

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/16/2024
NAME OF PROVIDER OR SUPPLIER  Serenity Estates of Lincolnshire		STREET ADDRESS, CITY, STATE, ZIP CODE  150 Jamestown Lane Lincolnshire, IL 60069	

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 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide doctor's orders for the resident's immediate care at the time the resident was admitted.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45540</b></p> <p>Based on interview and record review the facility failed to obtain physician orders upon admission. This applies to 1 of 1 residents (R1) reviewed for admission orders in the sample of 7 .</p> <p>Findings include:</p> <p>R1's Admission Record dated 12/16/2024 shows an original admitted [DATE].</p> <p>On 12/16/2024 at 10:13AM, V10 Licensed Practical Nurse (LPN) said he admitted [R1] on 12/3/2024. V10 said he did not call a provider to obtain orders upon admission for wound care. V10 said [R1] had wounds present upon admission.</p> <p>On 12/16/2024 at 11:26AM, V2 Director of Nursing (DON) said upon admission the nurse will call the provider to get orders appropriate for the residents' care needs.</p> <p>R1's Order Summary Report dated 12/16/2024 shows no active orders for wound care were entered during R1's admission on 12/3/2024.</p> <p>The facility provided Admission of a Resident revised 9/1/2024 states . Residents are admitted to the facility under orders of the attending physician.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/16/2024
NAME OF PROVIDER OR SUPPLIER  Serenity Estates of Lincolnshire		STREET ADDRESS, CITY, STATE, ZIP CODE  150 Jamestown Lane Lincolnshire, IL 60069	
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45540</b></p> <p>Based on interview and record review the facility failed to assess or provide wound care to a resident admitted with wounds. This applies to 1 of 3 residents (R1) reviewed for wounds in the sample of 7.</p> <p>Findings include:</p> <p>R1's Admission Record dated 12/16/2024 shows an original admitted [DATE] and a readmitted [DATE].</p> <p>R1's Census List dated 12/16/2024 shows actual admission on 12/3/2024 at 8:18PM, discharge Against Medical Advice (AMA) on 12/4/2024 at 10:00AM, re-admission 12/6/2024 at 11:39AM, and discharge 12/6/2024 at 3:36PM.</p> <p>On 12/16/2024 at 10:13AM, V10 Licensed Practical Nurse (LPN) said he admitted [R1] on 12/3/2024. V10 said [R1] had wound present upon admission on his chest, back, and part of his abdomen. V10 said he did not change [R1's] dressing upon admission.</p> <p>On 12/16/2024 at 11:26AM, V2 Director of Nursing (DON) said the nurse does an initial assessment upon admission, if the resident has wounds, they will follow the wound protocol. V2 said if the resident has multiple open areas, staff can get wound care orders from the physician for any wounds the patient might have.</p> <p>On 12/16/2024 at 12:36PM, V5 Wound Nurse LPN said staff do call her sometimes after hours if they are unsure about a wound or wound dressing. V5 said staff did not contact her regarding recommendations for [R1's] wound care. V5 said staff normally contact the physician for orders, wound care sees the patient and wound care orders are obtained for care. V5 said if wound care is consulted, they give orders and the wound care physician sees the residents on Mondays.</p> <p>R1's Admission/Re-Admission assessment dated [DATE] shows under section B. 4. Other Skin Issues wounds with no other description of the wound listed.</p> <p>R1's TAR (Treatment Administration Record) dated 12/1/2024 to 12/31/2024 did not list any wound care documentation listed on the TAR.</p> <p>The facility failed to provide a completed admission assessment for R1's admission on 12/6/2024.</p> <p>R1's progress notes dated 12/3/2024 state, resident admitted to the facility from home at 8:30PM, Dx (diagnosis) wound-care.</p> <p>The facility provided Wound Treatment Management revised 9/1/2024, states In the absence of treatment orders, the licensed nurse will notify physician to obtain treatment orders. dressing will be applied in accordance with manufacturer recommendations.</p>		