

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145779	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER VILLA AT PALOS HEIGHTS		STREET ADDRESS, CITY, STATE, ZIP 12550 SOUTH RIDGELAND AVENUE PALOS HEIGHTS, IL 60463	
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 0690 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interviews and record review, the facility failed to provide incontinence care in a timely manner for one resident (R2) reviewed for bowel/bladder care. Findings include: R2 is a [AGE] year old female admitted to the facility on [DATE]. R2's Minimum Data Set admission assessment dated [DATE] documents R2 has a BIMS (Brief Interview for Mental Status) score of 9; is always incontinent of bowel and bladder; and needs one person extensive physical assistance with toileting. On 07/22/20 at 2:22PM, R2 stated that sometimes she doesn't get changed at night and from approximately 10PM in the evening until the next morning she has been left wet. R2 stated that one overnight staff didn't want to change her. R2 stated if she needs assistance during the night shift, she may have to wait until the morning staff come in, because the overnight staff may not come to check on her at all or respond to her request for assistance. R2's care plan documents she has mixed bowel and bladder incontinence and indicates she is at risk for skin breakdown due to incontinence and brief use. R2's point of care bowel and bladder records documented on 07/14/20, 07/15/20, and 07/17/20 only one bowel and bladder incontinence care and toileting entry was made for the entire day. On 07/22/20 at 4:40PM V2 (Director of Nursing - DON) stated that nursing staff are directed to make rounds every 2 hours on all shifts. V2 stated that incontinence care plan interventions should include rounding, checking, and changing, providing perineal care, and change bedding if moist but she would need to review the policy to confirm this information. V2 stated that nursing staff are monitored to ensure incontinence care is being provided as needed and timely through verbal reports from nursing staff and point of care record entries. V2 stated that nursing staff should be documenting incontinence care in point of care records. V2 stated if residents are reporting they are not receiving incontinence care and are left soiled although nursing staff are verbally reporting they are providing timely incontinence care to residents this would be monitored by reviewing point of care records. V2 stated if there are only single entries in the point of care records for bowel and bladder incontinence and toileting, that would be concerning and she would follow up with the residents and staff on these issues. V2 stated that in services had been recently conducted regarding toileting residents, frequent rounding, and checking and changing residents frequently during the night. The facility did not have an incontinence care policy.</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.