

**Plan of Correction
Central Baptist Village
Provider CLIA: ASL510106
A4000**

The Plan of Correction also represents the facility's allegations of compliance. The following Plan of Correction and Allegations of Compliance is submitted solely because it is required by law and is not an admission to any of the alleged deficiencies or violations. Furthermore, none of the actions taken in the Plan of Correction is an admission that additional steps should have or could have been taken by the facility to prevent the alleged deficiencies. These steps are only included because a Plan of Correction is required by state law. The facility reserves the right to dispute and/or appeal the findings as allowed by applicable law.

Corrective actions:

At the time of investigation, surveyor noted that R1, who self-administers her own medications and resides in our Assisted Living unit was noted on January 22, 2025 to have a sore buttock, pain and redness. R1's redness was noted and addressed by staff. R1 self-administered medication for her pain. On January 26, 2025 R1's nurse (E4) assessed that resident has been unsteady and sitting more lately. On January 27, 2025, R1's physician was notified by nurse and was sent to the hospital for follow up.

Procedures to identify other residents potentially at risk:

Every resident has the potential to be affected by the alleged deficiency.

Measures to ensure the problem will be corrected and will not recur:

All nurses in our Assisted Living unit will receive in servicing to notify a resident's physician when any resident – including any resident who self-administers their medications – has concerns of redness and pain in the buttocks regardless of open skin, and any other areas that would require physician attention.

Quality Assurance Plans:

Any new nurses will receive training upon hire to notify a resident's physician when any resident – including any resident who self-administers their medications – has concerns

of redness and pain in the buttocks regardless of open skin, and any other areas that would require physician attention.

The Resident Services Director, E2, will monitor documentation in electronic health record and adhere to compliance of section 295.4000 Physician's Assessment. The documentation audit results will be reported at the quarterly quality meeting.

Date of Completion: 2/28/25

February 28, 2025

Nursing In-Service: Notification of physician and POA

Nurse to notify a physician of redness and pain of the skin regardless of absence of open skin though resident administers own medications to ensure adequate assessment and appropriate treatment is provided. The notification would include any other areas that would require physician attention.

Record of In-Service

Date: 2/20/25

Notification of physician and POA (changes in resident's condition)

Presenter: Jolanta Jerzyk

Participants

	Print Name	Signature	Department
1	BARBARA CZYZ	B. Czyn	RS
2	Olga Panki'v	Olga	RS
3	Esmeralda Kalguda	Esmeralda	RS
4	BARBARA BACHULA	B. B. RN	RS
5	Soukaina Doui Bi	Soukaina	RS
6	HEENA NAGALES	Heena	RS
7	Gardna Freder	Gardna	GF
8	Fidre Selg	Fidre	RS
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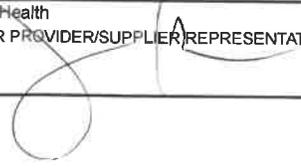
Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/18/2025
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NAME OF PROVIDER OR SUPPLIER CENTRAL BAPTIST VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4747 N CANFIELD AVE NORRIDGE, IL 60706
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(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 Complaint Investigation IL185243/ 2590716- Substantiated, 295.4000 cited.	A 000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 3 Violation Section 295.4000 Physician's Assessment g) Establishments may develop their own tools for evaluating their residents; however, the establishment evaluation does not replace the requirement for a physician's assessment. Documentation of evaluations and re-evaluations may be in any form that is accurate, that addresses the resident's condition, and that incorporates the physician's assessment. (Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004) This requirement is not met as evidenced by: Based on interview and record review, the establishment failed to notify physician of one (R1) resident's concern of redness and pain on the buttock to ensure adequate assessment and appropriate treatment was provided. This affected one of three residents reviewed for activities of daily living assistance. Findings include: According to R1's face sheet, R1 is 97 years old. R1's diagnoses include but not limited to	A4000		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
Administrator

(X6) DATE

Illinois Department of Public Health

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A4000	Continued From page 2 resident has concern of redness and pain in the buttock regardless of absence of open skin, should the physician be notified even though the resident administer her own medication, E2 said, in cases like this POA (Power of Attorney) and Physician will be notified. E2 said staff will be in-serviced.	A4000		

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A4000	<p>Continued From page 1</p> <p>Osteoarthritis Unspecified and Unspecified macular Degeneration. At the time of survey R1 was admitted in skilled unit.</p> <p>R1's service plan updated on 1/6/25, R1 needs physical assistance with toileting needs and peri-care.</p> <p>R1's untitled document submitted for review by E2 (Director of Resident Services) indicated the following: 1/22/25: shower given bottom is sore, applied A&D ointment. Assisted with toileting. Helped wipe and apply barrier cream. 1/24/25: observed redness in buttocks, washed applied barrier cream. 1/25/25: pressed pendant 8x, mostly toilet assistance, right side of butt is sore. 1/26/25: needed to use the bathroom. He said she was sore and wanted A&D ointment on her bottom. Several times assisted to the bathroom; barrier cream applied. Toilet assist applied BC (Barrier cream) sore area at 4pm.</p> <p>R1's progress notes dated 1/26/25 entered by E4 (Registered Nurse) stated in part, "complaint of sore bottom. No open areas noted at this time; area very red maybe due to prolonged sitting as resident feels unsteady and in pain to move around ..."</p> <p>On 2/18/25 at 10:10am, E4 said R1's concern regarding the observed redness on the bottom and pain was not reported to R1's physician. E4 said, R1 administer her own medication, and they do not take orders from physician for residents who administer their own medications. E4 said R1 was advised to call her physician.</p> <p>On 2/18/25 at 10:32am, E2 was asked if a</p>	A4000		