

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145126	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER Alden Lincoln Rehab & H C Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 504 West Wellington Avenue Chicago, IL 60657	

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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41356</p> <p>Based on record reviews and interviews the facility failed to maintain assessment, monitor, and addressed in the plan of care resident lower leg and feet per policy on prevention and treatment of skin alteration. Facility also failed to consistently document as being performed physician order for antibiotic treatment on resident lower leg and feet for 1 resident (R1) out of 4 residents reviewed for nursing care. These failures affected 1 resident (R1) that was transferred to the hospital diagnosed with gangrene on the feet.</p> <p>Findings include:</p> <p>R1 was initially admitted on [DATE] with diagnosis of diabetes mellitus, venous insufficiency, peripheral vascular disease.</p> <p>R1's physician order for treatment of lower extremities (below the knee and feet):</p> <p>Bacitracin ointment antibiotic are as follows:</p> <ul style="list-style-type: none"> - Dated 11/29/2022 until 2/28/2023 to apply on left foot once daily. - Dated 2/28/2023 - 7/13/2023 to apply on both feet (left and right) once daily. - Dated 7/13/2023 - 8/24/2024 to apply on both feet (left and right) twice daily. - Dated 8/24/2023 - 4/2/2024 to apply on both feet (left and right) and penile area twice daily. <p>R1's Treatment Administration Record (TAR) for bacitracin antibiotic ointment for the months from September 2023 to February 2024 documents that on multiple days physician order for antibiotic ointment bacitracin was not signed as being performed.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/10/2024 at 12:51 PM, V6 (Licensed Practical Nurse) stated that she was the regular nurse of R1. And that R1 had the gangrene since admission or when R1 was transferred from 3rd Floor to 1st Floor (current location). V6 stated that R1 stayed on the room where she pointed at an open door where a bed can be visually seen with a resident lower leg and feet closest to the Nurse Station. V6 stated that antibiotic ointment bacitracin was given to R1's penial area and not to his (R1's) feet. V6 said that she applies A and D ointment not bacitracin antibiotic ointment. V6 stated that every time she performs treatment she always chart or document in the TAR (Treatment Administration Record). And nurses need to document when they perform treatment.</p> <p>On 4/11/2024 at 10:05 AM, V3 (Assistant Director of Nursing) stated when he started working in the facility, he noticed R1's leg from knee down to R1's feet are colored black. V3 explained that black means mottling or appearance when a hospice person is about to die. V3 said that although skin has dark pigmentation it was intact or no skin opening. And that on the upper portion of the lower leg has dark mottling patches. The feet black color is more prominent than the leg. And treatment that was done should be signed off on the treatment administration record (TAR). V3 said that if it is not documented, it is not done remembering what was thought during nursing school. R1 went to an appointment for urinary catheter change when during that appointment R1 was transferred to the hospital for legs discoloration. V3 said that he is not sure what the admitting diagnosis when R1 went to the hospital on 4/2/2024. After showing V3 the progress notes dated 4/2/2024 by V14 (Licensed Practical Nurse) documenting that R1 was admitted at the hospital for dry gangrene on the feet. V3 then stated, I think he has that gangrene before. V3 was asked for assessment, treatments, or any documentation that R1 had been taken care due to gangrene on the feet. V3 said there was no documentation for the treatment of gangrene on the feet. Request for initial and 2 current assessments of R1's lower extremities. No assessment from the facility was received. Only document presented was a progress note of V15 (Advance Practitioner Nurse) dated 12/27/2023 that reads: Diffuse desquamation of bilateral lower extremities (BLE) and discoloration of both feet.</p> <p>On 4/11/2024 at 11:20 PM, V9 (Wound Care Nurse) stated that no records that R1 was seen by V10 (Nurse Practitioner Wound). Wound consult will be done after referral then I review all referral, it is my job to audit the referral. After review of his record, V9 stated, No referral for R1 to be seen by Wound Nurse Practitioner on my end. V9 said after performing each treatment it should be documented on the TAR and needs to be signed every time it is done. V9 said, If there is no documentation as to the treatment, I cannot really say that I did the treatment.</p> <p>On 4/11/2024 at 1:26 PM, V11 (MDS Coordinator / Resident Care Coordinator) after reviewing all care plans of R1 stated that she might have missed placing a care plan for 11/29/2022 when R1 started using bacitracin antibiotic ointment on his left leg. And due to lack of progress of R1's bilateral lower extremities it should have been addressed on the wound care section of the plan of care. Care plan of R1 for antibiotic ointment use of bacitracin for bilateral feet was initiated on 3/1/2023. Per initial physician order, R1 was ordered to receive the same medication for the left foot on 11/29/2022. And care plan does not address bilateral lower extremities in a quarterly basis.</p> <p>Policy on Prevention and Treatment of Pressure Injury and Other Skin Alterations dated 3/2/2021, reads:</p> <p>(continued on next page)</p>		

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