STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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) COMPLETE DATE
A 000	Initial Comment Annual Licensure Survey	A 000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Type 2 Violation Section 295.3000 Personnel Requirements, Qualifications and Training a) The establishment shall have staff sufficient in number with qualifications, adequate skills, education and experience to meet the 24-hour scheduled and unscheduled needs of residents and who participate in ongoing training to serve the resident population. (Section 35(a)(3) of the Act) h) The establishment shall have sufficient personnel to provide the following for its current resident population: 1) All mandatory services. 2) Services established in each resident's service plan. 3) Service to meet the needs of each resident, including 24 hours scheduled and unscheduled needs, general supervision, and the ability to intervene in a crisis; These requirements are not met as evidence by: Based on interview and record review the facility failed to assure staff possessed sufficient	A3000		

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A3000	Continued From page 1	A3000		

qualifications
and adequate skills to deliver necessary care and services to 2 residents (R1 and R2) who developed
facility acquired pressure ulcers.

This failure caused harm to R1 and R2 and creates a substantial probability of harm to other residents who develop pressure wounds.

Findings include:

Medical record review documents R1 is 87 years old and admitted to the facility on 5/3/24 with diagnosis including chronic kidney disease, hypertension, and chronic pain.

Nurses note dated 6/7/24 documents that R1 "observed with skin breakdown to coccyx area. Coccyx reddened with two open areas. NP will send script for home health. Will fax referral once script is received." Nurses note on 6/12/24 (5 days after initial identification of skin breakdown) documents 'Spoke to HH in regard to wound care orders.' E2 (DON) on 8/23/24 there had been no further documentation or treatments to R1's wound until 6/12/24 (5 days later).

On 8/30/24 at 9:55am E2 stated the 5 day delay in obtaining orders for Home Health to evaluate and treat R1's wound was most likely caused by a delay in obtaining the physician order and then running it through R1's insurance.

Home health note with vsist date of 6/17/24 states R1's dressing was soled and identifies R1's pressure ulcer as an unstageable sacral wound due to slough/eschar in wound bed. Onset date 6/12/24.

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A3000	Continued From page 2	A3000		

When asked why there are no facility notes (monitoring, description, interventions) regarding the R1's wound for the 5 days before HH evaluated it, E2 stated "we are not to treat wounds. Home health is the one that monitors, documents, and manages the entire situation. When the dressing becomes soiled, we call HH and have them come change it." E2 stated staff do not have a prn order in the event a dressing treatment is required. Review of HH notes dated 6/12/24 states HH visits 2 times week to manage R1's coccyx wound.

R1's service plan was viewed electronically on 8/23/24. There was no mention of the R1's skin alteration, interventions or treatments on this service plan. E2 stated on 8/30/24 at 9:55am that R1's service plan was updated to include information about R1's coccyx wound during survey (on 8/27/24)

Medical record review documents R2 is 92 years old and admitted to the facility on 4/19/24 with diagnosis including Parkinson's and dementia with other behavioral disturbance.

Review facility's 'Clinical Ready List' identifies R2 with a pressure ulcer. Nurses note dated 8/10/24 state "wound care nurse visit today, full head to toe assessment conducted. Unstageable wound to left heel measuring 1.8cm x 1.6cm necrotic but no drainage. Treated and bandaged, educated resident on keeping the heel elevated and boot to be applied at bedtime."

E3 (assistant DON) stated on 8/23/24 at 2:20 PM there is no further facility documentation indicating when the wound was first identified, measures taken or when home health was

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A3000	Continued From page 3 requested for an evaluation and treatment. R2's Service plan dated 7/11/24 does not identify R2's pressure injury to the right heel. There are no interventions, monitoring or healing measures listed in R2's service plan. The home health agency treating R2's wound is not identified nor any of their recommended interventions (boot at night). Home health documentation dated 8/16/24 states R2 ' has been referred to the wound doctor for further wound assessment'. There is no further documentation indicating what the current wound situation was nor why it was being referred.	A3000		