

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145608	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  South Holland Manor Hth & Rhb		STREET ADDRESS, CITY, STATE, ZIP CODE 2145 East 170th Street South Holland, IL 60473	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</b></p> <p>Based on observation, interview, and record review the facility failed to ensure a resident call light is within reach. This deficiency affects one (R44) of three residents in the sample for 26 reviewed for Accommodation of needs and Resident safety.</p> <p>Finding include:</p> <p>On 8/13/24 at 12:15PM, Observed R44 lying in bed. His call light is placed on top of his bedside tray table away from him and unable to reach. He is alert and oriented, able to verbalize needs to staff. R44 said the CNA (Certified Nurse Assistant) transferred him back to bed after his therapy this morning. He said that if he cannot reach his call light he will yell for help until someone comes to his room. Called V24 RN (Registered Nurse) and showed observation made. V24 said that his call light should be within his reach. She moved the bedside tray table next to his bed and placed the call light within reach.</p> <p>On 8/13/24 at 1:01PM, Informed V2 DON (Director of Nursing) of above observation and asked for policy.</p> <p>R44 is admitted on [DATE] with diagnosis listed in part but not limited to Hemiplegia and Hemiparesis following Cerebral infarction affecting right dominant side, Abnormal posture, Lack of coordination. Comprehensive care plan indicates he is at high risk for fall related to incontinence, paralysis, unaware of safety needs. Intervention: Be sure the resident's call light is within reach.</p> <p>Facility's policy on Call light revised August 2008 indicates:</p> <p>Purpose: To respond to the resident's requests and needs.</p> <p>General Guidelines:</p> <p>5. When the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident.</p> <p>10. Call light must be accessible to residents from their bed.</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 0575</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency.</p> <p>39781</p> <p>Based on observation, interview, and record review the facility failed to post information including names, address (mailing and email) and telephone numbers of the State Long Term Care (LTC) Ombudsman Program in a form and manner thats accessible and understandable to residents and resident's representatives. This deficiency affects one (R116) of three residents in the sample of 26 reviewed for Resident rights.</p> <p>Findings include:</p> <p>On 8/13/24 at 11:06 AM, V16 (Family member) presented concerns and frustrations regarding care of R116 received from the facility. V16 also said that he is not aware of the State Agency and advocacy group that he can reach out to for his concerns. At 11:30AM, Rounds made with V16 (Social Service Director-SSD) and V16 (Family member) to the front lobby bulletin board. Observed no posting for State of Long-Term Care (LTC) Ombudsman Program contact information. V6 (SSD) said that there should be posting about State of LTC Ombudsman Program to the front and in all units that is visible and accessible to the resident and family member. Rounds made to Medicare unit where R116 is residing. Observed no posting visible and accessible in the unit hallway bulletin board. The State of LTC Ombudsman Program is posted at the door inside the nursing station. V6 (SSD) said that it should be posted visible and accessible to the residents and family member. One of the staff removed the poster and placed it at the bulletin board beside where the meal menu was posted.</p> <p>On 8/13/24 at 1:10PM, Informed V1 (Administrator) of above concern. V1 said that it should be posted that is visible and accessible to the resident and family member.</p> <p>Facility's policy on Resident Right Statement indicates:</p> <p>All residents have a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. The facility will protect and promote the rights of each of the following rights:</p> <p>12. Names, addresses and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensee office, the State ombudsman program, the protection and advocacy network and the Medicare fraud control unit will be posted.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39781</p> <p>Based on observation, interview, and record review the facility failed to develop a comprehensive person-centered care plan that meets resident's choice of activities and Activities of Daily Living (ADL). This deficiency affects one (R116) of three residents in the sample of 26 reviewed for developing comprehensive care plans.</p> <p>Findings include:</p> <p>On 8/13/24 at 11:15AM, V16 (Family member) presented the concerns regarding his fathers care, R116. V16 said his father was admitted last month in July. He said that his father had stroke and was admitted to this facility for rehabilitation. R116 was only given a shower once since admission. He added that R116 does not go to activities after his therapy, he just lays in bed. The facility does not motivate his father to participate.