

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510120 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/15/2024 |
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| NAME OF PROVIDER OR SUPPLIER CORDIA SENIOR RESIDENCE | STREET ADDRESS, CITY, STATE, ZIP CODE 865 N CASS AVE WESTMONT, IL 60559 |
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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 | A 000 | | |
| A4010 | <p>Annual Licensure Survey</p> <p>Section 295.4010 Service Plan</p> <p>This Regulation is not met as evidenced by: Section 295.4010 Service Plan (Type 1 Violation- REPEAT Violation)</p> <p>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.</p> <p>a) 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).</p> <p>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).</p> <p>g) Service plans shall address:</p> <p>1) The level of service the resident is receiving, including:</p> <p>A) assistance with activities of daily living. C) special accommodations for the resident.</p> <p>2) The amount, type, and frequency of health-related services needed</p> | A4010 | | |

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| Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| A4010 | <p>Continued From page 1</p> <p>by the resident.</p> <p>3) Staff responsible for the provisions of the service plan.</p> <p>These requirements were not met, as evidenced by: Based on interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Assess and analyze the resident's diagnosis, medical symptoms and risk factors that requires monitoring. 2. Develop and implement the following: <ol style="list-style-type: none"> (a) A preventative plan of service to address related/possible complications. (b) Significant change of condition- plan of service for R2 (identified as independent-to becoming totally dependent in care, placed under hospice care and with multiple fractures (right pelvic fracture and right femur fracture) without surgical intervention and, 3. Follow and implement the statement of correction for the year 2022, and 2023. <p>These failures resulted in: R3's development of a facility acquired Stage 2 pressure injury on the left heel (on May 1, 2024) that progressed to an infected Stage 3 (on May 22, 2024) that requires debridement and use of a wound vac.</p> <p>The findings include:</p> <ol style="list-style-type: none"> I. R3 moved in the establishment on August 16, 2016, with diagnosis to include diabetes, dyspnea, fatigue and muscle weakness. <p>On October 11, 2024, at 3:00 PM, E3 (License Practical Nurse) described R3 as alert and</p> | A4010 | | |

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| A4010 | <p>Continued From page 2</p> <p>oriented, requiring one staff assistance with activities of daily living's and ambulates using a rolling walker - with stand by assistance from the staff.</p> <p>The home health wound nurse documentation's show the following:</p> <ul style="list-style-type: none"> - May 1, 2024, a Stage 2 pressure injury on the left heel was initially noted. This wound was measured at 4.0 cm X 4.5 cm X 0.2 cm. - On May 22, 2024, R3's wound to the left heel deteriorated. The size increased to 8.0 cm x 5.0 cm x 0.2 cm and was described as "with foul smelling odor." This pressure injury was upstaged to a Stage 3. - On June 30, 2024- R3 was sent out to the hospital due to a fall. <p>On October 16, 2024, at 1:14 PM, E2 (Director of Nursing) stated, "Something about the shoes! I think R3's shoes were too big and it was rubbing on her heel. R3 was transferred to the hospital due to a fall. I called the hospital and they said they debrided R3's wound and put her on wound vac."</p> <p>The establishment failed to identify R3's risk for developing skin alteration; failed to revise and implement an individualized interventions upon discovery of R3's pressure injury on May 1, 2024 and /or when the "deterioration" was noted on the wound.</p> <p>II. R2 move in the establishment on June 17th, 2024, with diagnosis to include congestive heart failure R1 was identified as alert and oriented and independent with activities of daily living, ambulates with utilizes oxygen via nasal cannula. On September 19, 2024, R1 sustained a fall and was admitted to the hospital and was diagnosed</p> | A4010 | | |

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| A4010 | <p>Continued From page 3</p> <p>with right femur fracture and pelvic fracture (no surgical intervention was done). On September 25, 2024, R2 was readmitted to the community under hospice care.</p> <p>On October 11, 2024, at 1:15 PM, E3 (License Practical Nurse), "R2 is now totally dependent for help with physical functioning dependent and on hospice care." These changes were not reflected in R2's service plan. This finding was discussed with E1 (Executive Director), E2 (Director of Nursing) and confirmed by E2 (Director of Nursing) and E3 on October 11, 2024.</p> <p>III. The annual licensure survey dated October 25, 2022, and November 3, 2023, the establishment was cited for failing to comply with the regulatory requirement in the development of residents' service plan (section 295.4010 Service Plan). The statement of correction reads as follows: the facility will address changes and needs and preference and goal of the residents and will be reviewed regularly and will be updated to ensure the plan is relevant and effective.</p> <p>This statement of correction was not followed and implemented during this survey. This concern was discussed with E1 (executive Director) and E2 (Director of Nursing) on October 16, 2024.</p> | A4010 | | |