I moaning, and with facial asked by this surveyor if R50 in for pain, to assist with his dressing change. E3 stated the pain medication, but that she for the medication, but that she for the medication to work, is dressing. E3 stated that in pain when his dressing is 50's dressing change to his eted, Z1 reapplied a new brief, 0 in a side lying position on his ace a pillow under his feet, but ching together, creating age 3 decubitus on his right | W99 | 999 | | | |
| | bed with a pillow u resulted in him bei approximate 15 de had been placed b was positioned in a feet to rub togethe there was no addit right foot. At 7:35a Nurse) was advise position which allow | Bam, R50 was observed in his order his right side, which and positioned at an egree angle. Although a pillow etween his calves, the pillow a manner which allowed his r. R50 was wearing socks, but it ional protective padding on this am, E3(Licensed Practical d that R50's feet were in a wed them to rub together. E3 is supposed to be positioned so | | | | | |

| | FOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ' | | O2 T ADDRESS, CITY, STATE, ZIP CODE EASTERN AVENUE | | TE SURVEY MPLETED | |
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| | | 14G003 | B. WING | } | | 02/0 | 08/2013 | |
| | PROVIDER OR SUPPLIER | AL CENTER | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 05 EASTERN AVENUE BELLWOOD, IL 60104 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAC | | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP | BE | (X5) COMPLETION DATE | |
| W9999 | that his feet did not notified, repositioned. R50's Physician Or 1/14/13 was review dressing to his coordinessing - apply Silicover with foam dressing - apply Silicover with foam dressing - apply Silicover with foam dressing year dry, cover secure with tape or R50's Individual Sereviewed. Under puse a pressure relief pad to bed. Ureads, "Inner buttoo 1cm stage 2(evalua 2/9/12 as 2.5cm x 1 un-stageable-treat dressing QD(daily)/wound assessment to wound bed, gran Other Concerns/Rerisk for skin impairr Protocol. Currently Alginate dressing trouttocks-monitor of healing slowly." The Functioning form delimited to, "R50 requiphysical assistance of daily living) skills nail care, brief charnon ambulatory ind on staff physical as | rub together, and once and R50. der Sheet dated 12/15/12 - ed. R50 has an order for a cyx, which reads, "Coccyx wer Alginate rope to wound, essing once daily." R50 also right foot bunion area, which se with NSS(normal saline), or with foam dressing, and are daily and as needed." rvice Plan dated 3/7/12 was ositioning devices, it reads to be cushion to w/c and pressure linder skin assessment, it ck/sacral crease with 3cm x atted by wound care nurse | W9 | 999 | | | | |

| | FOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUL A. BUILD | | E CONSTRUCTION | | E SURVEY PLETED |
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| | | 14G003 | B. WING | | | 02/0 | 08/2013 |
| | PROVIDER OR SUPPLIER | AL CENTER | | 10 | EET ADDRESS, CITY, STATE, ZIP CODE D5 EASTERN AVENUE ELLWOOD, IL 60104 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE | (X5) COMPLETION DATE |
| W9999 | repositioning reads pillows side-lying." The Individual Habi 5/4/12, regarding the break-down reads, Interdisciplinary Tesskin care protocol for the form of a memoral have been trained of that R50 will be producessories, includintegrity, that R50 secured the wound is to be lead to be wound site is to be between the limb at of contact with the finance of the wound site is to be between the limb at of contact with any has the bed mattress at keep his heel from friction with either the staff will record all record all record all record form does not mentite time this meeting. The Narrative Sum dated 5/4/12 was relimited to, "The tean integrity protocol for recommendation of the side | Is Goal/Service objective for "Reposition R50 in bed with litation/Service Plan, dated be current need of skin but is not limited to, "The am met on 5/4/12 to discuss or R50's wound." This is in on the skin protocol for R50, wided with a wheelchair, ing pillows to promote skin hould be up for meals and 30 or and following all meals, that kept clean and dry, that R50's elevated with pillows placed and bed, with the area kept free firm bed surface and sheets, sition R50 every hour, ensuring wound site is free from and sheets, that the pillow will making contact leading to the pillow or bed coverings, that epositioning times on the blue of form, that a wound specialist bound as requested, providing the same to nursing. This tion where R50's wound is at any was conducted. The same to discussion eviewed. It reads, but is not a met today to discuss skin | W99 | 999 | | | |

| | FOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUI A. BUILE | | E CONSTRUCTION | | E SURVEY PLETED |
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| | | 14G003 | B. WING | | | 02/0 | 08/2013 |
