

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 05/09/2025
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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>34072</p> <p>Based on interview and record review, the facility failed to ensure residents receiving psychotropic medications have a gradual dose reduction attempt or documented clinical contraindication for not attempting. This failure affects one resident (R77) of three reviewed for psychotropic medications.</p> <p>Findings include:</p> <p>R77's POS (physician order sheet), notes an order for Escitalopram (Antidepressant) 10mg (milligrams) oral daily for major depressive disorder, recurrent, moderate.</p> <p>R77 was admitted to this facility on 8/23/24. R77 transferred from another long term care facility. Those medical records note R77 was receiving escitalopram 10mg daily for major depressive disorder.</p> <p>On 5/8/25 at 5:10 PM, V2 DON (Director of Nursing) stated that V2 is unable to find any documentation in R77's medical record noting a GDR (gradual dose reduction) was done for Escitalopram medication. V2 stated that the purpose of GDR is to find optimal dose and to determine if the medication is helping resident.</p> <p>This facility's psychotropic and anti-psychotic medication policy, revised 04/2025, notes anti-psychotic medication is to be administered at the lowest possible dosage for the shortest period of time and will be subject to GDR (gradual dose reduction) requirements.</p> <p>This facility's gradual dose reduction policy, reviewed 08/2023, notes residents who use psychotropic drugs shall receive gradual dose reductions and behavioral interventions. The facility will attempt a GDR on a resident in two separate quarters (with at least one month in between) within the first year in which a resident is admitted on a psychotropic medication.</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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39340</p> <p>Based on observation, interview and record review, the facility failed to develop and implement a plan of care for one resident who was diagnosed with urinary retention requiring a urinary catheter. This failure affects one of two residents (R118) reviewed for urinary catheter care.</p> <p>Findings include:</p> <p>R118 was admitted to the facility on [DATE] with a diagnosis of retention of urine.</p> <p>On 5/6/25 and 5/8/25, during the survey R118 was observed with urinary catheter in place.</p> <p>R118's plan of care did not document any information related to R118's urinary catheter.</p> <p>On 5/8/25 at 4:18PM, V16 (Assistant director of nursing, ADON) said any resident with an indwelling urinary catheter should have a plan of care in place. V16 said she was unable to find any documentation in R118's care plan related to the urinary catheter. V16 said V16 is unsure why she does not.</p> <p>Facility policy titled Comprehensive Care Plans undated documents: to develop a comprehensive person-centered care plan, consistent with the resident's rights, that includes measurable objectives and timeframes to meet the resident's medical, nursing and mental and psychosocial needs. The comprehensive care plan will include areas of potential risk to the resident with interventions to eliminate or reduce risk.</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>41758</p> <p>Based on observation, interview and record review, the facility failed to provide timely incontinence care for a resident. This failure affects one of three residents (R90) reviewed for incontinence care.</p> <p>Findings Include:</p> <p>R90 had the diagnosis of Obesity, hemiplegia and hemiparesis following cerebral infraction affecting the left non- dominant side. Brief interview for mental status dated 2/26/25 documents R90's cognition as intact. Minimal data set section GG dated 5/7/25 documents: dependent with toileting. Section HH (Bowel and Bladder) urinary continence-always incontinent.</p> <p>On 5/7/25 at 1:41pm, R90 was observed with the call light on. R90 who was assessed to be alert to person, place and time, said she was wet. R90 said, the last time she was provide incontinence care was at 4:00am. R90 said, V6, Certified Nursing Assistant (CNA) informed her she wound provide care after lunch. V10 (Restorative Nurse) said, R90 is soiled with urine. R90's bed sheets are also soiled with urine. R90 was observed with a large wet irregular stain underneath her buttock on her fitted bed sheet. R90 also had a strong smell of urine. V10 said, R90 is able to make her needs known and that residents should be checked every two hours and changed every two to four hours. V10 said, she smells urine. R90 said, not being provide care made her feel bad.</p> <p>On 5/7/25 at 2:04pm, V6, CNA said, she was assigned to R90. V6 said, she started her shift at 7:00am. V6 said, this is the first time she was able to provide incontinence care to R90. V6 said, she needs help when providing care for R90 and staff were busy each time she needed staff to assist with providing incontinence care. V6 said, she usually waits until the end of the day shift to provide R90 with incontinence care. V6 and V11 (CNA) both provided incontinence care to R90. Both said, R90 was soiled with urine. R90's adult brief was saturated with urine and R90's bed sheet was wet urine.</p> <p>On 5/8/25 at 1:16pm, V2, Director of Nursing (DON) said, the facility did not have an incontinence policy. V2 said, residents should be provided incontinence care when they are soiled and checked/changed every two hours or as needed.</p>		