</p> <p>On 8/13/24 at 11:26AM, R116 was observed sitting in his wheelchair. His hair is disheveled, oily, and unkempt. He is not shaved. He has a scraggly beard (when growth gets out of hand and starts to look unkempt). He said that he only took a shower once since he was admitted last month.</p> <p>R116 is admitted on [DATE] with diagnosis listed in part but not limited to Cerebral infarction due to occlusion or stenosis of small artery, Chronic Kidney disease, Muscle wasting and atrophy. MDS (Minimum Data Set) assessment done on 7/16/24 section GG Functional Abilities and goals indicated that he is dependent to most of his ADLs such as toileting hygiene, shower/bathe, upper and lower body dressing, personal hygiene, and transfers. He does not have a care plan developed for his Activity of Daily Living (ADL) and for personal choice/interest of activity. Reviewed R116's shower documentation for month of July that was uploaded to his e-chart. R116 was only given a shower on July 22, 2024.</p> <p>On 8/14/24 at 12:02pm V21 (Certified Nursing Assistant-CNA) said that R116's shower is scheduled every Monday and Thursday on 3-11 shift. She said that all showers are documented and placed in the binder. V21 showed binder to surveyor and searched for R116's shower documentation. Noted for month of August 2024 only 1 shower was given to R116 dated 8/5/24 (Monday). Missing dates of shower scheduled were 8/1 (Thursday), 8/8 (Thursday) and 8/12 (Monday). V21 said that the CNA should document showers provided to the resident.</p> <p>On 8/14/24 at 12:15PM, V26 (Activity Aide) said that she provides activities for the residents in the dining room. Surveyor asked for the posting of monthly scheduled activities for the residents. V26 said she did not post it. V26 said she completed the resident's assessment in the MDS section F, but her supervisor does the care plan for the residents.</p> <p>On 8/14/24 at 12:30PM, Informed V1 (Administrator) and V2 (DON-Director of Nursing) of above concerns identified that R116 did not have a care plan developed for ADLs and choice of Activity/interest. V2 said that V9 (Restorative nursing)</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>should develop care plans for resident's ADLs and V13 (Activity Director) should develop care plans for resident's activity of choice.</p> <p>Facility's policy on Care planning- interdisciplinary team revised August 2006:</p> <p>Policy statement: Our facility's Care planning/Interdisciplinary team is responsible for the development of an individualized comprehensive care plan for each resident.</p> <p>Interpretation and Implementation:</p> <p>1. A comprehensive care plan for each resident is developed within 7 days of completion of the resident assessment (MDS).</p> <p>Facility's policy on Activities of Daily Living (ADL) effective 2/2023 indicates:</p> <p>Purpose: Based on comprehensive assessment of the resident and consistent with the resident's needs and choices, our facility provides necessary care and services to ensure that a resident's abilities in ADL do not diminish unless the circumstances of the individual's clinical condition demonstrates that such decline was unavoidable.</p> <p>Guideline:</p> <p>In accordance with the comprehensive assessment, together with respect for individual resident needs and choices, our facility provides care and services for the following activities:</p> <p>*Hygiene: bathing, dressing, grooming and oral hygiene</p> <p>*Mobility: transfers and ambulation including walking</p> <p>*Elimination: Toileting</p> <p>*Dining: eating including meals and snacks</p> <p>*Communication: Speech, Language, and other functional communication systems</p> <p>Our collaborative professional team, together with the resident and or resident representative:</p> <p>1. Will recognize and evaluate an inability to perform ADLs or risk for decline in any ability to perform ADLs</p> <p>2. Develop and implement interventions in accordance with the resident's evaluated need, goals for care and preferences and will address the identified limitation in an ability to perform ADLs</p> <p>3. Monitor and evaluate the resident's response to care plan interventions and treatments</p> <p>4. Revise the approaches to care as appropriate.</p> <p>Facility's policy on Activities indicates:</p> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Policy: It is the policy of this facility to provide an activity program to the residents which is appropriate to their needs and interest and capacity to participate and benefit. Activities are designed to stimulate physical and mental capabilities in order to obtain the optimal social, physical, and emotional state. Individual resident activities will be planned in accordance with any limitations set by the attending physician.