

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145781	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2024
NAME OF PROVIDER OR SUPPLIER Generations at Applewood		STREET ADDRESS, CITY, STATE, ZIP CODE 21020 Kostner Avenue Matteson, IL 60443	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38488</p> <p>Based on observation, interview, and record review the facility failed to ensure a dependent resident received hygiene care to keep nails clean and short for 1 of 3 residents (R2) reviewed for activities of daily living in the sample of 5.</p> <p>The findings include:</p> <p>R2's face sheet showed she was admitted to the facility on [DATE] with diagnoses to include dysphagia, thrombocytopenia, cerebral infarction due to embolism, encephalopathy, atrial fibrillation, gastrostomy status, chronic kidney disease, and muscle weakness. R2's facility assessment dated [DATE] showed R2 has severe cognitive impairment and is dependent upon staff for all cares.</p> <p>On 12/28/24 at 10:21 AM, R2 was lying in her bed and receiving cares from staff. R2's sheet was removed and was wet and bloody. During R2's cares there were several areas noted on her hips, buttocks, and thighs to be actively bleeding surrounding scratch marks. R2's fingernails were long, some jagged, with debris noted under them.</p> <p>On 12/28/24 at 10:21 AM, V11 CNA (Certified Nursing Assistant) said nails are cut with showers and showers are done according to the schedule in the shower book. V11 said R2 scratches herself and bleeds which causes them to have to change R2's sheets with every incontinence care.</p> <p>The facility's policy with review date of 3/3/23 showed, Activities of Daily Living . Policy: Residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living . Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene including appropriate support and assistance with: a. Hygiene (bathing, dressing, grooming, and oral care) .</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38488</p> <p>Based on observation, interview, and record review the failed to ensure a resident received an oral medication and topical creams as prescribed for 2 of 3 residents (R1, R2) reviewed for medications in the sample of 5.</p> <p>The findings include:</p> <p>1. R2's face sheet showed she was admitted to the facility on [DATE] with diagnoses to include dysphagia, thrombocytopenia, cerebral infarction due to embolism, encephalopathy, atrial fibrillation, gastrostomy status, chronic kidney disease, and muscle weakness. R2's facility assessment dated [DATE] showed R2 has severe cognitive impairment and is dependent upon staff for all cares.</p> <p>On 12/28/24 at 10:21 AM, R2 was lying in her bed and receiving cares from staff. R2's sheet was removed and was wet and bloody. During R2's cares there were several areas noted on her hips, buttocks, and thighs to be actively bleeding surrounding scratch marks. R2 had extremely dry skin that was flaking and peeling off. R2's bed had pieces of skin throughout that had fallen off and was caught in R2's sheets. Large pieces of skin were hanging off all sides of R2's bilateral feet and legs. R2 had areas of skin to her bilateral upper extremities that was peeling away. R2's pillowcase was noted to have small areas of blood on it.</p> <p>R2's 12/27/24 progress note showed, During wound care rounds resident was observed scratching hips and buttock creating skin tears. Resident also was noted to have a skin tear to left chest</p> <p>On 12/28/24 at 10:21 AM, V11 CNA (Certified Nursing Assistant) said whenever they provide cares for R2 they have to change her sheets because they have blood on them. V11 said R2 scratches her skin a lot because R2 has very dry skin.</p> <p>R2's December 2024 Physician Order Sheet showed, Ammonium Lactate External Cream 12% . Apply to skin topically two times a day for psoriasis, dry skin, eczema. Patient will need her own bottle bedside to cover large area of skin . Cetaphil Moisturizing External Cream Apply to chest, arms, legs, topically two times a day for eczema and psoriasis . Triamcinolone Acetonide External Cream 0.1% . Apply to arms, legs, and chest topically two times a day for eczema and psoriasis .