Illinois [Department of Public	c Health			TORWIN	AFFROVEL
STATEMEN	ENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP!	PLE CONSTRUCTION	(X3) DATE S	
AND LEWIS	N OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	G:	COMPLI	.ETED
				,	c	
***************************************		IL6007678	B. WING		1	8/2015
NAME OF	PROVIDER OR SUPPLIER	₹ STREET AF	DDRESS, CITY,	STATE, ZIP CODE		
SYCAMO	ORE HEALTHCARE C	CENTER 720 SYC				
		QUINCY,	, IL 62301			
(X4) ID PREFIX	(EACH DEFICIENC)	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF		DATE
**************************************			To the second se	DEFICIENCY)		
S9999	Final Observations	\$	S9999		The state of the s	
!	Statement of Licer	· · · · · · · · · · · · · · · · · · ·	NAUVANOGEN			
1	Statement of Licen	isure Violations	Michaelmeterana			
	300.610a)		ургания			
	300.1210b)		grand programme and the state of the state o		Parish value	
1	300.1210d)5) 300.3240a)		- I			
ļ	300.3240aj					
Andre memory		Resident Care Policies	TO CONTINUE TO CON			
	a) The facility sha	all have written policies and				
	procedures governi	ning all services provided by the				
	be formulated by a	n policies and procedures shall a Resident Care Policy	*****			
	Committee consisti	ting of at least the	Total Control			
	administrator, the a	advisory physician or the	Address variables			
	medical advisory co	committee, and representatives	TOTAL			
	nolicies shall comp	er services in the facility. The bly with the Act and this Part.	was bird consequences			
	The written policies	s shall be followed in operating				
	the facility and shall	Ill be reviewed at least annually	PARTYREE THE BEAT.			
1	by this committee, o	documented by written, signed	Milderstrynmen		1	
	and dated minutes	of the meeting.	Tennes or Sundaneses	1	š	
and a series of the series of	ł		Distribution			
	Section 300.1210 C	General Requirements for	- Contraction of the Contraction	l		
į	Nursing and Person	nal Care	Marriagon			
	h) The facility shall	provide the necessary care				
a promote di con	and services to atta	ain or maintain the highest	-	ſ		
	practicable physical	l, mental, and psychological		1		
	well-being of the res	sident, in accordance with		l		
	each resident's com	nprehensive resident care		ı	Ì	
	care and personal c	d properly supervised nursing care shall be provided to each	- whose distributions and the second			
	resident to meet the	e total nursing and personal		i	a i i i i i i i i i i i i i i i i i i i	
	care needs of the re	esident. Restorative measures		Attachment A		
		ninimum, the following	· · · · · · · · · · · · · · · · · · ·			
	procedures:	голи	-	Statement of Licensure Vic	<i>nlatione</i>	I

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

d) Pursuant to subsection (a), general nursing

TITLE

(X6) DATE

03/02/15

Illinois D	epartment of Public	Health			FURIM	APPROVE	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
***************************************		IL6007678	B. WING			C 18/2015	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DRESS, CITY, S	TATE, ZIP CODE			
SYCAMO	ORE HEALTHCARE C	ENTER 720 SYC QUINCY,	AMORE IL 62301				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR		(X5)	
PREFIX TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETE DATE	
S9999	Continued From pa	age 1	S9999				
	pressure sores, he breakdown shall be seven-day-a-week enters the facility w develop pressure s clinical condition de sores were unavoic pressure sores sha services to promote and prevent new pressure sores, licens agent of a facility shresident	m to prevent and treat at rashes or other skin e practiced on a 24-hour, basis so that a resident who rithout pressure sores does not cores unless the individual's emonstrates that the pressure dable. A resident having all receive treatment and be healing, prevent infection, ressure sores from developing.					

Findings include:

debridement.

Facility's Treatment and Prevention of Skin Breakdown Policy, dated 5/2013, states, "It is the policy to properly identify and assess residents whose clinical conditions increase the risk for

Based on observation, interview, and record review the facility failed to prevent pressure ulcers from occurring, identify a pressure ulcer prior to a stage three, and prevent a pressure ulcer from worsening for three of three residents (R1, R2, R3) reviewed for pressure ulcers in the sample of four. This failure resulted in R3 having a pressure ulcer that wasn't identified until it was a stage three. The wound has now worsened to a stage four, become infected, and required a surgical

Illinois Department of Public Health

by:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		COMPLETED	
	IL6007678	B. WING	C 02/18/2015	