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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>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** 40066</p> <p>Based on interview and record review the facility failed to prevent one dependent resident (R30) from developing a large stool ball. This failure affects one of one residents (R30) reviewed for quality of nursing care. This failure resulted in R30 being hospitalized with a diagnosis of fecal impaction.</p> <p>Findings include:</p> <p>R30 has diagnosis including but not limited to Respiratory Failure, Tracheostomy Status, Anemia, Seizures, Hemiplegia, Metabolic Encephalopathy, and Aphasia. R30's Minimum Data Set (MDS) assessment dated [DATE] identifies he is severely cognitively impaired, dependent on staff for all cares, and frequently incontinent of bowels.</p> <p>Hospital records for R30 dated 4/26/25 state there is a large stool ball in the rectum with mass effect on the bladder. Patient will require enema, enema ordered. Diagnoses include fecal impaction in rectum.</p> <p>On 5/8/25 at 2:47PM V16, Assistant Director of Nursing, said R30 was sent to the hospital. V16 said he had copious drainage, dark in color, and an odor was present, all from the sacral wound. V16 said R30 also had increased pitting edema in his left upper and a little in his right arm, he was not as alert as usual, and not responding like normal. V16 said R30 normally will look at you.</p> <p>On 5/9/25 at 9:34AM V2, Director of Nursing, said symptoms of an impaction include decreased bowel movement, discomfort, pressure, or bloating. V2 was asked how does the nurse assess in someone who can't communicate and V2 replied they check to see if having bowel movements or check abdomen. Surveyor asked if this was done and documented for R30 and V2 replied I will have to look.</p> <p>On 5/9/25 at 11:16am V7, Nurse Practitioner, said I reviewed R30's hospital records and saw the note about the stool. V7 said that is asignificant size. V7 said facility would not have known about it unless they were keeping tract of his stools every day. V7 said R30 can't express anything.</p> <p>R30's care plan identified intervention related to his tube feeding status dated 1/18/25 to monitor/document/report abdominal pain, distension, tenderness, constipation or fecal impaction.</p> <p>R30's progress notes written by V16 dated 4/27/25 at 10:42AM state he was admitted to the hospital with altered mental status and ultrasound of abdomen revealed stool, miralax and stool softeners administered with results. At 1:03PM V7, Nurse Practitioner, documented large stool ball in the rectum measuring 11.3 x 9.2 x 18.4 cm (centimeters) which exerts mass effect on the adjacent urinary bladder.</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>40066</p> <p>Based on interview, observation and record review, the facility failed to develop and implement pressure ulcer prevention interventions for three of 12 residents (R49, R24, R120) reviewed for pressure ulcers.</p> <p>Findings include:</p> <p>1. On 05/07/25 at 9:53 AM V4, LPN, said R49 has pressure wounds on her sacrum and legs. R49 said I can't move my legs, they stay like this. R49's legs contracted and knees touching with dressing on left and right knee. Pillow between legs, but knees still touching.</p> <p>On 5/8/25 at 1:41PM V2, Director of Nursing (DON) and V9, Wound Nurse, were interviewed together. R49 has a stage 4 pressure ulcer to her left knee that developed in house on 4/3/25. V9 stated all of R49's skin impairment locations. V2 said R49 is at high risk for skin breakdown they put a pillow between her knees and use wedges for positioning. Repositioning is done every 2 hours, we do that for everyone. V9 said R49 is not able to reposition herself. The surveyor asked for documentation of the skin prevention interventions used to prevent pressure on R49's knees. V2 said I will check the Treatment Administration Record (TAR) for documentation. The surveyor asked if the facility has avoidable/unavoidable risk assessment for pressure ulcers. V2 said I am not aware that we have those. V2 said the purpose of the avoidable/unavoidable risk assessment would be to ensure the facility has implemented all interventions possible to prevent further breakdown.