

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145899	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2024
NAME OF PROVIDER OR SUPPLIER Warren Barr Orland Park		STREET ADDRESS, CITY, STATE, ZIP CODE 14601 South John Humphrey Dr Orland Park, IL 60462	

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 - Some</p>	<p>44387</p> <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observation, interview, and record review, the facility failed to provide ADLs (Activity of Daily Living) care to residents.</p> <p>This applies to 4 of 16 residents (R8, R9, R14 and R19) reviewed for ADL care.</p> <p>The findings include:</p> <p>1. On 4/4/24 at 12:12 PM, R8 was in bed in his room watching TV. R8 had short beard on his face. R8 said he does not like his beard; he would like it shaved and staff has not assisted him with shaving.</p> <p>R8's Minimum Data Set (MDS) of 2/29/24 shows his cognition is intact and R8 needs partial to moderate assistance with hygiene. R8's care plan (initiated 2/26/24) shows R8 requires assistance with ADLs (bed mobility, transfers, dressing, walking, personal hygiene and toileting).</p> <p>2. On 4/4/24 at 12:32 PM, R9 was sitting in her wheelchair in the dining room during lunch. R9 had several white hairs on her chin. R9 said she wants the facial hair off. She said staff used to take care of it, but they have not done it recently. The next day on 4/5/24 at 1:03 PM, R9 was in bed watching TV; the facial hair still noted on her chin.</p> <p>R9's MDS of 3/27/24 shows R9's cognition is moderately impaired, and R9 needs partial to moderate assistance with personal hygiene. R9's care plan (initiated 7/16/21) shows R9 requires assistance with ADLs (bed mobility, transfers, dressing, walking, personal hygiene and toileting).</p> <p>3. On 4/4/24 at 1:05 PM, R14 was sitting in reclining chair in dining room eating lunch. R14 had dirty nails, had brownish/black substance on her nail bed. The next day on 4/5/24 at 12:38 PM, R14 was still noted with dirty fingernails.</p> <p>R14's MDS of 3/25/24 shows R14's cognition is severely impaired and R14 needs substantial to maximal assistance with personal hygiene. R14's care plan (initiated 12/20/22) shows R14 requires assistance with ADLs (bed mobility, transfers, dressing, walking, personal hygiene and toileting).</p> <p>4. On 4/5/24 at 1:06 PM, R19 was sitting in her wheelchair in the dining room eating lunch. R19 had several white hairs on her upper lip and chin. R19 said she did not like the facial hair and staff has not assisted with taking it off.</p> <p>(continued on next page)</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R19's MDS of 2/12/24 shows R19's cognition is intact, and R19 needs partial to moderate assistance with personal hygiene. R19's care plan (initiated 8/7/23) shows R19 requires assistance with ADLs (bed mobility, transfers, dressing, walking, personal hygiene and toileting).</p> <p>On 4/5/24 at 11:28 PM, V16 (Certified Nurse Aide) said CNAs were responsible for shaving and nail care, and it is done during the resident's shower days.</p> <p>On 4/9/24, V1 (Administrator) and V2 (DON/Director of Nursing) said CNAs are responsible for ADL care, which includes, showers/bathing, grooming, shaving and nail care. They said shaving and nail care are done on residents' shower days.</p> <p>The facility's Nail Care policy (revised 7/28/23) shows nursing staff to check residents' nails care which includes cleaning and regular trimming. The facility's Shower and Hygiene policy (Revised 7/28/23) states that any resident who needs hygienic care will be provided care to promote hygiene (facial, body and perineal care).</p>		