</p> <p>Standards:</p> <p>7. Programming will be designed to meet, in accordance with comprehensive assessments, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>14. Monthly calendar of activities which is written in large print will be prepared by the activity director and posted in prominent locations visible to the residents, families, and visitors. When posted, calendars will be at height visual by the resident.</p> <p>17. The activity director will visit each resident within 3 days of admission to assess the resident's needs in accordance with the physician's orders for activities. A plan of care will be developed which includes the resident's interest, skills, personal care requirements and activities goals. Activity care plan interventions will address interdisciplinary (IDT) concerns such as wandering management and nutritional and hydration needs.</p> <p>18. The activity director is responsible for integrating the resident's activity plan with other elements of IDT plan of care and will attend care planning conference. Each resident's care plan shall be reviewed with the resident's participation at the time of each review and modified to reflect the resident's changing interest, needs or attendance.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</b></p> <p>Based on observation, interview, and record review the facility failed to ensure that residents receive necessary services to maintain good grooming and personal hygiene. This deficiency affects two (R44 and R116) of three residents in the sample of 26 reviewed for ADL (Activity of Daily Living) care services.</p> <p>Findings include:</p> <p>1. On 8/13/24 at 11:15AM, V16 (Family member) presented the concerns regarding his fathers care, R116. V16 said his father was admitted last month in July. He said that his father had a stroke and was admitted to this facility for rehabilitation. R116 was only given a shower once since admission.</p> <p>On 8/13/24 at 11:26AM, Observed R116 sitting in his wheelchair. His hair is disheveled, oily, and unkempt. He is not shaved. He has a scraggly beard (when growth gets out of hand and starts to look unkempt). He said that he only took shower once since he was admitted last month.</p> <p>R116 is admitted on [DATE] with diagnosis listed in part but not limited to Cerebral infarction due to occlusion or stenosis of small artery, Chronic Kidney disease, Muscle wasting and atrophy. MDS (Minimum Data Set) assessment done on 7/16/24 section GG Functional Abilities and goals indicated that he is dependent to most of his ADLs such as toileting hygiene, shower/bathe, upper and lower body dressing, personal hygiene, and transfers. He does not have a care plan developed for his Activity of Daily Living (ADL). Reviewed R116's shower documentation for month of July that was uploaded to his e-chart. It was documented that R116 was only given a shower on July 22, 2024.</p> <p>On 8/14/24 at 9:46AM, V2 (Director of Nursing-DON) said that Certified Nurse Assistants (CNA) provide showers to the resident as scheduled. They document on a bath and skin report sheet after giving a shower then the nurse will sign it. At the end of each month, it will be uploaded to the resident's e-chart.</p> <p>On 8/14/24 at 12:02pm V21 (CNA) said that R116's shower is scheduled every Monday and Thursday on 3-11 shift. She said that all showers are documented and placed in the binder. V21 showed binder to surveyor and searched for R116's shower documentation. Noted for month of August 2024 only 1 shower was given to R116 dated 8/5/24 (Monday). Missing dates of shower scheduled were 8/1 (Thursday), 8/8 (Thursday) and 8/12 (Monday). V21 said that the CNA should document the shower that was provided to the resident.</p> <p>On 8/14/24 at 12:30PM, Informed V1 (Administrator) and V2 (Director of Nurses-DON) of above concerns identified. V2 said that all care, treatment, and services provided has to be documented. V2 said that V9 (Restorative nursing) should be developing care plans for R116's ADL needs.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. On 12:15pm observed R44 lying in bed. R44 was observed to have long dirty fingernails. R44 is alert and oriented, able to verbalize needs to staff. Called V24 (Registered Nurse-RN) and showed long dirty fingernails of R44. V24 said that R44 is diabetic. V24 said she will ask the management who is responsible for trimming fingernails of a diabetic resident. Surveyor requested to see R44's toenails. V24 removed his bilateral socks and observed long toenails. V24 said that the podiatrist should trim his toenails.</p> <p>On 8/14/24 at 12:30PM, Informed V1 (Administrator) and V2 (DON) of above concerns identified. V2 said that for diabetic residents the nurse will trim the fingernails and the podiatrist will trim the toenails.</p> <p>R44 was admitted on [DATE] with diagnosis listed in part but not limited to Hemiplegia and Hemiparesis following Cerebral infarction affecting right dominant side, Type 2 Diabetes Mellitus with Ketoacidosis, Lack of coordination, Gastrostomy, Dysphagia. MDS (Minimum Data Set) assessment dated [DATE] section GG Functional Abilities indicated that he is dependent in most of his ADLs such as toileting hygiene, shower, lower body dressing and he needs extensive assistance in upper body dressing and personal hygiene.