</p> <p>On 5/8/25 when the TAR for R49 was presented the surveyor notified V2 that there is no treatment for the left knee until 4/11/25.</p> <p>On 5/9/25 at 9:30am V2 said the purpose of MAR/TAR is to make sure meds are passed and doing treatments. V2 said if not signed off then it was not done.</p> <p>On 5/9/25 at 11:16 AM V7, Nurse Practitioner, said R49 is generally declining, she had blood work, we have a consult going on for her workup to rule out cancer. V7 said they have measures such as using pillows and repositioning every 2 hours. V7 said 2 hours is the standard for repositioning for the facility.</p> <p>R49's diagnosis include but are not limited to Alzheimer's Disease, Chronic Kidney Disease, Venous Insufficiency, Convulsions, Diabetes, and Peripheral Vascular Disease.</p> <p>On 3/4/25 a wound evaluation completed states Blister front left knee, lateral, in house acquired. 6.28 x 2.96 Centimeters (cm). treatment identifies heel suspension/protective devices and mattress with pump. (Nothing written to treat the knee.)</p> <p>On 4/29/25 Focused Wound Exam for R49 states stage 4 pressure wound of the left knee full thickness, 5.2 x 3.6 cm.</p> <p>Treatment Administration Record for April 2025 does not have a treatment for the left knee impairment until 4/11/25. (Per interview and documentation, the impairment was found on 3/4/25.)</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Care plan does not address left knee pressure ulcer. There are no interventions included to address her knees.</p> <p>The physician pressure ulcer treatment policy dated 5/17 states residents with pressure ulcers will have a physician's order for treatment. The nurse will documents the treatment as given on the TAR.</p> <p>41758</p> <p>2. R24 had the diagnosis of pressure ulcer of sacral region stage three (3), pressure ulcer of right elbow stage four (4) and functional quadriplegia. Physician order sheet dated 1/24/25 documents: low air loss mattress. Vital report dated 5/8/25 documents: weight 125.8 pounds.</p> <p>On 5/8/25 at 11:59am, R24 was observed in bed, on an air loss mattress with the setting on four hundred (400) pounds. V4 (nurse) said, R24's air mattress was set on four hundred pounds. V4 said, R24 is not four hundred pounds. A white plastic medical bracelet was observed wrapped around the air loss mattress control panel.</p> <p>On 5/8/25 at 1:16pm, V16 Assistant Director of Nursing (ADON) said, the air loss mattress should be set based on the resident's weight to prevent and treat pressure ulcers from getting worst. If the air mattress is set to high above or too low below the resident actual weight it will not help prevent pressure ulcers/wound from getting worst.</p> <p>On 5/8/25 at 1:37pm, V9 (treatment nurse) said, a medical band with the resident weight is place on the air mattress control panel.</p> <p>The facility's in-service dated 5/5/25 documents: Air bed settings are based on the resident's weight which can be found in the system. There are also wristbands located on the base of the board with weights.</p> <p>3. On 5/7/25 at 1:15pm, R120 was observed on a regular pressure reducing mattress. V8 (nurse) said, R120 is on a regular mattress. R120 was not on an air mattress.</p> <p>On 5/8/25 at 2:36pm, V2, Director of Nursing (DON) said, if the wound doctor's make a recommendation for a low air loss mattress, it must be followed.</p> <p>On 5/9/25 at 12:39pm, V2 said, an air loss mattress is a pressure relieving mattress.</p> <p>Progress note dated 4/5/25 documents: spoke to R120's family who requested that patient have a consultation to be placed on an air mattress for bed sore prevention. She stated that R120 was on an air mattress in the previous facility she stayed in as well as in the hospital.</p> <p>Wound doctor note dated 4/8/2025 documents: Recommendation: Low Air Loss Mattress</p> <p>Pressure Ulcer Prevention Protocol dated 5/18/25 documents: All bed in the facility will have pressure reducing mattresses unless pressure relieving mattresses are required according to the resident's needs.</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34072</p> <p>Based on interview and record review, the facility failed to follow physician orders for providing urinary catheter care every shift for residents with indwelling catheters. The facility also failed to obtain and document a diagnosis in the physician's orders for an indwelling catheter. These failures affect two of two residents (R80, R118) reviewed for suprapubic and indwelling urinary catheters.</p> <p>Findings include:</p> <p>On 5/8/25 at 12:05 PM, V2 DON (director of nursing) stated that the CNAs (certified nurse aides) and nurses are responsible for providing catheter care every shift. V2 stated that R80 had two urinalysis/cultures completed since 12/2024, one in December and one in April.