

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145419</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GENERATIONS AT ELMWOOD PARK</b>		STREET ADDRESS, CITY, STATE, ZIP <b>7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0684  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review, the facility failed to follow their preventative skin and restorative care plan for one resident (R1) reviewed for pressure ulcer and restorative therapy. Findings include: On 7/8/20 from 11:30 am to 1:20 pm, R1 lay on an air mattress, heels directly laying on mattress with noted left foot drop. No boots were observed on her feet or splints on hands, which were both closed and contracted. On 7/8/20 at 1:20 pm, V4 (Certified Nursing Assistant/CNA) applied 2 adult briefs under R1's buttocks, then a flat sheet on the bed. V4 state, I put 2 adult briefs on R1 because sometimes she wets a lot. I put 2 on her earlier also when I changed her this morning. She had an open area on the back of her left thigh, but it looks like it's gone now. R1's dressing was removed with skin slightly red but intact. V4 stated, R1 is supposed to have boots on her feet and splints on her hands, but they were not here when I got here this morning. Often times, the boots and hand splints are not on and might be in the laundry and I have to go down there and get them. I also use the gauze and roll it up and put them in her hands like I am doing right now. V4 placed gauze in both hands and R1's hand immediately squeezed completely close. On 7/8/20 at 2:55pm, R1's heels lay directly on the mattress. On 7/9/20 at 10:20am, R1 had rolled gauze in left hand only and both hands noted completely closed. On 7/8/20 at 1:30pm, V5 (Wound Care Nurse) stated, R1 had an excoriation on the back of her left posterior thigh that we had a dressing placed on it every 3 days; it is healed as of today. R1 is high risk for skin breakdown and her interventions to prevent further skin breakdown are a low air loss mattress and heel protectors which should be on at all times. There should not be 2 adult briefs layered on a resident with the air mattress. Staff may not change her as often if they do this and it's not recommended with the mattress. On 7/8/20 at 2:55pm, V5 stated, I saw that R1 had a double adult brief on and she should not have that on. Also, her heel protectors may be in the laundry, but a pillow should be used under her heels then. On 7/9/20 at 10:20 am, V13 (Restorative Aide) stated, The splints we refer to are the ones that are like pillows and have a strap around the back of the hand to help with contractions. We have to keep replacing them. The splints are supposed to be on most of the time and do come off at bedtime. The splints get laundered and we have to go down to the laundry and get them. I see she has a hand roll on her left hand only right now. V13 looked at the bedside table and stated, Maybe they are in the laundry right now. We are supposed to check daily if the hand splints are on after we do the range of motion. On 7/9/20 at 10:20am, V14 (Restorative Aide) stated, I am in charge of the Restorative Aides. R1 has contractures in both hands and we use these splints to prevent further contractures. If the splints are in the laundry, we can make hand rolls from gauze, but you have to make them big and the correct shape to be effective. If not, R1 will just close her hand around it and it will not prevent further contractures. The hand roll she has in her left hand right now should be different and is not as effective. The splints can come off at bedtime only and when doing range of motion. She should have them on both hands. On 7/9/20 at 10:50am V19 (Housekeeping Supervisor) stated, As you can see, there are many extra and clean hand splints and heel protectors that are clean and available. We do not have any in the washer or dryer right now. R1's medical [DIAGNOSES REDACTED]. R1's care plan notes that she is at high risk for skin breakdown related to a skin assessment, level of dependence, incontinence, immobility, impaired cognition, presence of scar tissue in areas prone to pressure, history of pressure ulcers, decreased sensory perception and bed confinement. Interventions list to treat, reduce and eliminate risk factors to the extent possible by using bilateral heel protectors to relieve pressure on the heels. Physician treatment orders lists to use bilateral heel protectors while in bed or may use a pillow to off load heels and use the air mattress per manufacturer recommendation. R1's care plan for activities of daily living and rehabilitation note R1 is at risk for developing/has actual contractures related to [DIAGNOSES REDACTED]. Check splint for condition before application. Minimum data Set (MDS) assessment of restorative program on 4/3/20 notes for R1 to have 2 splints or braces as well.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.