</p> <p>R2's December 2024 eMAR (Electronic Medication Administration Record) showed R2's Ammonium Lactate External Cream was not applied on the evenings of 12/3/24, 12/6/24, 12/18/24, 12/20/24, 12/24/24, and 12/26/24. The same eMAR showed R2's Ammonium Lactate External Cream was not applied on the mornings of 12/7/24, 12/10/24, 12/15/24, 12/19/24, 12/25/24, and 12/27/24. The same eMAR showed R2 received neither the morning or the evening application of her Ammonium Lactate External Cream on 12/21/24, 12/22/24, and 12/23/24. R2 missed 19 of 55 scheduled applications of her Ammonium Lactate External Cream to treat her psoriasis, eczema, and dry skin. The same eMAR showed R2's Cetaphil Moisturizing Cream was not applied the mornings of 12/4/24, 12/1/24, and 12/25/24. The same eMAR showed R2's evening application of Cetaphil was not documented as completed 12/3/24, 12/6/24, 12/18/24, 12/21/24, 12/22/24, 12/23/24, 12/24/24, 12/26/24, and 12/27/24.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R2's progress notes entered 12/4/24, 12/10/24, 12/15/24, 12/18/24, 12/19/24, 12/21/24, 12/22/24, 12/23/24, 12/24/24, and 12/25/24 all showed R2's Ammonium Lactate was either unavailable, on order, or awaiting delivery. R2's progress notes entered regarding her Cetaphil cream on 12/4/24, 12/18/24, 12/22/24, 12/23/24, 12/24/24, and 12/25/24 all showed the cream was either unavailable or need more cream. R2's progress notes entered regarding her Triamcinolone Cream on 12/9/24 and 12/22/24 showed the medication was unavailable.</p> <p>On 12/30/24 at 3:09 PM, V13 Nurse Practitioner said R2's creams are for treatment of psoriasis and eczema which cause dry and itchy skin. These creams are hydrating and help with the itching.</p> <p>On 12/28/24 at 1:15 PM, V2 DON (Director of Nursing) was asked to locate R2's Ammonium Lactate, Triamcinolone, and Cetaphil creams. V2 was able to locate a bottle of Ammonium Lactate after checking several areas. V2 said they were unable to find Triamcinolone or Cetaphil for R2 at the facility. V2 said they would be ordering both of these creams.</p> <p>On 12/28/24 at 1:20 PM, V9 (Wound Care Coordinator) said she had just used the last of the Triamcinolone cream the day before and did not reorder the cream.</p> <p>On 12/28/24 at 2:22 PM, V2 DON said she expects the nurses to reorder medications timely. V2 said if a medication is not available in the facility she expects the nurses to check the convenience box and call the pharmacy to check on the order. V2 said if the pharmacy does not send the medication or the creams she would expect to be notified so she can check into why the product was not sent.</p> <p>2. R1's face sheet showed he was admitted to the facility on [DATE] with diagnoses to include hemiplegia and hemiparesis following cerebral infarction, Type 2 Diabetes, hypothyroidism, hyperlipidemia, major depressive disorder, hypertension, muscle weakness, dysphagia, and muscle wasting and atrophy. R1's facility assessment dated [DATE] showed he has no cognitive impairment and requires substantial to maximum assist from staff for most cares.</p> <p>R1's December 2024 Physician Order Sheet showed an order started 11/11/24 for Lotrimin AF External Cream . Apply to affected area topically two times a day for infection Venlafaxine 37.5 MG (Milligram) . give 1 tablet orally at bedtime for major depressive disorder . Metformin 500 MG . Give 1 tablet orally one time a day for DM (Diabetes Mellitus) and Nystatin Powder . Apply to left ear, groin, chest topically two times a day for rash .</p> <p>R1's November 2024 eMAR showed R1's Venlafaxine was documented as not given 11/12/24, 11/24/24, and 11/30/24 and to see other notes. R1's 11/12/24 progress note showed medication not available.</p> <p>R1's December 2024 eMAR showed R1's Venlafaxine was documented as not given 12/1/24, 12/2/24, 12/6/24, and 12/15/24 and to see other notes. The same eMAR showed R1's Lotrimin AF External Cream was documented as not given 12/23/24 (the evening application), 12/24/24 (the evening application), and 12/28/24 (the morning application). The same eMAR showed R1's Nystatin powder documented as not given on 12/28/24. The same eMAR showed R1's Metformin documented as administered but R1's progress note showed the medication was not available.