

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>5108250</b>                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>02/05/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN HOUSE OAK PARK</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>703 MADISON STREET</b><br><b>OAK PARK, IL 60302</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                           | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG                                                                             | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| A 000                                                              | Initial Comment<br><br>Complaint Investigation Survey<br>IL184173/2590248- Substantiated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | A 000                                                                                           |                                                                                                                          |                                                                    |
| A2000                                                              | Section 295.2000 Residency Requirements<br><br>This Regulation is not met as evidenced by:<br>Type 2 Violation<br><br>Section 295.2000 Residency Requirements<br><br>a) No individual shall be accepted for<br>residency or remain in residence if the<br>establishment cannot provide or secure<br>appropriate services, if the individual requires a<br>level of service or type of service for which the<br>establishment is not licensed or which the<br>establishment does not provide, or if the<br>establishment does not have the staff appropriate<br>in numbers and with appropriate skill to provide<br>such services. (Section 75(a) of the Act)<br><br>12) The person requires treatment of stage<br>3 or stage 4 decubitus ulcers or exfoliative<br>dermatitis; or<br><br>This requirement was not met as evidenced by:<br>Based on interview and record review, the<br>establishment failed to ensure residency<br>requirement was followed for one resident (R1)<br>who developed stage III pressure ulcer and stage<br>II pressure ulcer progressed to stage VI.<br><br>Findings include: | A2000                                                                                           |                                                                                                                          |                                                                    |

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

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| A2000                                                              | <p>Continued From page 1</p> <p>Per R1's Face sheet. R1 was 93-year-old. R1's diagnoses include but not limited to Generalized Anxiety, Dementia, Urinary Tract Infection, Essential Hypertension, Acute Embolism, History of Falls.</p> <p>R1's Progress Notes are as follows:<br/> 1/15/2024- CNAs reported skin discoloration on right thigh during toileting. Assessed resident and skin tear opening on right thigh with discoloration. NP (Nurse Practitioner) notified and aware.<br/> 1/15/2024- New order from NP: home health wound care d/t right thigh stage pressure ulcer, offset pressure q 2-4 hours.<br/> 1/30/2024- Wound care nurse came to see the patient with new instructions to turn the resident on the left side preferably while sleeping due to the pressure ulcer in her right hip. Wound care nurse found a developing pressure ulcer at the sacral area ...<br/> 2/2/2024- Resident currently on ABT Clindamycin capsules 450mg PO T.I.D for 10 days on 2/10 ...D/T wound infection RT. Trochanter.<br/> 2/15/2024- Wound nurse came around, wound assessment and care done by the wound nurse, wound care to R hip, Buttocks, and R ankle ...<br/> New wound noted to R trochanter ...<br/> 2/17/2024- Right thigh wound dressing was soiled; dressing removed to change dressing and noted a change in wound size. DON (Director of Nursing) immediately notified and called. DON arrived at the apartment and noted change in wound and DON changed the dressing.<br/> 2/27/2024- Spoke with R1's physician in reference to residents' current wound status. Verbalized the urgency of resident direct admitting to the hospital do to wound concerns ...<br/> Per progress notes, resident has a coccyx wound, hip wound and wound to ankle region.</p> | A2000                                                                                           |                                                                                                                          |                                                                    |

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| A2000                                                              | <p>Continued From page 2</p> <p>R1's Wounds Notes are as follows:<br/>Wound Summary<br/>#1 Prox (proximal) Thigh, Rt (Right) PU<br/>(Pressure Ulcer) onset 1/17/2024<br/>#2 Low Buttock, Lt (Left) PU onset 1/30/2024.<br/>#3 Lateral Malleolus, Rt, PU onset 2/3/2024<br/>#4 Lt Greater Trochanter, Lt PU onset 2/15/2024</p> <p>WOUND DETAILS:<br/>#1 PROX (Proximal) THIGH, RT<br/>Onset 1/17/2024- Stage II on 2/22/2024 it was<br/>stage IV.<br/>#2 Low Buttock Lt<br/>Onset 1/30/2024- stage III - 2/8/2024 stage III<br/>#3 LATERAL MALLEOLUS, RT, PU STAGE III<br/>Onset 2/3/2024 stage III- 2/27/2024 stage III<br/>(Despite these two pressure ulcers progressing to<br/>Stage 3 pressure ulcer, R1 remained in the<br/>establishment.)<br/>#4 Lateral Greater Trochanter, Lt<br/>Onset 2/15/2024 stage I- 2/27/2024 stage I</p> <p>R1's Service Plan dated 11/23/2023 does not<br/>indicate anything about skin assessment and<br/>does not indicate any interventions to prevent<br/>skin breakdown, does not indicated any wound<br/>care services.</p> <p>On 2/4/2025 at 12:35PM, E1 (Executive Director)<br/>Said that R1 was moved out of this establishment<br/>because she needed a higher level of care, son<br/>gave 30 days' notice. All the nurses who care for<br/>her are no longer working. Wellness Director is<br/>not here anymore.</p> <p>On 2/4/2025 at 1:37PM, E3 (Regional Nurse) said<br/>that she was reviewing notes and saw that R1<br/>had a coccyx, sacral and hell region wounds ...<br/>"just from the notes it was noted that she needed<br/>a higher level of care, someone was saying that</p> | A2000                                                                                           |                                                                                                                          |                                                                    |