</p> <p>On 5/8/25 at 4:00 PM, V5 (infection prevention nurse) stated that performing catheter care is important to prevent urinary tract infections. V5 stated that catheter care should be done per physician orders. V5 stated that the nurse should be assessing the catheter's insertion site for signs of infection when providing catheter care.</p> <p>R80's POS (physician order sheet), dated 10/31/24, notes an order for catheter care every shift. On 12/23 and 12/26 are orders for urinalysis, reflex to culture.</p> <p>There are no results found in R80's medical record noting urinalysis/cultures were completed on 12/23 or 12/26.</p> <p>R80's urinalysis/urine culture, dated 12/9/24, noted 50,000 - 100,000 mixed flora, multiple bacterial species present. R80 was started on Ciprofloxacin (antibiotic) 500mg (milligrams) oral twice daily for 7 days.</p> <p>4/8 urine culture noted ESBL (extended-spectrum beta-lactamase) and pseudomonas aeruginosa (MDRO - multidrug resistant organism).</p> <p>On 4/14/25, V21 (attending physician) noted Polymicrobial UTI with ESBL Klebsiella and MDRO Pseudomonas. Likely source: chronic indwelling catheter. No systemic symptoms (fever, hypotension), but pyuria/bacteriuria indicate active infection. Meropenem (antibiotic) 1 Gram via intravenous catheter three times daily for treatment.</p> <p>R80's TAR (treatment administration record), dated January - May 2025, notes the following:</p> <p>January: There is no documentation noting R80 received catheter care on day shift: 1/1, 1/6, 1/7, 1/8, 1/10, 1/11, 1/13, 1/16, 1/17, 1/19, 1/22, 1/23, 1/24, 1/26, 1/27, 1/28, 1/29, or 1/31; evening shift: 1/1, 1/2, 1/4, 1/5, 1/8, 1/9, 1/10, 1/13, 1/16, 1/18, 1/19, 1/25, or 1/26; night shift: 1/1, 1/2, 1/4, 1/5, 1/6, 1/8, 1/9, 1/12, 1/13, 1/15, 1/16, 1/19, 1/20, 1/22, 1/23, 1/25, 1/27, 1/29, or 1/30.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>February: There is no documentation noting R80 received catheter care on day shift: 2/3, 2/4, 2/7, 2/8, 2/10, 2/16, 2/18, 2/19, 2/21, 2/24, or 2/27; evening shift: 2/1, 2/2, 2/7 -2/10, 2/19, 2/21, or 2/23; night shift: 2/1, 2/2, 2/3, 2/5, 2/6, 2/8, 2/10, 2/14, 2/15, /16, 2/19, 2/23, 2/24, or 2/26.</p> <p>March: There is no documentation noting R80 received catheter care on day shift: 3/1, 3/4, 3/5, 3/6, 3/8, or 3/10; evening shift: 3/1, 3/13, 3/16, 3/29, or 3/30; night shift: 3/2, 3/3, 3/5, 3/6, 3/8, 3/9, 3/10, 3/12, 3/15, 3/16, 3/17, 3/19, 3/22, 3/24, 3/26, 3/27, 3/29, or 3/30.</p> <p>April: There is no documentation noting R80 received catheter care on day shift: 4/3, 4/7, 4/8, 4/9, 4/13,4/19, 4/23, 4/27, 4/28, or 4/30; evening shift: 4/3, 4/12, 4/13, 4/19, 4/24, or 4/27; night shift: 4/3, 4/5, 4/7, 4/8, 4/9, 4/10, 4/13, 4/14, 4/17, 4/19, 4/23, 4/26, 4/27, or 4/28.</p> <p>May: no documentation noting catheter care was provided on 5/3 day shift or night shift, 5/6 day shift, 5/7 day shift or night shift, or 5/8 day shift.</p> <p>The facility's physician orders policy, reviewed 12/2023, notes physician orders will be implemented by facility staff.</p> <p>39340</p> <p>R118 was admitted to the facility on [DATE] with a diagnosis of retention of urine. R118's admission note dated 2/25/25 documents: R118 has a foley, urine is yellow.</p> <p>On 5/6/25 and 5/8/25, R118 was observed with foley catheter in place.</p> <p>On 5/8/25 at 4:18PM, V16 (Assistant director of nursing, ADON) said any resident with a foley catheter should have an order in place for care. V16 said she was unable to find R118's physician orders related to her catheter. V16 said R118 should have had orders in place and is unsure why she does not.</p> <p>R118's physician orders do not document any orders or information related to catheter care, catheter size or catheter changes.</p> <p>Facility's physician orders policy revised 12/2023 documents: all resident medications and treatments must be ordered by a licensed physician or physician extender. Physician orders will be implemented by facility staff.</p> <p>Facility policy Urinary catheter insertion and maintenance policy revised 07/26 documents: to maintain constant urinary drainage based on physician order. Change catheter as ordered by physician.</p>