</p> <p>Facility's policy on Activities of Daily Living (ADL) effective 2/2023 indicates:</p> <p>Purpose: Based on comprehensive assessment of the resident and consistent with the resident's needs and choices, our facility provides necessary care and services to ensure that a resident's abilities in ADL do not diminish unless the circumstances of the individual's clinical condition demonstrates that such decline was unavoidable.</p> <p>Guideline:</p> <p>In accordance with the comprehensive assessment, together with respect for individual resident needs and choices, our facility provides care and services for the following activities:</p> <p>*Hygiene: bathing, dressing, grooming and oral hygiene</p> <p>Facility's policy on Nail Care Guidelines effective 2/2023 indicates:</p> <p>*Nail care includes routine cleaning and regular trimming.</p> <p>*Proper nail care can aid in the prevention of skin problems around the nail bed.</p> <p>* Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his skin.</p>		

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</b></p> <p>Based on observation, interview, and record review the facility failed to implement its policy on prevention of pressure ulcer's by failing to ensure low air loss mattress is properly functioning and failing to apply bilateral heel protector's when in bed as ordered by physician. This deficiency affects two (R44 and R91) of three residents in the sample of 26 reviewed for Pressure ulcer prevention program.</p> <p>Findings include:</p> <p>1. On 8/13/24 at 11:40AM, observed R91 lying in bed in semi sitting position, leaning to his right with his head hanging from the bed. Noted his LAL (Low air loss) mattress sagging and deflated, R91 sinks in the mattress. R91 has bilateral heel protectors. Called V22 (CNA-Certified Nurse Assistant) and showed observation. V22 said that the LAL mattress should not be deflated like this, it's not working properly. She disconnected and reconnected tubing from the LAL mattress and started to inflate. She said that they should check the LAL mattress if its function properly. She is the assigned CNA for him but did not pay attention to his mattress earlier this morning.</p> <p>On 8/13/24 at 12:01PM, V2 (DON-Director of Nursing) said that a LAL mattress is used for prevention and treatment of pressure ulcer's. The staff-nurses and CNAs should monitor/check when they make rounds with residents using LAL mattress. Informed V2 of above observation. Requested for policy.</p> <p>On 8/14/24 at 12:10PM, Rounds made with V21 (CNA) to R91's room. Observed R91 lying in bed leaning to the right side of the bed. R91 is not wearing his bilateral heel protectors. V21 said that they remove the heel protectors to give him a rest because he has been wearing them when he is in bed.</p> <p>R91 was admitted on [DATE] with diagnosis listed in part but not limited to Chronic kidney disease, Type 2 Diabetes Mellitus, Stage 3 Pressure ulcer of sacral region. Skin Assessment/Braden Scale for predicting pressure sore risk dated 6/1/24 indicated that he is at high risk. Active Physician order sheet indicates: Pressure redistribution Low Air Loss mattress while in bed. Suspend heels when in bed. Comprehensive care plan indicates that he has potential/actual impairment to skin integrity related to fragile skin, impaired mobility, incontinence, potential problem for friction and shear. Interventions: Interventions: The resident needs pressure relieving/reducing low air low mattress to protect while in bed. The resident needs assistance to suspend heels when in bed.</p> <p>2. On 8/13/24 at 12:15PM, observed R44 lying in bed. His bilateral heel protectors are placed on his wheelchair placed by the door. R44 is alert and oriented, able to verbalize needs to staff. Called V24 (Registered Nurse-RN) and showed observation made. V24 said that bilateral heel protectors are placed at bedtime and off at in the morning. Surveyor asked V24 what the purpose of bilateral heel protectors is. V24 said that it protects the heels from pressure ulcers, then she restated that bilateral heel protector should be placed when lying in bed to protect the heel from pressure. V24 took the bilateral heel protectors and applied to R44's heels.</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/13/24 at 12:54PM, V23 (Wound Care Nurse-WCN) said that a LAL mattress is use for prevention and treatment of pressure ulcer. The staff-nurses and CNAs should monitor/check when they make rounds with residents using LAL mattress. V23 said that bilateral heel protectors are placed when a resident is in bed. Informed V23 of above observations and requested for policy.</p> <p>R44 was admitted on [DATE] with diagnosis listed in part but not limited to Hemiplegia and Hemiparesis following Cerebral infarction affecting right dominant side, Unstageable Pressure ulcer of sacral region, Type 2 Diabetes Mellitus. Active physician order indicates Heel protectors when in bed. Skin Assessment/Braden Scale for predicting pressure sore risk dated 7/4/24 indicated that he is at high risk.