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

720 SYCAMORE

X4) ID	QUINCY, I SUMMARY STATEMENT OF DEFICIENCIES		PROVIDER'S DIANI OF CORRECTION	
REFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLET
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
59999	Continued From page 2	S9999		
	impaired skin integrity, and pressure ulcers; to			
	implement preventative measures"	ALAIN TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO		
	1. R3's Braden Scale Assessments for Predicting			
	Pressure Sore Risk, dated 12/12/14, 12/19/14,			
	12/26/14, and 1/14/15, document that R3 is at a			
7 V I	low risk for developing pressure sores.			
	R3's Body Audit/Shower Sheets, dated 1/5/15 and			900
	1/8/15, document a circled area to R3's coccyx	4000		
	signed by E6 (Certified Nursing Assistant). On	and the state of t		
	2/18/15 at 1:15 p.m., E6 stated, "I gave (R3) the	OTTO OTTO A AMARIA		
7	showers on 1/5/15 and 1/8/15, and (R3) had an open area on (R3's) bottom. It wasn't a new area	A		
	since I didn't write new on the sheet."			
	and the short of the sheet.			C
	R3's Physician Order sheets, dated 12/15/14 thru			
	1/14/15, document that R3 had orders for a			
	indwelling urinary catheter. R3's Physician Order			
and the same	sheets also document a new order on 1/7/15 from			
	Z1 (R3's Nurse Practitioner) and Z3 (R3's	A PARTICIPATION AND A PART		
	Physician) stating, "Discontinue duoderm	400		
	dressing to R3's coccyx. Apply calcium alginate with silver to open wound on coccyx after			
	cleansing with normal saline. Apply calmoseptine			
	to pink skin around open wound, cover with			
	gauze dressing, skin prep and then skin			
	protective tape daily until the wound heals."			
	R3's Skin Assessment, dated 1/9/15, documents			
	that a stage three pressure ulcer, measuring 2.0			
	cm (centimeters) in length x 0.8 cm in width, was			
	identified on that date to R3's coccyx, and 70% of			
000000000000000000000000000000000000000	the wound bed was covered with yellow tissue.			
	R3's Physician's Orders, dated 1/15/15 thru	700 mm and an		
2	2/14/15, document a new order on 1/27/15 to			
	send R3 to the emergency room for increased			
(confusion, possible sepsis, and wound infection.			

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Illinois Department of Public Health

minois Department of Public Health		·		_		
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					С	
		IL6007678	B. WING		02/18	/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	STATE, ZIP CODE		
		720 840		STATE, ZII CODE		
SYCAMO	ORE HEALTHCARE C	ENTER QUINCY,				
(VA) 1D	SLIMMADY STA	TEMENT OF DEFICIENCIES	1	PROVIDENCE NAME OF CORRECT	O.V.	
(X4) ID PREFIX		/ MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
······································				DEFICIENCY)		
S9999	Continued From pa	ge 3	S9999		DOSTINATES STANDARDS	
	R3's History and Ph	nysical, dated 1/28/15, states,			and the second s	
	"(R3) apparently wa	as noted to have some low			VALUE OF A	
		ak, and was more confused			dadon provis	
		rsing home. (R3) was sent				
		luation and treatment. (R3) to have a large infected				
	decubitus ulcer and	l admitted with that				
		ment: Infected decubitus				
		to need a debridement."				
	()					
	R3's Physician's Or	ders, dated 2/5/15 thru				
	2/14/15, documents that R3 was readmitted					
	2/5/15 from the hos	pital with an order for a wound				
	changed three time	s pressure to the coccyx				
	changed three time	s a week.				
	R3's Weekly Assess	sment of Skin Alteration Form,				
	dated 2/5/15, docur	ments that R3's pressure ulcer				
	measures 4.4 cm in	length, 5 cm in width, and 2.3				
	cm in depth. It also	documents that the wound				
	bed is covered by 2	5% of yellow tissue.				
	D01=144=+11=4				THE CONTRACT OF THE CONTRACT O	
	dated 2/11/15	sment of Skin Alteration Form,				
		ments that R3's pressure cm in length, 5.1 cm in width,				
	and 1.4 cm in denth	i. It also documents that the				
	wound bed is covere	ed by 20% of yellow tissue.			***************************************	
4		p.m., E5 (Licensed Practical				
	Nurse/Wound nurse	e) removed a packed dressing				
		amounts of clear yellow				
	drainage from R3's	coccyx wound. The				
	and dark nink wave	the wound had light pink skin				
	dark nink with about	d edges. The wound bed was t 25% covered with yellow				
	tissue. R3's wound	measured 4.4 cm in length, 5				
	cm in width. 2.4 cm	in depth, and an undermining				
	measuring 2.4 cm a	it 12 o'clock. E5 stated, "(R3)				
		dermining prior to today."				