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>34072</p> <p>Based on interview and record review, this facility failed to provide services to assist residents with scheduling outside physician appointments and arranging transportation to and from appointments. This failure affects one resident (R84) out of three residents reviewed for follow-up appointments after a hospital emergency visit for a fractured left femur.</p> <p>Findings include:</p> <p>On 5/6/25 at 11:00 AM, R84 stated that she fell when the staff member was transferring her from bed to wheelchair last November. R84 stated that she fractured her left femur. R84 stated that she has been wearing a left knee immobilizer since the fall. R84 stated that she was to follow up with an orthopedic surgeon but no appointment was made.</p> <p>On 5/8/25 at 12:05 PM, V2 DON (director of nursing) stated that V16 ADON (assistant director of nursing) was working on scheduling R84's orthopedic follow up appointments after fall with fracture. V2 stated that this facility was having difficulty getting R84 an appointment due to R84's insurance. V2 stated that orthopedic physician offices nearby were called but do not take R84's insurance. V2 stated that we had to wait until R84 could change her insurance provider on May 1, 2025 to one that would allow R84 to see an orthopedic surgeon. When questioned if the insurance provider was contacted for orthopedic physicians that accept R84's insurance, V2 stated that R84 was able to get seen one time by an orthopedic surgeon but that this physician refused to see R84 again due to her insurance. This surveyor requested all documentation regarding attempts to schedule appointment with orthopedic surgeon(s) and the office visit note from the orthopedic physician that saw R84.</p> <p>V2 was unable to provide any documentation of communication with R84's insurance, attempts to schedule appointment(s), or the office visit note to confirm R84 was seen by an orthopedic surgeon.</p> <p>R84's hospital record, dated 11/7/2024, notes R84 presented to the emergency room after a fall. X-ray results showed a comminuted, oblique fracture of the left distal femur with 1.4cm (centimeters) medial displacement.</p> <p>R84's POS (physician order sheet) dated 11/13/24, notes an order for a knee immobilizer to left knee at all times. On 11/25/24 there is an order to refer R84 to orthopedic department at a hospital for diagnosis: distal femur fracture.</p> <p>R84's progress note, dated 11/25/24, V22 RN (registered nurse) noted attempted to make follow up appointment for orthopedic surgeon but insurance not accepted at any area orthopedic offices. V22 called the local county Health Systems to make appointment. Instructed to fax referral and then follow up with a call to the orthopedic referral department. On 12/23/24, notes R84 needs appointment with primary care provider to get orthopedic surgeon referral. Appointment scheduled on 1/2/2025 at 2:00 PM. On 1/21/25, V16 ADON (assistant director of nursing) noted R84 has an appointment with orthopedic surgeon on 01/24/25 at 10:40 AM.</p> <p>(continued on next page)</p>		

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 05/09/2025
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.

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>There is no documentation found in R84's medical record noting R84 was transported to appointments on 1/2 or 1/24 or that a referral was sent to local county Health Systems.</p>

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>41758</p> <p>Based on observation, interview and record review, the facility failed to follow the physician prescribed diet order for double portions of meat at lunch for one of three residents (R126) reviewed for therapeutic diet.</p> <p>Findings Include:</p> <p>R126's physician order sheet dated 4/7/25 documents: Regular texture thin, for diet. Give double meat with lunch. R126's diet card documents: double meat with lunch.</p> <p>On 5/6/25 at 12:27PM, R126 was observed eating lunch with one piece of meat on his tray.</p> <p>On 5/6/25 at 1:57PM, R126 said, who was assessed to be alert and oriented to person, place and time said, he had one piece of meat for lunch.</p> <p>On 5/8/25 at 3:00PM, V17 (dietary manager) said, R126 was served beef fritters on 5/6/25. Double portion for meat would be two piece of meat on the tray. Therapeutic diets are orders that need to be followed.</p> <p>Facility lunch menu documents: Tuesday (day three), lunch beef fritter.</p> <p>Therapeutic diet policy dated 1/16 documents: Therapeutic diet shall be prescribed by the attending physician.</p>

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>34072</p> <p>Based on interview and record review, this facility failed to provide skilled therapy services to one resident (R84) who sustained a left femur fracture after a fall at the facility, while being transferred from bed to chair. This affected one of three residents R84 reviewed for skilled therapy.</p> <p>Findings include:</p> <p>R84's hospital record, dated 11/7/2024, notes R84 presented to the emergency room after a fall. X-ray results showed a comminuted, oblique fracture of the left distal femur with 1.4cm (centimeters) medial displacement.</p> <p>On 5/6/25 at 11:00 AM, R84 stated that she fell when the staff member was transferring her from bed to wheelchair last November. R84 stated that she sustained a fracture of her left femur. R84 stated that she has been wearing a left knee immobilizer since the fall. R84 stated that she has not received any skilled therapy post fall.