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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145939 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/18/2020 |
| NAME OF PROVIDER OF SUPPLIER WATERFRONT TERRACE | | STREET ADDRESS, CITY, STATE, ZIP 7750 SOUTH SHORE DRIVE CHICAGO, IL 60649 | |
| 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) | | |
| F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <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**</p> <p>Based on observation, interview, and record review, the facility failed to follow physician orders [REDACTED]. This failure affects 2 residents (R1 and R2) out of 3 residents, reviewed for pressure sore treatment. Findings include: On 7/1/20 at 11:15 am, R1 was observed in with numerous wounds on him without dressings applied. V6 (Certified Nursing Assistant) said in the morning during the bath, she had V4 (Licensed Practical Nurse) come in and see that R1 had wounds; however, no dressing was applied. V6 stated V4 did see the resident, however, he left the room and did not say anything. On 7/1/20 at 11:24 am, V4 (Licensed Practical Nurse) said he is aware of R1's wounds and that the resident currently does not have a dressing placed. On 6/29/20 the resident was seen by V5 (Wound Doctor), however, he was not sure what the orders were. V4 further stated he will place dressings on the wounds, but he was busy today and did not get a chance to do it yet. V4 said when wound nurse is not working, floor nurses are responsible for dressing changes. On 7/1/20 at 11:40 am, R2 was observed with undated dressing on his buttock and left foot. R2 stated, The nurse is supposed to change the dressing daily but it was only changed when the wound doctor was here on Monday. The wound nurse was here last Monday, started the dressing, but did not finish it. I told the other nurse. The other nurse did not do it. R1's (6/29/20) visit report documents: Left foot Arterial Insufficiency Ulcer, cleanse with saline, protect with skin prep, apply [MEDICATION NAME] and cover with dry dressing. Change daily. Right foot Arterial Insufficiency Ulcer, cleanse with saline, protect with skin prep, apply [MEDICATION NAME] and cover with dry dressing. Change daily. Left wrist Unstageable ulcer, cleanse with saline, protect with skin prep, apply [MEDICATION NAME] and cover with dry dressing. Change daily. Left Trochanter Stage 3 ulcer cleanse with saline, protect with skin prep, apply [MEDICATION NAME] and cover with dry dressing. Change daily. Right Trochanter Unstageable ulcer cleanse with saline, protect with skin prep, apply [MEDICATION NAME] and cover with dry dressing. Change daily. Plan of care discussed with facility staff. R2's (5/21/20) physician order [REDACTED]. R2's (11/12/19) physician orders [REDACTED]. Every day shift. On 7/1/20 at 11:50 am, V2 (Director of Nursing) stated wound doctor always rounds on Monday, and he is the one who places orders for treatment. R1 was seen on 6/29/20 and wound treatment orders were placed. V2 also said the facility currently does not have a wound nurse. On 7/1/20 at 2:30 pm, V2 said doctor's orders should be followed by nurses as soon as possible. On 7/2/20 at 9:26 am, V5 (Wound Doctor) stated his expectation for facility staff is to follow orders as written. V5 also stated he was not aware the facility is not following his orders for dressing changes for R1 and R2. Facility policy (rev. 11/2013) Pressure Ulcers/Skin Breakdown-Clinical Protocol documents in part: 1. Physician will authorize pertinent orders related to wound treatments, including pressure reduction surfaces, wound cleansing and debridement approaches, dressing and application of topical agents.</p> | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | TITLE | (X6) DATE |

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.