

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146179	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Healthbridge of Arlington Hts		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 N Arlington Heights Rd Arlington Heights, IL 60004	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34117</p> <p>Based on interview and record review the facility failed to ensure treatment orders were performed for a resident with a stage 3 sacral pressure injury. This applies to 1 of 3 residents (R1) reviewed for pressure injuries in the sample of 6.</p> <p>The findings include:</p> <p>R1's face sheet shows she is a [AGE] year-old female with diagnoses including spinal stenosis, history of falling, quadriplegia, unspecified injury at C4 level of cervical spinal cord, neuromuscular dysfunction of the bladder, neurogenic bowel, reduced mobility, muscle weakness and history of malignant neoplasm of the breast.</p> <p>R1's Wound Progress note dated 8/22/24 documents a stage 3 pressure wound to the sacrum, full thickness, measuring 7.1 cm (centimeters) x 4.5cm x 0.2 cm with moderate serous drainage.</p> <p>R1's Wound Progress note dated 8/29/24 documents a stage 3 pressure wound to the sacrum, full thickness, measuring 3.2 cm x 2.1 cm x 0.2 cm with moderate serous drainage.</p> <p>R1's Medication Administration Record (M.A.R.) dated August 2024 shows treatment orders to sacrum pressure injury. Cleanse with wound cleanser, apply skin barrier to periwound, apply silver calcium alginate and cover with silicon foam dressing daily. R1's M.A.R. shows there was no documentation the treatment was provided for 5 out of 23 days.</p> <p>On 9/11/24 at 1:30 PM, V2 (Director of Nursing) said V3 (Former Wound Nurse) was not documenting wound treatments that's why he is no longer here. Treatments should be documented at the time it was changed. Treatments promote wound healing.</p> <p>The facility's Wound Care Policy dated 2010 states, The purpose of this procedure is to provide guidelines for the care of wounds to promote wound healing .the following information should be recorded in the resident's medical record; the type of wound care given, the date and time the wound care was given, the name and the title of the individual performing the wound care .the signature and title of the person recording the data</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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