</p> <p>Facility's policy on Prevention of Pressure Wounds effective date January 2017 indicates:</p> <p>Purpose: The purpose of this procedure is to provide information regarding identification of pressure injury risk factors and interventions for specific risk factors.</p> <p>General Guidelines:</p> <p>2. The most common site of a pressure injury is where the bone is near the surface of the body including back of the head around the ears, elbows, shoulder blades, backbone, hips, knees, heels ankles and toes.</p> <p>Interventions and Preventive measures:</p> <p>2. For a person in bed:</p> <p>c. If a special mattress is needed, use one that contains foam, air, as indicated.</p> <p>Facility's policy on Support Surface Guidelines effective date January 2017 indicates:</p> <p>Purpose: The purpose of this procedure is to provide guidelines for the assessment of appropriate pressure reducing and relieving devices for residents at risk for skin breakdown.</p> <p>Assessment:</p> <p>1. Any individual at risk for developing pressure injuries should be placed on a pressure reducing device such as foam, static air or alternating air when lying in bed.</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39781</p> <p>Based on observation, interview, and record review the facility failed to provide foot care and preventive treatment to a diabetic resident to prevent podiatric complications. This deficiency affects one (R44) of three residents in the sample of 26 reviewed for Diabetic Foot care services.</p> <p>Findings include:</p> <p>On 12:15pm observed R44 lying in bed. R44 was observed with long dirty fingernails. R44 is alert and oriented, able to verbalize needs to staff. Called V24 (Registered Nurse-RN) and showed long dirty fingernails of R44. V24 said that R44 is diabetic. Surveyor requested to see R44's toenails. V24 removed his bilateral socks and observed long toenails. V24 said that podiatrist should trim his toenails.</p> <p>On 8/14/24 at 12:30PM, Informed V1 (Administrator) and V2 (Director of Nursing-DON) of above concerns identified. V2 said that for diabetic residents the podiatrist will trim the toenails.</p> <p>On 8/15/24 at 10:30AM, V2 said that residents who need to be seen by Podiatrist will be scheduled within a month from admission. The unit clerk will schedule the resident to be seen by podiatrist. The podiatrist comes to the facility twice a month. Informed V2 that R44 was admitted on [DATE] with diagnosis of Diabetes Mellitus and it's already more than a month since admission and he has not seen by podiatrist for his long toenails.</p> <p>R44 was admitted on [DATE] with diagnosis listed in part but not limited to Hemiplegia and Hemiparesis following Cerebral infarction affecting right dominant side, Type 2 Diabetes Mellitus with Ketoacidosis, Lack of coordination, Gastrostomy, Dysphagia. MDS (Minimum Date Set) assessment dated [DATE] section GG Functional Abilities indicated that he is dependent in most of his ADLs such as toileting hygiene, shower, lower body dressing and he needs extensive assistance in upper body dressing and personal hygiene.</p> <p>Facility's policy on Nursing Care of the Resident with Diabetes Mellitus revised April 2007 indicates:</p> <p>Skin and Foot Care:</p> <p>8. Toenails should only be trimmed by personnel qualified to do so (this can be regular staff, does not have to be podiatrist), according to facility policy.</p> <p>Facility's policy on Nail care guideline revised 2/2023 indicated:</p> <p>*Nail care includes routine cleaning and regular trimming.</p> <p>*Proper nail care can aid in prevention of skin problems around the nail bed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145608	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  South Holland Manor Hth & Rhb		STREET ADDRESS, CITY, STATE, ZIP CODE 2145 East 170th Street South Holland, IL 60473	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>40001</p> <p>Based on observation, interview and record review the facility failed to ensure pain was assessed before and during wound care, for 1 of 3 residents (R65) in a sample of 26 reviewed for pain management.</p> <p>Findings include:</p> <p>On 8/13/2024 at 11:20am R65 was observed in bed with a dressing to her left foot. R65 said I have a dressing change every other day to my foot and the wound care nurse does not give me any pain medication. I know I have a stronger one than Tylenol. I have hydrocodone and she just says its not in as of yet. It's been over a month. R65 said her pain level is a 6.</p> <p>On 8/13/2024 at 12:47pm V23 (Wound-Care Nurse) said R65 is alert and oriented times two to three with forgetfulness, she does not say she's in pain when I start her wound care. When I ask R65 if she's in pain she says no.</p> <p>On 8/13/2024 at 12:55pm V2 (Director of Nursing-DON) said I expect the wound care nurses to ask resident's if they have any pain before starting a wound care dressing and while completing the wound care dressing.