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| A2000                                                              | Continued From page 3<br><br>she needed a wound vacuum, we can't do that here."<br><br>On 2/4/2025 at 2:08PM, E1 (Executive Director) said "I can tell you that the home health services are not in the service plan, it should have been there, and it has been already identifying and we have worked on that." E1 said "Per our policy and procedures once the wound passes from stage 2 we have to find a higher level of care, if the wound resolved then they can come back."                                                                                                                                                                                                                                                                                  | A2000                                                                       |                                                                                                                          |  |                                                                    |
| A4010                                                              | Section 295.4010 Service Plan<br><br>This Regulation is not met as evidenced by:<br>Type 3 Violation<br>Section 295.4010 Service Plan<br><br>a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan.<br><br>b) The service plan shall be developed by:<br><br>1) The resident, resident's representative or any individual requested by the resident;<br><br>2) The manager or manager's designee; and<br><br>3) A registered nurse, if the resident is receiving nursing services or medication | A4010                                                                       |                                                                                                                          |  |                                                                    |

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| A4010                                                              | Continued From page 4<br><br>administration or is unable to direct self-care.<br><br>c) The service plan shall be signed and dated by all individuals involved in its development.<br><br>d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act)<br><br>e) The service plan shall be reviewed and revised, if necessary, immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000).<br><br>f) Based on the physician's assessment, the service plan may provide for the disconnection or removal of any kitchen appliance. (Section 15 of the Act)<br><br>g) Service plans shall address:<br><br>1) The level of service the resident is receiving, including:<br><br>A) assistance with activities of daily living;<br><br>B) dietary needs, if the establishment provides therapeutic diets; and<br><br>C) special accommodations for the resident;<br><br>2) The amount, type, and frequency of health-related services needed by the resident;<br><br>3) Staff responsible for the provisions of the | A4010                                                                                           |                                                                                                                          |                                                                    |

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| A4010                                                              | <p>Continued From page 5</p> <p>service plan;</p> <p>4) Any risk being negotiated; and</p> <p>5) Whether the resident requires medication reminders, supervision of self-administered medication, or medication administration.</p> <p>h) The service plan shall include all support services provided or arranged for by the establishment.</p> <p>i) Nothing in this Part limits a resident's ability to direct his or her own care and negotiate the terms of his or her own care. Residents have the right to refuse certain services or approaches that would otherwise be recommended based on the physician's assessment if the resident has received clear information regarding the risks and benefits of such a choice and the choice does not put other residents or staff at risk. Disclosure of the risks of refusing services or approaches must be documented in the service plan.</p> <p>These requirements were not met as evidenced by:<br/>Based on interview and record review, this establishment failed to ensure that outside services and intervention for wound care were included in the service plan for one resident (R1).</p> <p>Findings include:<br/>Per R1's Face sheet. R1 was 93-year-old. R1's diagnoses include but not limited to Generalized Anxiety, Dementia, Urinary Tract Infection, Essential Hypertension, Acute Embolism, History of Falls.</p> <p>R1's Progress Notes are as follows:<br/>1/15/2024- CNAs reported skin discoloration on</p> | A4010                                                                                           |                                                                                                                          |                                                                    |

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| A4010                                                              | <p>Continued From page 6</p> <p>right thigh during toileting. Assessed resident and skin tear opening on right thigh with discoloration. NP (Nurse Practitioner) notified and aware.</p> <p>1/15/2024- New order from NP: home health wound care d/t right thigh stage pressure ulcer, offset pressure q 2-4 hours.</p> <p>1/30/2024- Wound care nurse came to see the patient with new instructions to turn the resident on the left side preferably while sleeping due to the pressure ulcer in her right hip. Wound care nurse found a developing pressure ulcer at the sacral area ...</p> <p>2/2/2024- Resident currently on ABT Clindamycin capsules 450mg PO T.I.D for 10 days on 2/10 ...D/T wound infection RT. Trochanter.</p> <p>2/15/2024- Wound nurse came around, wound assessment and care done by the wound nurse, wound care to R hip, Buttocks, and R ankle ...</p> <p>New wound noted to R trochanter ...</p> <p>2/17/2024- Right thigh wound dressing was soiled; dressing removed to change dressing and noted a change in wound size. DON (Director of Nursing) immediately notified and called. DON arrived at the apartment and noted change in wound and DON changed the dressing.</p> <p>2/27/2024- Spoke with R1's physician in reference to residents' current wound status. Verbalized the urgency of resident direct admitting to the hospital do to wound concerns ...</p> <p>Per progress notes, resident has a coccyx wound, hip wound and wound to ankle region. R1's Service Plan dated 11/23/2023 does not indicate anything about skin assessment and does not indicate any interventions to prevent skin breakdown, does not indicated any wound care services.</p> <p>On 2/4/2025 at 2:08PM, E1 (Executive Director) said "I can tell you that the home health services are not in the service plan, it should have been</p> | A4010                                                                                           |                                                                                                                          |                                                                    |

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| A4010                                                              | Continued From page 7<br><br>there, and it has been already identifying and we<br>have worked on that."                      | A4010                                                                       |                                                                                                                          |                          |                                                                    |