

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 07/02/2024
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 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>48526</p> <p>Based on interview and record review, the facility failed to follow the physician's orders for obtaining a urinalysis in a timely manner.</p> <p>This applies to 1 of 3 residents (R1) reviewed for care delay.</p> <p>The findings include:</p> <p>R1's diagnoses included metabolic encephalopathy, unspecified fracture of the right pubis, muscle weakness, dementia, depression, scoliosis, and altered mental status. R1 was cognitively impaired per the MDS (MDS/Minimum Data Set), dated 04/04/24. The same MDS showed R1 was dependent upon staff for toileting. Per the EMR's (EMR/Electronic Medical Record) progress notes, dated 06/18/24, R1 had urine collected for urinalysis, and culture & sensitivity. R1's preliminary results were received on 06/19/24 and an oral antibiotic (Cefdinir) was started pending the final urine culture & sensitivity. Per the physician's order sheet, Cefdinir was discontinued on 06/21/24 and another oral antibiotic (Macrobid) was started. R1's final urine culture dated 06/21/24 showed Klebsiella pneumoniae ESBL.</p> <p>On 06/16/24, per the EMR (EMR/Electronic Medical Record) physician's orders, an order was written to collect urine for a UA (Urinalysis) and C&S (Culture and Sensitivity). There was no documentation in the progress notes that explained the reason or symptoms for the UA/C&S. The progress notes, dated 06/18/24, showed R1's urine was collected and called in to the lab, to be picked up the next day 06/19/24. There was no documentation in the progress notes that explained why the urine sample had not been collected prior to 06/18/24.</p> <p>On 6/27/24 at 11:25 AM, V3, LPN (Licensed Practical Nurse), stated he straight-catheterized R1 on 6/18/24, the lab collected the urine specimen on 6/19, and an antibiotic was started on 6/20/24.</p> <p>On 06/28/24 at 11:03 AM, V2 (Director of Nursing) said R1's daughter reached out to her on 6/16/24. She said (R1) was tired and had a headache and asked if we could check her out. We got an order for STAT (immediately) labs and a regular urinalysis on 06/16/24. V2 stated she did not put in a note in the medical record about the conversation that she had with the residents daughter, and she should have. V2 verified there was no documentation in the medical record for the reason why the urinalysis was not collected until 06/18/24, but it should have been, adding, if we get an order for a UA, it should have been collected as the order states.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145899
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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>On 06/28/24 at 9:47 AM, V7 (Medical Doctor) said, (R1's) family requested a UA, and the NP (Nurse Practitioner) gave the order for the UA on 06/16/24. If an order was put in on 6/16/24 for a UA, it is expected that the nurses follow the orders and collect the urine as ordered. The urine should not have been collected two to three days later.</p> <p>The facility's Infection Prevention and Control Policy, reviewed 06/06/24, showed 4. If a resident develops signs or symptoms of infection, the nurse will notify the Director of Nursing or designee, so that the occurrence of infection can be recorded and monitored. The resident's attending physician will be notified to obtain treatment for the infection.</p>