

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER LOMBARD PLACE ASSISTED LIVING AND MEMORY C		STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST 22ND STREET LOMBARD, IL 60148		
(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		
	Annual Licensure Survey			
A4010	Section 295.4010 Service Plan	A4010		
	<p>This Regulation is not met as evidenced by: TYPE 2 VIOLATION</p> <p>Section 295.4010 Service Plan</p> <p>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)</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>C) special accommodations for the resident;</p> <p>2) The amount, type, and frequency of health-related services needed by the resident;</p> <p>3) Staff responsible for the provisions of the</p>			

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

TITLE

(X6) DATE

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A4010	<p>Continued From page 1</p> <p>service plan;</p> <p>h) The service plan shall include all support services provided or arranged for by the establishment.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to identify in the service plan that one resident (R6) had developed a deep tissue injury to the right heel. The service plan was not revised or updated to include interventions to address healing or measures to prevent worsening of this pressure ulcer.</p> <p>This failure led to R6's heel wound to progress to unstageable with 80% slough.</p> <p>Findings include:</p> <p>Review of medical record documents R6 is 81 years old with diagnosis including dementia, hypertension and diabetes type 2.</p> <p>R6 had been initially admitted to this facility on 11/30/24 with a readmission date of 2/4/25, following a stay at a rehab SNF (skilled nursing facility).</p> <p>E2 (DON) stated on 2/11/25 at 1:20 PM that R6 had been readmitted on 2/4/25 with a deep tissue injury to the right heel. E2 stated the home health agency was called and evaluated R6's DTI on 2/5/25. Documentation from that visit states the right heel is purple in color, no drainage noted, and measures 3.8cm x 2.7 cm.</p> <p>Facility nurses progress notes from 2/4/25 through 2/11/25 do not document any reference</p>	A4010		

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A4010	<p>Continued From page 2</p> <p>to concerns/observations related to the right heel DTI which R6 had been readmitted with on 2/4/25.</p> <p>There are no nursing notes from the facility or home health agency from 2/6/25 until 2/11/25 indicating treatment, monitoring or interventions of any type. Home health wound assessment documentation dated 2/11/25 indicates R6's right heel pressure ulcer has opened with 80% slough and measures 3 x 3.5 x 0.1 cm.</p> <p>R6 was observed sitting in his wheelchair with Kerlix wrap noted around the right heel on 2/13/24 at approximately 11:00 AM. R6 was alert and oriented to person and place and stated he ambulates within the facility using a walker. R6 stated it is painful to walk.</p> <p>The pressure ulcer to R6's right heel was observed along with E2 and the home health agency nurse. E2 stated the heel wound had opened on 2/11/25. E2 confirmed this was the first time the wound had been treated/observed since 2/5/25, (six days).</p> <p>The unstageable pressure ulcer was now showing 70% necrotic tissue with serious drainage.</p> <p>R6's service plan dated 1/29/25 has not been revised or updated identifying the wound or addressing any monitoring plans or interventions to assist in healing or preventing the worsening of this unstageable pressure ulcer. It does not include the support services of home health agency and their role in wound treatment and healing.</p>	A4010		