| | PROVIDER OR SUPPLIER | AL CENTER | | 10 | EET ADDRESS, CITY, STATE, ZIP CODE 05 EASTERN AVENUE ELLWOOD, IL 60104 | | |
| (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 APPROPODE DEFICIENCY) | BE | (X5) COMPLETION DATE |
| W9999 | every hour. He cur and 30 to 45 minute pillows are available comfortable when he wheelchair." The ne conflict one anothe memo indicates tha 30-45 minutes prior summary indicates and then 30-45 min memo also does not wound/s. During an interview on 1/10/13 at 11:00 should be repositioned side time on his back. Frepositioned hourly foot should be elevalegsE2 stated that crate elevation approprieted E2, and the different egg create corner of his bedroothat she was not available was not available to the complex, having a scoccyx, and a Stag bunion. E2 stated that is current to fin that R50's right foo October 22nd. E2 repositioning protocols. | rently is to be up for meals, es following meals. Body e to assist in ensuring R50 is ne is repositioned out of his nemo and the summary with positioning times; the at R50 is to be up for meals to and after meals, and the that R50 is to be up for meals, antes only after meals. This of indicate the location of R50's with E2 (Director of Nursing) am, E2 was asked how R50 and E2 stated that R50 can be to side, and can spend some E2 stated that R50's right ated, with a pillow between his at they do not have any egguliances for R50. This surveyor old E2 that R50 has about 4 are elevation appliances in the form, on the floor. E2 stated ware of that, and that it was her a pillow is fine for R50 to 2 was asked if there is any or staff to go, to find out how tioned, being that he is Stage 4 decubitus to his right foot there is no place in R50's chart did that information. E2 stated that an accurate col for R50 should have come and meeting that should have | W99 | 999 | | | |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUL A. BUILD | | E CONSTRUCTION | | E SURVEY PLETED |
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| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | x | PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE | (X5) COMPLETION DATE |
| W9999 | bunion decubitus. If acility policy should repositioning. E2 e wheelchairs, if they they should be repositioning. E2 stated if breakdown, as is the should be reposition asked what reposition wheelchair, and lying the wheelchair, and lying on. E2 stated specific of a plan for realizes that they sheet stated that after meeting, the Qualific Professional (QIDP) assessment togethe for R50, so it is a cuskin status. E2 conskin protocol and IS skin status. E2 was current blue sheet to repositioning R50. The blue sheets any now have a tracking day of the week. Estaff assigned to R5 indicating that they E2 confirmed that they E2 confirmed that all of his feet were touching pressure to his right. | O developed his new right foot E2 was asked what their I be for clients in regards to explained that for clients in cannot reposition themselves, ositioned by staff every 2 a client has actual skin the case with R50, those clients and every 1 hour. E2 was oned means; taken out of the angular down on a mat, or a shift in which side should a client be and that they do not have that ar R50, and stated that she are lould have a special team and the loud put a new er, and update the current ISP current reflection of his actual affirmed that currently, R50's SP do not reflect his current as asked if the facility has the that indicate staff has been E2 stated that they do not use a longer. E2 stated that they grown for each shift, for every 2 stated that the direct care so mark an x on the form, did reposition R50 every hour. This form will not indicate which ast repositioned from, i.e, left de, versus back. E2 was the times R50 was observed ang each other, applying direct at foot decubitus. E2 stated bund a lot, so it is difficult to | W99 | 999 | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` , | | E CONSTRUCTION | ` ' | E SURVEY PLETED |
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| | | 14G003 | B. WING | i | | 02/0 | 08/2013 |
| | ROVIDER OR SUPPLIER | AL CENTER | • | 10 | EET ADDRESS, CITY, STATE, ZIP CODE D5 EASTERN AVENUE ELLWOOD, IL 60104 | | |
| (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 |
