

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007066</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/25/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BELLWOOD DEVELOPMENTAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 EASTERN AVENUE BELLWOOD, IL 60104</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

Z9999	<p><b>FINDINGS</b></p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>350.620a) 350.1210 350.1230d)1) 350.3240a)</p> <p>Section 350.620 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.</p> <p>Section 350.1210 Health Services</p> <p>The facility shall provide all services necessary to maintain each resident in good physical health.</p> <p>Section 350.1230 Nursing Services</p> <p>d) Direct care personnel shall be trained in, but are not limited to, the following:</p> <p>1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical, nursing or psychosocial intervention.</p> <p>Section 350.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p>	Z9999		
-------	---	-------	--	--

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007066</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/25/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BELLWOOD DEVELOPMENTAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 EASTERN AVENUE BELLWOOD, IL 60104</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

Z9999	<p>Continued From page 1</p> <p>These requirements are not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure skin integrity was maintained for 1 of 1 client in the sample who was admitted on 4/23/14(R2). R2 developed a shearing full thickness wound to the coccyx, while under the care of the facility. R2's wound required two debridements down to the muscle, since 6/12/14. R2 is currently in the hospital, receiving IV antibiotics for a possible Osteomyelitis infection, under the care of Infectious Disease physicians.</p> <p>Findings include:</p> <p>During an interview with E1(Administrator) on 6/18/14 at 9:40am,E1 stated that he had bad news to tell this surveyor. E1 stated that he needed to give an update on a client(R2) who was sent out to the hospital on 6/17/14 with an admitting diagnosis of cellulitis. E1 stated that he discovered that R2 had a wound to his coccyx area, that was a stage 4. E1 stated that he thinks the wound started about 3 weeks ago, but that this information reflects poorly on them, and that he is embarrassed to share this information. E1 explained that R2 is tall and thin, and very kyphotic, and the wound developed because of shearing. E1 stated that he was hoping this wound would not progress to the state it is currently in.</p> <p>R2's medical chart was reviewed. R2's nursing notes, upon entry into the facility state that R2 is a new admission from 4/23/14, at 12:30pm. Upon admission to the facility, R2 had no open areas to his buttocks, nor redness noted to his groin or scrotal area. The notation entered from 6/6/14</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007066</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/25/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BELLWOOD DEVELOPMENTAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 EASTERN AVENUE BELLWOOD, IL 60104</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

Z9999	<p>Continued From page 2</p> <p>notes that R2 has what appears to be a stage 2 ulcer to his sacral area which measures in size approximately 3cm(centimeters) by 2 cm, and staff are unable to measure any possible depth of the wound. The wound sheet for R2, initiated on 6/7/14 at 10pm indicates R2 has a stage 2 noted to his sacral area, measuring 3cm x 2 cm with necrotic tissue, and serous, purulent exudate noted. Notation under the section marked description of the ulcer notes that the NP(nurse Practitioner) E5 will see R2 on Monday(6/9/14) and that the wound care MD, Z1 saw the patient on 6/12/14. The next measurements taken were noted on 6/12/14, which now indicates the sacral wound measures 2.9cm x 3.0 cm x 1.0 cm in depth, with necrotic tissue still present. The notation in the nursing notes from 6/9/14 indicates that R2 was seen by E5, and ordered for R2 to be repositioned every hour, to change immediately after every incontinent episode, and apply Santyl ointment, covered with a foam dressing to the wound twice per day. E5 also ordered lab work, and started R2 on Bactrim(antibiotic) twice daily for two weeks.</p> <p>On 6/12/14, Z1(Wound Care Physician) contacted R2's guardian, to obtain consent for wound debridement(if necessary). On this same date, E4(Physician) saw R2, reviewed his labwork, and ordered for R2 to be sent out to the Emergency Room for evaluation due to an elevated white blood cell count, and an elevated SED rate. Prior to sending R2 out to the ER, Z1 saw R2, assessed R2's sacral wound, and after receiving consent from the guardian, debrided R2's sacral wound at the bedside, to remove necrotic tissue present in R2's wound.</p> <p>Z1's Wound Care Specialist Initial Evaluation Form from 6/12/14 was reviewed. The etiology of</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007066</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/25/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BELLWOOD DEVELOPMENTAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 EASTERN AVENUE BELLWOOD, IL 60104</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