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's 12/1/24, 12/3/24, and 12/15/24 progress note showed Venlafaxine was unavailable for administration. R1's 12/23/24, 12/24/24, and 12/28/24 progress notes showed Lotrimin was not on cart. R1's 12/28/24 progress note showed Nystatin Powder was not on cart. R1's 12/27/24 progress note showed Metformin 500 mg tablet was unavailable.</p> <p>The facility's with revision date of 5/17 showed, Administration of Drugs . Objective: 1. Medications shall be administered as prescribed by the attending physician . Topical medications used in treatments should be recorded on the resident's treatment record or MAR (medication administration record) if elected by the facility .</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38488</p> <p>Based on observation, interview, and record review the facility failed to ensure incontinence care was provided in a manner to prevent cross contamination for 1 of 3 residents (R2) reviewed for incontinence care in the sample of 5.</p> <p>The findings include:</p> <p>R2's face sheet showed she was admitted to the facility on [DATE] with diagnoses to include dysphagia, thrombocytopenia, cerebral infarction due to embolism, encephalopathy, atrial fibrillation, gastrostomy status, chronic kidney disease, and muscle weakness. R2's facility assessment dated [DATE] showed R2 has severe cognitive impairment and is dependent upon staff for all cares.</p> <p>On 12/28/24 at 10:21 AM, R2 was lying in her bed and receiving cares from staff. R2's sheet was removed and was wet and bloody. V11 CNA (Certified Nursing Assistant) and V12 CNA were providing incontinence care. V11 had a basin with soapy water. V11 wet a wash cloth and squeezed the soapy water out of the washcloth over R2's perineal area. R2's legs were not spread. V11 took the wash cloth and pushed it between R2's legs and pulled it back out, she folded it and pushed it back between R2's legs and pulled it out. V11 and V12 still had not spread R2's legs to be able to see what was being washed. V11 folded the wash cloth again and stuck it between R2's legs into her perineal area and left the wash cloth there. V12 rolled R2 over and V11 used her last wash cloth to clean R2's buttocks. V11 made one swipe down R2's buttocks and revealed stool on the wash cloth. V11 placed that wash cloth in the with the dirty linen and began preparing a clean incontinence brief. V11's gloves were not changed at any time during the incontinence care and no hand hygiene was completed. The fresh incontinence brief was placed on R2 and a clean night gown.</p> <p>On 12/28/24 at 10:33 AM, V11 said there was stool on the wash cloth when she wiped R2's buttocks because R2 was probably having a bowel movement during their care. V11 said she left the wash cloth in between R2's legs because she often will urinate during care and this would soak up the urine.</p> <p>On 12/28/24 at 2:22 PM, V2 DON (Director of Nursing) said she would expect the staff providing incontinence care to have all the necessary supplies to complete the care. V2 said she would expect them to first clean, then rinse, and dry the resident. V2 said she would have expected them to provide complete pericare ensuring the bowel movement was completed and cleaned. V2 said proper incontinence care should be completed to reduce infection, reduce skin conditions, and keep the resident clean.</p> <p>The facility's policy with revision date of 5/17 showed, Perineal Care . Objective: 1. To cleanse the perineum. 2. To prevent infection and odors 2. Expose perineal area. 3. Wash hands and put on disposable gloves. 4. Wash perineal area with soap and water or perineal cleanser. Begin cleansing are in the front to the most soiled area in back. Be sure that a clean surface of the washcloth is used for each wipe . 5. After cleansing is complete, rinse if necessary, and then dry the resident by patting skin gently with a clean bath towel. 6. Remove gloves and wash your hands .</p>		