STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145688	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Princeton Rehab & Hcc	255 West 69th Street Chicago, IL 60621

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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32338 Based on observation, interview, and record review, the facility failed to ensure that the Low Air Loss Mattress (LALM) for pressure ulcer prevention is functional for a resident at risk for pressure ulcers. This failure affected one resident, R1, who is at high risk for pressure ulcers, of four residents, reviewed for pressure ulcer prevention interventions. Findings include: On 8/26/24 at 11:10am, during observation of residents on the second floor, R1 was observed on the Low Air Loss Mattress (LALM) that was not functional, without any sheet, with R1's skin directly in contact with the mattress. Again at 11:25am, R1's LALM was still in the same condition without any weight setting. At this time, V3(LPN/Licensed Practical Nurse) was called into R1's room to see the LALM. V3 stated I see there is no air in the mattress, but I don't know how to do it. The setting should be according to the resident's weight. V15(Wound Care Technician later came and stated that she would be right back with the weight of R1. V15 stated that R1 weighs 397 pounds. V15 explained I will set the LALM at 420(the nearest number to 397) and the mattress will be inflated according to weight. V15 stated that R1 just returned from the hospital over the weekend (on 8/24/24, which was 2 days ago) and it appears that the staff that put him(R1) in bed did not put the air mattress in the correct weight for R1. V5(CNA/Certified Nurse Assistant) stated that R1 is scheduled to have a shower on 3-11 shift, and she did not touch the LALM today. On 8/26/24 at 11:30am, V6(Wound Care Coordinator) came to the room and stated that R1's wound on the buttocks is not a pressure ulcer but a boil that was found while R1 was in the hospital. V6 explained that even if a resident was readmitted on the weekend, the air mattress should be put at the correct setting to prevent pressure ulcer. Inquired from V6 if it is okay to put the resident on the low air loss mattress without any sheet to cover the mattress. V6 responded that the air mattress should be covered with a sheet so that the resident's skin does not directly touch the mattress. On 8/28/24 at 12:35pm, V6 stated I started in-servicing all the nurses about low air loss mattress and the in-service will continue until every nurse is trained. On 8/28/24 at 10:20am, V2(Director of Nursing) stated I will find out who the nurse was that readmitted him on Saturday. Nurses are supposed to know how to set the air mattress. Maybe the nurse is new. We will in-service her. R1's records show the following: (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145688	A. Building B. Wing	08/29/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Face sheet shows diagnoses which include but are not limited to Hemiplegia and Hemiparesis following Cerebral Infarction, Morbid Severe Obesity, Aphasia, and Dependence on other Enabling Machines and Devices. Pressure Ulcer Risk assessment dated [DATE] and 8/24/24 both show that R1 is at high risk for pressure ulcer. MDS (Minimum Data Status) section GG dated 8/22/24 states that R1 is dependent on staff for mobility. Care plan dated 8/6/24 states: R1 has an ADL Functional Performance Deficit due to Cerebrovascular Accident with hemiplegia, aphasia, incontinence, and limited mobility. POS (Physician Order Sheet) dated 7/31/24 and 8/25/24 both state Low Air Loss Mattress/Bariatric every shift. Facility's Policy on Management of Low Air Loss Mattresses dated 03/2024 states in part: Low air loss mattresses will be set up, disinfected, maintained, and stored within the facility. #2 states: Residents who have been assessed as in need of a low air loss mattress will have a mattress set up for their use. #6 states: Cover the mattress system with a sheet. Facility's policy on Prevention and Treatment of Pressure Injury and other skin alterations states: 1: Identify residents at risk for developing pressure injuries utilizing the Braden Scale. 2: Identify the presence of pressure injuries and other skin alterations. 3: Implement preventative measures and appropriate treatment modalities for pressure injuries and other skin alterations through individualized resident care plan.