Z9999	<p>Continued From page 3</p> <p>the lower sacrum is described as a shear wound, greater than one day in duration, which measures 2.9cm x 3.0 cm x 1.0cm. The amount of necrotic tissue is 75 % with 25% granulating tissue. The indication is documented to remove necrotic tissue and establish the margins of viable tissue. The description notes that the wound was debrided via surgical excision and muscle was removed along with the necrotic tissue.</p> <p>R2 returned back to the facility from the ER on the same day(6/12/14) at 5:55pm. On 6/16/14, R2 was again seen by E5, and she ordered to repeat the labwork on a weekly basis(CBC, CPR, and ESR), to obtain a wound culture from the sacral wound, and to obtain an x-ray of the coccygeal area to rule out osteomyelitis(infection of the bone caused by bacteria). On 6/17/14, E4 ordered for R2 to be sent back to the ER for follow up evaluation of the sacral wound area. R2 left via ambulance on 6/17/12 at 12:10pm. At 10:50pm that evening, the facility spoke with hospital personnel, and was informed that R2 was admitted with a diagnosis of a pressure ulcer of the sacral region. On 6/18/14, the hospital contacted the facility at 12:30am, because they needed immunization paperwork on R2, as he was going to be debrided(his sacral wound) that am.</p> <p>The Hospital Transfer form for R2 dated 6/17/14 was reviewed. This form indicates that R2 was being sent out to the hospital because of an elevated CRP and SED rate, his wound to his coccygeal area, and may possibly need IV(intravenous) antibiotic therapy, per E4, with an admitting diagnosis of Cellulitis.</p> <p>During an interview with E2(Director of Nursing) on 6/18/14 at 10:50am, E2 confirmed that the</p>	Z9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007066</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/25/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BELLWOOD DEVELOPMENTAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 EASTERN AVENUE BELLWOOD, IL 60104</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

Z9999	Continued From page 4	Z9999		
	<p>above information was correct. E2 was asked if R2 is assessed ongoing, for skin breakdown. E2 stated that R2 is very thin, and very kyphotic, and when he originally came in, he was walking with a walker. After he was assessed by physical therapy, it was determined it would be safer for R2 to be in a wheelchair. E2 stated that she spoke with the Wound Doctor, and he explained to her that R2's wound came from constantly sliding down in the wheelchair, and described it as a shearing wound. E2 was asked if this wound was reported earlier, before it presented into a wound with necrosis requiring debridement on two separate occasions. E2 stated that as far as she knew, that the first time this wound was ever reported was on 6/6/14. E2 stated that as soon as they(nursing) became aware of R2's wound they implemented all the correct measures, but stated that the direct care staff needed to be watching for breakdown during bathing, dressing, and toileting, as soon as the wound presented with redness. E2 stated staff are aware of what to watch for, and that R2's 30 staffing indicates that R2 needs to be monitored closely. R2 presented a copy of the Policy and Procedure entitled, "Skin Integrity Policy and Procedure", and explained that all staff are aware and have been educated on this policy.</p> <p>The Skin Integrity Policy and Procedure(undated) was reviewed. The purpose of this policy states promoting healthy skin integrity is of utmost importance to all residents of this facility. By preventing skin impairment, residents are able to maintain their usual daily activities and enjoy the level of participation to which they are accustomed. The Procedure states, that staff are responsible in maintaining skin integrity. That it is the responsibility of all staff working at this facility to verbally report any observed changes in a</p>			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007066</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/25/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BELLWOOD DEVELOPMENTAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 EASTERN AVENUE BELLWOOD, IL 60104</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

Z9999	<p>Continued From page 5</p> <p>resident's skin integrity. That direct care staff are at the best advantage to notice changes in skin integrity when repositioning, performing brief changes, bathing, and dressing the residents. All bony prominences and other areas of the body should be checked at these times for any signs of redness/skin impairment. Staff are to closely monitor and reposition the resident as per policy or as directed by nursing. The goal of this policy is to maintain the intact skin integrity of all residents.</p> <p>R2's Individual Service Plan(ISP) dated 5/23/14, with assessments were reviewed. This document indicates that R2 is at risk for skin impairment related to incontinence and his thin body stature, and at this time, his skin is presently intact. Staff are to provide personal hygiene care with each brief change, apply barrier product as directed by nursing, and reposition per protocol(of which R2 is currently on an every 2 hour schedule). Staff are to inspect skin/boney prominences when providing care and report any signs or symptoms of impairment(redness, discoloration, complaints of discomfort) to nursing for evaluation and/or intervention. One of R2's goals in this current ISP is for staff to ensure R2 is properly positioned in the wheelchair with good posture.</p> <p>During an interview with E4(Physician) on 6/19/14 at 11:30am, E4 was asked what R2's current health status is. E4 stated that R2 is presently on IV antibiotics, and that the Infectious Disease doctors are in charge of that part of R2's care. E4 stated that it is too soon to have anything back from the cultures they obtained from R2's wound, but that the Infectious Disease doctors are treating R2 as if he has Osteomyelitis. E4 stated that his wound needed to be debrided by the surgeon yesterday(6/18/14). E4 stated that R2</p>	Z9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007066</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/25/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BELLWOOD DEVELOPMENTAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 EASTERN AVENUE BELLWOOD, IL 60104</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

