

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145460	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/04/2025
NAME OF PROVIDER OR SUPPLIER  Thrive of Lake County		STREET ADDRESS, CITY, STATE, ZIP CODE  850 E US Highway 45 Mundelein, IL 60060	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>34117</p> <p>Based on interview and record review the facility failed to ensure treatments were completed as prescribed for a resident with an unstageable sacral pressure ulcer. This applies to 1 of 3 residents (R1) reviewed for pressure ulcers in the sample of 6.</p> <p>The findings include:</p> <p>R1's Wound Physician Progress note dated 1/25/23 documents right sacral (prominent bone)-reopened unstageable pressure ulcer measuring 5 cm (centimeters) x 3.8 cm x 0.3 cm. 100 % necrotic eschar tissue. The treatment orders changed on 1/25/23 to cleanse with normal saline, apply Iodosorb/Calcium alginate and foam dressing three times a week and as needed.</p> <p>R1's Treatment Administration Record (T.A.R.) for January 2023 showed orders including sacral pressure injury cleanse with normal saline apply medihoney, adpatic, cover with calcium alginate and foam dressing daily (discontinued dated 1/26/23). New orders dated 1/26/23 show pressure injury cleanse with normal saline apply Iodosorb, adpatic, cover with calcium alginate and foam dressing three times a week and as needed. R1's T.A.R. showed 2 out of 11 treatments were blank. (The treatment was not documented as completed).</p> <p>On 2/05/25 at 10:15 AM, V3 (Wound Nurse) said treatments should be changed as ordered and documented on the residents on the T.A.R.</p> <p>The facility's Wound Policy &amp; Procedure dated March 2020 states, Any resident with a wound receives treatment and services consistent with the resident's goals of treatment</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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