

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 03/21/2025
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45395</p> <p>Based on observations, interviews, and record reviews, the facility failed to adequately assess and monitor a resident for skin integrity issues and failed to obtain a physician's order for wound care for 1 of 4 residents (R4) reviewed for quality of care in the sample of 4.</p> <p>Findings include:</p> <p>R4's medical record indicated she admitted to the facility on [DATE] with a past medical history not limited to: anorexia, congestive heart failure, gout, hypertension, dementia, and Parkinson's Disease.</p> <p>Review of wound report summary as of 03/21/2025 at 10:29 AM documented for R4: right shoulder with rashes, few rashes resolved, some with scabs. No complaint of pain or itching. Treatment changed to triamcinolone (corticosteroid topical medication) cream.</p> <p>On 03/21/2025 at 11:27 AM, R4 indicated she has a rash to her upper arms that itches at times then proceeded to pull up the sleeve of her sweater on her right arm. Surveyor observed reddened areas and scratch marks with multiple small, scabbed areas throughout R4's forearm. Also observed a 2 cm x 2 cm (centimeter) square shaped and undated white colored dressing to R4's right forearm. R4 said, she put that on me the other day but R4 could not recall the exact date or name of the staff member who placed the dressing to her forearm.</p> <p>Review of R4's active physician orders as of 03/21/2025, care plan report, current skin assessments, March 2025 treatment administration record, and/or progress notes did not show any documentation for a skin issue or treatment order to the right forearm. R4's shower sheets dated 03/17/2025 and 03/19/2025 documented no skin issues to R4's right upper arm.</p> <p>On 03/21/2025 at 1:55 PM, V6 (Wound Nurse) said when she last saw R4 on Monday (03/17/2025), she had no skin issues to her upper arms at that time, and no dressing in place to her right forearm.</p> <p>On 03/21/2025 at 2:55 PM, V2 (Director of Nursing) said if a resident has a dressing in place, there should be a treatment order in place and her expectation is that treatments are done as ordered and documented on the treatment administration record. V2 added that she came to the facility three months ago and has been trying to organize wound care to clarify the treatments done by the floor nurses (topicals, surgical, non-pressure) and the treatments done by the wound nurses (pressure, venous, deep tissue injury) so there is no confusion.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Wound Treatment Management policy last reviewed/ revised on 10/23/2024 reads in part: to promote wound healing of various types of wounds, it is the policy of this facility to provide evidence-based treatments in accordance with current standards of practice and physician orders. Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change. In the absence of treatment orders, the licensed nurse will notify physician to obtain treatment orders. This may be the treatment nurse, or the assigned licensed nurse in the absence of the treatment nurse. Treatments will be documented on the Treatment Administration Record or in the electronic health record. The effectiveness of treatments will be monitored through ongoing assessment of the wound.</p>		