Z9999	<p>Continued From page 6</p> <p>will probably end up in the nursing home now. E4 was asked if he is aware of what the stage is of R2's wound. E4 stated that I would have to ask Z1 about that. E4 stated that Z1 is the expert on the description and staging of R2's wound.</p> <p>During an interview with Z1 on 6/19/14 at 12:10pm, Z1 was asked what the stage of R2's wound is to his sacral area. Z1 stated that R2's wound is a shearing wound, and a wound caused from shearing is not, and should not be staged. Z1 stated that R2 is very fidgety, and likes to slide around in his wheel chair. Z1 stated that currently, R2's wound is located on the upper coccyx, lower sacrum area. Z1 described R2's wound as fully necrotic, down to the muscle. Z1 stated that with a wound like this, osteomyelitis is always a concern. Z1 stated that he had debrided R2 at the bedside on 6/12/14, and stated that he could only debride so far in the facility, but figured that he would need more debridement to ensure all the necrotic tissue was removed. Z1 stated that this type of wound, at the current stage it was discovered, probably was developing and progressing over a 48-72 hour time frame, before staff discovered that it was present. Z1 explained that from sliding down on a mattress, R2's skin can breakdown pretty fast, or if he was not turned properly, or from all of the shifting that R2 does in his wheelchair. Z1 stated that R2's wound was discovered on the 6th of June, but was probably there for 48-72 hours before staff realized it was there, and/or reported it.</p> <p>On 6/24/14, E2 provided this surveyor, via fax, the most current hospitalization reports she had for R2. These documents were reviewed. The Report of Operation dated 6/18/14 was reviewed. Under Procedures, it reads, "Excisional</p>	Z9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007066</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/25/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BELLWOOD DEVELOPMENTAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 EASTERN AVENUE BELLWOOD, IL 60104</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	<p>Continued From page 7</p> <p>debridement with Bovis electrocautery of sacral decubitus ulcer. 20 square cm total skin, subcutaneous tissue, muscle and fascia." The Consultation Report dictated by Z2(Hospital Physician) was reviewed. It reads, but is not limited to, "Sacral decubitus and possible osteomyelitis. ...noted to have a stage 3-4 sacral decubitus. X-ray of the pelvis was done and showed possible lytic destruction of the lower sacrum....Was started on Vancomycin and Zosyn(IV antibiotics) on admission to the hospital....He will require continued wound care. Further antibiotic management will depend upon the results of surgical debridement and deep cultures."</p> <p>(A)</p>	Z9999		

# Imposed Plan of Correction

W339

Nursing services will include other nursing care as prescribed by the physician or as identified by client needs.

1. The facility has taken the following actions concerning the areas identified on the CMS-2567: It has been determined that due to his underlying medical conditions R2 will likely require skilled nursing services for the remainder of his life. Therefore, R2 is no longer resides at the facility. A series of inservices have been initiated regarding wound prevention and repositioning, as well as the skin care policy and proper notification and documentation of changes in skin integrity. All new employees will be in-serviced during orientation and quarterly thereafter.
2. The facility has taken the following steps to identify if others, not identified on the CMS-2567 may be effected by the areas identified on the CMS-2567: Full body checks were completed on all residents and no new wounds were identified, during the survey. Residents at risk of skin impairment had been and continue to be identified for increased monitoring and repositioning. The MD and nursing services will be notified of any new wounds that may be found in the future.
3. To ensure that proper practices continue, the facility has taken the following actions: An in-service has been initiated on wound prevention and repositioning as well as the skin care policy and proper documentation. All new employees will be in-serviced during orientation and quarterly thereafter. All current staff will be in-serviced quarterly. Any identified skin impairments will be reported to the nurse who will then assess and notify the physician as needed for the appropriate treatment orders. Documentation will be completed on an ongoing basis until the skin impairment is resolved. Any residents with changes in skin status will be assessed by nursing, with appropriate MD notifications. ISPs will be updated as needed.
4. The results of the monitoring completed under this POC are submitted to the QA/QI Committee for review and follow-up. The Administrator will be responsible for oversight of this POC. The DON/Designee and Administrator will review incidents daily and ensure proper notifications and investigation, on an ongoing basis. All incidents, documentation and corresponding service plans will be reviewed on a weekly basis by the IDT during a weekly meeting, on an ongoing basis. The DON/designee will monitor daily that incident / accident forms are being completed appropriately, with appropriate notifications. All identified trends will be reviewed by the QA committee and a plan will be discussed and implemented until resolution.

Completion Date: 7.30.14

OK 7/23/14