| W9999 | were reviewed. The assessment form in decubitus to his rigle entry is from 8/9/12 month of November R50's Monthly Sun of October, Novem were reviewed. Un of October, it is che reposition every 1-2 indicated by the Dir comments it reads, reported on 10/22/1 November, under Swith a check again There is no mention breakdown in located December, under Swith a check to reponarrative comment Nurse) documented issues, but did not a current skin breakdown in located by the Director of the facility present tracking forms the fineed repositioning. The facility present tracking forms the fineed repositioning. Frame of 3-11, and 9am through 3:00p forms. During an in Worker/Residential at 2:00pm, E4 was for the time frame of are repositioning Residential at 2:00pm, E4 was for the time frame of are repositioning Residential at 2:00pm, E4 was for the time frame of are repositioning Residential at 2:00pm, E4 was for the time frame of are repositioning Residential at 2:00pm, E4 was for the time frame of are repositioning Residential at 2:00pm, E4 was for the time frame of are repositioning Residential at 2:00pm, E4 was for the time frame of are repositioning Residential at 2:00pm and the review of the time frame of are repositioning Residential at 2:00pm and the review of the time frame of are repositioning Residential at 2:00pm and the review of the revi | rterlies/(90 Day Assessments) ere is no mention on the adicating R50 has a Stage 3 at great toe bunion. The last at There is no quarterly for the r, as should be the next entry. Immary Reports for the months ber, and December of 2012 der Skin Intact for the month ecked, no, with a check to 2 hours(not every one hour as ector of Nursing). Under "Open area R bunion 12." For the month of Skin Intact, it is checked no, to reposition every 1-2 hours. In on this form where the skin ed. For the month of Skin Intact, it is checked no, osition every 1-2 hours. In the section, E3(Licensed Practical d that R50 had congestion mention the status of his | W9 | 9999 | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | | (X3) DATE SURVEY COMPLETED | |
|---|--|---|--|----|--|---------------|-------------------------------|--|
| | | 14G003 | B. WING | i | | 02/08/2013 | | |
| NAME OF PROVIDER OR SUPPLIER BELLWOOD DEVELOPMENTAL CENTER | | | | 10 | EET ADDRESS, CITY, STATE, ZIP CODE D5 EASTERN AVENUE ELLWOOD, IL 60104 | 1 32/33/23 13 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | MUST BE PRECEDED BY FULL | | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE | (X5) COMPLETION DATE | |
| W9999 | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 147 Day Training staff has a different form for documenting repositioning. This surveyor asked what happens on the weekend, or if R50 is ill, and does not attend Day Training. E4 stated that she does not have a tracking form for this time frame on the weekend. E4 was asked what happens during the week, when R50 arrives late to Day Training, as was the case on 1/9/13. How can she account for the time frame of 9am until R50 arrives at Day Training. E4 stated that she will have to create a new form to account for this 6 hour time frame on the weekend, and if R50 arrives late to Day Training. R50's QIDP, E9 was interviewed on 1/15/13 at 2:00pm. E9 was asked if he was aware that R50 has active skin breakdown on his right foot bunion that is a Stage 3 decubitus. E9 stated that he is aware R50 has skin breakdown on his right foot. E9 was asked if he has a skin protocol developed for R50 that reflects an accurate picture of R50's current skin status. E9 stated when he found out that R50 had new skin breakdown in October on his right foot bunion., he spoke with nursing about this new skin issue. E9 stated that the team,E4(Social Worker/Residential Services Director), E3(Licensed Practical Nurse),E2(Director of Nursing),and E9 all met together, and discussed this new issue. E9 stated that this meeting was conducted informally. E9 stated that R50 should have a pillow between his legs, and that this area is healing. E9 was asked if he was aware that R50's current skin protocol, as well as ISP do not reflect an accurate picture of R50's current skin status. E9 stated that he has not been instructed to add new issues to the ISP as they occur. E9 stated that he was taught to wait until the next | | W9999 | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | | |
|---|--|---|---|---|---|-------------------------------|----------------------------|--|--|
| | | 14G003 | B. WING | i | | 02/ | 08/2013 | | |
| NAME OF PROVIDER OR SUPPLIER BELLWOOD DEVELOPMENTAL CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 105 EASTERN AVENUE BELLWOOD, IL 60104 | | | | | |
| (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 APPROP DEFICIENCY) | BE | (X5) COMPLETION DATE | | |
| W9999 | annual staffing, and stated that he norm the team meets reg in the case of R50's October on his right this matter, and did protocol for R50. Enursing adds their in that is when he mal E9 stated that he is nursing is concerne aware that staff are hour as he should be documentation in R Meetings, and mem do not reflect an ac skin breakdown. | If then make the changes. E9 cally writes up a memo after parding a new client issue, but a new skin breakdown from the bunion area, he over looked not write up a new skin 9 stated that at the annual, anput during the meeting, and kes the changes to the ISP. The notion of the expert as far as an ed. E9 was asked if he was not repositioned, and that 150's ISP, Special Team and conflict with each other, and curate picture of R50's current 9 stated that nursing usually es, and he waits for their input | W99 | 999 | | | | | |