

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/31/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ILLINI RESTORATIVE CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1455 HOSPITAL ROAD SILVIS, IL 61282
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.1210b) 300.1210d)5) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having</p>	S9999		
-------	--	-------	--	--

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: IL6013023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/31/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ILLINI RESTORATIVE CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1455 HOSPITAL ROAD SILVIS, IL 61282
--	---

(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
S9999	<p>Continued From page 1</p> <p>pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observations, interviews, and record reviews the facility failed to implement interventions to prevent pressure ulcers for a resident identified to be at high risk for development of pressure ulcers for one of four residents reviewed for pressure ulcers (R2) in a sample of four . This failure resulted in R2 developing a Stage IV pressure ulcer to the coccyx.</p> <p>Finding include:</p> <p>On 07/31/14 at 9:50 AM E3 (Wound Care Nurse), performed dressing change on R2's coccyx. Stage IV pressure ulcer noted to be approximately 5 x 5 cm and 2 inches deep. No drainage or odor noted. Exposed tissue appeared grayish in color.</p> <p>Admission Nursing History and Physical (H&P),</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/31/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ILLINI RESTORATIVE CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1455 HOSPITAL ROAD SILVIS, IL 61282
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>dated 06/11/14, documents skin color normal, skin temperature warm, and skin turgor normal. The H&P noted a surgical incision to the right trochanter, a bruise to the right hand, a blister to the right thigh and frequent incontinence of bowel and bladder.</p> <p>(Skin assessment tool) dated 06/11/14, documents R2's score as 12 and states, "residents scoring 17 or less will be considered high risk for pressure ulcer."</p> <p>(Skin assessment tool) dated 06/19/14, documents R2's score as 11 and also states "Residents scoring 17 or less will be considered high risk for pressure ulcer."</p> <p>Maintenance of Skin Integrity Policy, dated 04/28/2014, states, "All residents will be assessed for skin breakdown upon admission and an ongoing basis. All residents identified at high risk for skin breakdown will receive preventative program interventions at facility. Purpose: To maintain skin integrity by providing optimum nursing care, assessment and treatment to residents residing in facility. Definitions: (skin assessment tool): a tool to help assess a residents risk of developing a pressure ulcer. Practice/Procedure: 1. All residents will be assessed on day of admission and weekly for the first 4 weeks using the (skin assessment tool) assessment form for predicting pressure ulcer risk. a. Residents with a (skin assessment tool) of 17 or below will be considered high risk for skin breakdown development. 3. Residents identified at risk or admitted with skin breakdown will be placed on an appropriate preventative intervention program."</p> <p>R2's care plan, dated 06/26/2014, includes</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/31/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ILLINI RESTORATIVE CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1455 HOSPITAL ROAD SILVIS, IL 61282
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 3</p> <p>interventions of: "Avoid positioning me on my back, I have a non weight bearing status on my coccyx. I need assistance with use of bed rails and assist of 2 people to assist in turning and repositioning. I require pressure relieving devices in my chair and bed. I go to wound clinic weekly. Please provide me supplements as ordered. provide diet as ordered. Monitor my skin daily and report any new red or open areas. Assist me in turning and repositioning every 2 hours. Provide treatments as ordered."</p> <p>There are no problems or interventions related to skin integrity included on R2's care plan prior to 06/26/2014.</p> <p>Facility Weekly Pressure Ulcer Report for R2, dated 06/26/14, includes a pressure ulcer stage 2, measuring 1 cm x 1 cm, and 1 cm depth to coccyx.</p> <p>Facility Weekly Pressure Ulcer Report for R2, dated 07/24/2014, includes a pressure ulcer unstageable, 3.5 x 3 cm, and 1 cm depth to coccyx.</p> <p>Facility Weekly Pressure Ulcer Report dated 07/31/2014, includes pressure ulcer stage IV, measuring 5 cm x 5 cm, and 2.5 depth to coccyx.</p> <p>Computer generated flowsheet documents R2 was not turned and repositioned from 06/13/14 thru 06/24/14.</p> <p>On 07/31/14 at 11:35 AM, E2 (Director of Nursing), stated "well 6/24/14 is when the pressure sore was found so she was placed on every 2 hour turns." E2 confirmed at that time that there were no interventions to prevent pressure ulcers in place for R2 or documented in R2's care plan prior to 6-26-14.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/31/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ILLINI RESTORATIVE CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1455 HOSPITAL ROAD SILVIS, IL 61282
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>On 7/31/14 at 1:28 PM, Z1 (R2's Wound Clinic Physician), stated "could it have been avoided, well yes all pressure sores can be. I know it's individualized, but there are things to do to prevent them. It's up to the nursing home to do everything to make sure it doesn't happen."</p> <p>On 07/31/14 at 9:15 AM, Z2 (R2's family member) stated, "Therapy would get (R2) up in a chair and (R2) would be there for 5 or 6 hours, I'd have to turn the light on for someone to get (R2) back to bed."</p> <p style="text-align: center;">(B)</p>	S9999		
-------	--	-------	--	--