</p> <p>An admission record indicates that R65 has a diagnosis of peripheral vascular disease. An order summary report dated as of 8/13/2024 with an order for hydrocodone-acetaminophen oral tablet 5-325mg give 1 tablet by mouth every 6 hours as needed for pain, and acetaminophen give 2 tabs by mouth every 6 hours as needed for pain.</p> <p>An electronic medication administration sheet that indicates acetaminophen was not administered from 8/1/2024-8/13/2024, hydrocodone-acetaminophen 5-325mg was not administered from 8/1/2024 to 8/13/2024, On 8/13/2024 at 12:30pm pain medication was administered with a pain level of 3. An electronic treatment document that indicates R65 has an order for povidone-iodine 10% solution to left distal foot topically every other day cleanse with normal saline solution and cover with a dry dressing. A care-plan that indicates R65 has a focus of arterial/ischemic ulcer does not specify location related to the history of ulcers peripheral arterial disease vascular insufficiency and intervention of analgesics as ordered, monitor and document side effects and effectiveness.</p> <p>Facility Policy: Pain Revised in August 2008</p> <p>Assessment and recognition: 1. Identify residents who have pain or who are at risk for having pain.</p> <p>C. Such assessments should occur on admission to facility at each quarterly review, whenever there is a significant change in condition and at any time pain is suspected.</p> <p>2. Identify the nature and severity of pain including characteristics (location, intensity, frequency, duration).</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  South Holland Manor Hth & Rhb		STREET ADDRESS, CITY, STATE, ZIP CODE 2145 East 170th Street South Holland, IL 60473	

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. Evaluation nonverbal individuals for nonspecific signs and symptoms that could reflect pain, for example grimacing while being repositioned or having a wound dressing changed.</p> <p>Monitoring</p> <p>1. The staff will reassess the individual's pain and consequences of pain at regular intervals.</p>

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NAME OF PROVIDER OR SUPPLIER  South Holland Manor Hth & Rhb		STREET ADDRESS, CITY, STATE, ZIP CODE 2145 East 170th Street South Holland, IL 60473	
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50469</p> <p>Based on observation, interview, and record review the facility failed to ensure daily refrigerator temperature check inside the resident room to ensure proper temperature and food safety. This deficiency affects two (R29 and R128) of 2 residents in the sample of 26 reviewed for Resident safe food storage.</p> <p>Findings include:</p> <p>On [DATE] at 11:33AM, observed R29's refrigerator monitoring temperature log was not done this morning. The only entry on the log is [DATE]. Observed 3 puddings, 1 foam cup of orange juice, 1 plastic fruit container not labeled or dated. Called V19 (Registered Nurse-RN) and showed observation made. V19 said that maintenance is the one monitoring and recording the resident's refrigerator temperature daily. V19 said that food should be labeled to know when to discard it. V19 said she did not know why the temperature log was not completed.</p> <p>On [DATE] at 11:35AM, Observed R128's refrigerator monitoring temperature log was not done this morning. The only entry log is [DATE]. Observed 5 yogurts, 5 fresh fruit cups, 1 container of ham, 6 juices, 4 milk cartons and condiments. Called V19 and showed observation made. V19 said that she was unsure why the temperature log was not completed, V19 said she is unsure when food is expired, V19 said about ,d+[DATE] days but food is not labeled or dated.</p> <p>On [DATE] at 12:41PM, Informed V2 (Director of Nursing-DON) of above observation made. V2 said that the certified nurse aides are the ones responsible for monitoring and recording the resident refrigerator daily. V2 said that the food is to be labeled and dated, the food is discarded after 3 days.</p> <p>Facility's policy on Use and Storage of Outside Foods in Resident's Room. Effective date: [DATE] indicates:</p> <p>Policy: To ensure that food brought into the facility is stored, handled, and consumed safely, these instructions must be followed.</p> <ol style="list-style-type: none"> <li>2. Any food or beverage must be dated and labeled with the resident's name.</li> <li>3. Unlabeled food will be discarded.</li> <li>5. Any perishable food or leftover foods not consumed after 3 days, will be discarded.</li> </ol> <p>Facility's policy on Storage of Refrigerated Foods</p> <p>Policy: Refrigerated food is stored in a manner that ensures food safety and preservation of nutritive value and quality.</p> <p>Procedures:</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  South Holland Manor Hth & Rhb		STREET ADDRESS, CITY, STATE, ZIP CODE 2145 East 170th Street South Holland, IL 60473	

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Refrigerators will be equipped with an internal thermometer and monitored. Temperatures will be checked and documented.</p>