</p> <p>R84's POS (physician order sheet), dated 12/11/24, notes occupational therapy (OT) clarification order: OT to evaluate and treat R84 five times a week for six weeks to address self cares, therapeutic exercises, therapeutic activities, and neuromuscular re-education. On 12/13/24, notes physical therapy (PT) clarification order: PT four times a week for 4 weeks to include: gait training; therapeutic exercises; therapeutic activities; neuromuscular re-education; wound care management; modalities as appropriate; R84/caregiver education; and discharge planning.</p> <p>R84's OT evaluation and plan of care, dated 12/11/24, notes clinical impression: R84 has extreme pain in left knee that limits her performance in ADLs (activities of daily living) and mobility. Reason for skilled therapy: R84 requires skilled OT services to increase independence with ADLs, develop and instruct on compensatory strategies, provision of pain management techniques, facilitate sitting tolerance and postural control and provision of modalities and strengthening in order to enhance R84's quality of life by improving ability to facilitate increased participation with functional daily activities and decrease risk for falls. Potential for achieving goals: good with OT five times a week for six weeks.</p> <p>There is no documentation found in R84's medical record noting R84 was seen by OT after 12/11/24.</p> <p>On 5/8/25 at 12:35 PM, V14 (rehabilitation director) stated that skilled therapy has attempted to evaluate R84 but has been having difficulty obtaining authorization from R84's insurance provider. V14 stated that R84's insurance changed effective 5/1/25. V14 stated that she has not requested authorization from R84's new insurance.</p> <p>(continued on next page)</p>		

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R84's PT evaluation and plan of care, dated 12/13/24, notes clinical impressions: R84 will benefit from PT to strengthen lower extremity muscles to improve her participation in doing different ADLs for ease of nursing care as well as to ensure safety to R84 and caregiver. Reason for skilled therapy: R84 requires skilled PT services to assess functional abilities, promote safety awareness, enhance rehabilitation potential, analyze/instruct in home exercise program, establish and instruct in compensatory strategies, facilitate independence with all functional mobility, improve tone in lower extremities, increase lower extremity range of motion and strength, minimize falls and teach compensatory/adaptation techniques in order to enhance R84's quality of life by improving ability to increase performance skills with functional tasks, decrease level of care required from caregivers and decrease level of assistance from caregivers.</p> <p>There is no documentation found in R84's medical record noting R84 was seen by PT after 12/13/24.</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>40066</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy and change a central venous catheter dressing for one resident within at least 5-7 days. This affects one of eight residents R49 reviewed for infection control practices.</p> <p>Findings include:</p> <p>On 05/07/25 at 9:51 AM surveyor observed R49's left upper arm intravenous (IV) access, dressing with silk tape, soiled, light brown color and lifting up. R49 said she was not sure how long that was there or what the brown discoloration is.</p> <p>On 05/07/25 at 9:53AM V4, Licensed Practical Nurse (LPN), said R49 has a midline IV site. V4 said the Infection Preventionist (IP) nurse does the IV dressings.</p> <p>On 05/07/25 at 01:25 PM V5, IP, looked at R49's IV site and said that looks like tape (the silk tape) it looks like it needs a change, it is not dated. V5 said I have to check policy for dressing change frequencies when asked when the dressing should be changed. V5 said the midline was inserted on 4/26/25.</p> <p>On 05/07/25 at 1:48 PM V2, Director of Nursing, said we change IV dressings weekly. V2 said the Registered Nurse (RN) on duty is responsible to change the dressing. V2 said dressings should be changed if they are soiled or coming off. V2 said I don't know why R49's midline dressing was not changed.</p> <p>R49's Medication Administration Record (MAR) for April 2025 documents midline inserted on 4/26/26 (12 days since insertion).</p> <p>The facility Central Venous Catheter Dressing Changes policy dated 10/25/14 states central venous catheter dressing will be changed at specific intervals, or when needed, to prevent catheter related infections that are associated with contaminated, loosed, soiled or wet dressings. Dressings must stay clean, dry, and intact. Change dressing every 5 to 7 days and as needed (when wet, soiled, or not intact).</p>		