1DMP11

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	6:	COMF	PLETED
					1 ,	0
		IL6007678	B. WING			18/2015
		12007070			1 021	10/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY,	STATE, ZIP CODE		
CVCARAC	NDC 11C41 TUO 4 DC 01	720 SYC	AMORE			
SYCAIVIC	ORE HEALTHCARE C	ENTER QUINCY.	IL 62301			
(X4) ID	SHMMARY STA	ATEMENT OF DEFICIENCIES		DROVIDERIS DI AN OF CORRECT	ION	T
PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
			· realization	DEFICIENCY)		
S9999	Continued From pa	nge 4	S9999			
	•	•	09999			
	R3's current electro	onic record care plan	Operation of the second			
		's pressure ulcer care plan	LIED STRAN			
		7/15. On 2/18/15 at 11:00	Single Property			
	a.m., E3 (Minimum	Data Set Coordinator) stated,	Name and the second			
	"The pressure ulce	r care plan for (R3) was				
		The created date on the	man and an			
	electronic record ca	are plan is correctNo care	No observe			name of the second
	plan was initiated w	hen (R3's) pressure ulcer was	o responsed			
	found until this one	was done on 2/17/15."	mercono.			
	On 0/40/45 -+ 40:00	D = 1 FO (D)				
		a.m., E2 (Director of				
		can't say what caused (R3's)				
		en (R3) went to the hospital				
	staff to find a press	lcerI would have expected	776.000.00			
	three."	ure ulcer prior to a stage	COORDINATE OF THE PROPERTY OF			
	unce.					
	On 2/18/15 at 1:25	p.m., Z1 (R3's Nurse				
	Practitioner) stated	"I assessed (R3's) wound on	The second secon			
	1/7/15 and it annea	red to be a pressure ulcer.	0			
	The pressure ulcer	had depth so it hadn't just				
	occurred The facilit	ty should have discovered it	The second secon			
	prior to a stage thre	e. I was sent by Z3 (R3's				
	Physician) to asses	s (R3's) wound. I notified				
	many of the staff the	at day of (R3's) pressure				
		son not everyone knew about	- Carlos de Carl			
		er had a duoderm dressing				
	on it that day and I d	changed the treatmentWith	(Arthurson			
	(R3) having a cathe	ter in I wouldn't expect a low	NO.			
	risk patient to devel	op a pressure ulcer."	**************************************	TO CONTRACT OF THE PROPERTY OF		
		i Erranama suaan	NA THEOREM			
	On 2/18/15 at 3:30 i	p.m., Z3 (R3's Physician)	000000000000000000000000000000000000000			
	stated, "I would hav	e expected the facility to find	Programme			
	(R3's) pressure ulce	er prior to a stage three. (R3's)				
	pressure ulcer had	worsened prior to (R3) going				
	into the hospital, and	d it had obviously worsened if			:	
	it needed debrided v	while (R3) was in the hospital.				
		(), was in the morning				
	2. R1's Braden Scal	e for Predicting Pressure				
	Sore Risk, dated 1/2	24/15, documents that R1 is				

Illinois Department of Public Health

STATE FORM 6899 1DMP11 If continuation sheet 5 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING				
	IL6007678		B. WING		L L	C 18/2015	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
SYCAMO	RE HEALTHCARE C	ENTER 720 SYCA QUINCY,					
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE	
S9999	Continued From pa	ige 5	S9999				
	at low risk for deve	loping pressure ulcers.	TO-ONDO VINDING FABRA				
	On 2-4-15, R1's Nursing Note documents, "(R1's) daughter in earlier this shiftvery unhappy with her mother's care todayasked the nurse to check and change (R1) and look for open areastwo small open areas notedcream applied to area."						
	On 2-5-15, R1's Nursing Note documents, "upon exam (R1) was noted to have a 0.6 cm (centimeters) x 0.4 cm round unopened purple area to (R1's) right heelalso noted was a 2 cm x 0.2 cm area to (R1's) coccyx, a 0.8 cm x 0.6 cm area to (R1's) inner buttock and a 4 x 5 cm purple area to (R1's) left heel."						
	The facility's Master Skin Flow Sheet dated, 2-11-15, documents, R1 has four facility acquired pressure ulcers identified on 2-5-15right heel (unstageable), right inner buttocks (stage 2), coccyx (stage 2), and left heel (unstageable).						
	discharge, there wa	plan of care dated, 1-23-15 to as no updates identifying the s or any new interventions in ther breakdown.					
	stated, "Theoretical turned and position	3 a.m., Z2 (R1's Physician) ly if the facility would have ed (R1) frequently and had be, the pressure ulcers could					
	3. R2's plan of care revised on 1-20-15, documents, "(R2) is at risk for skin breakdown due to incontinent of bowel and bladderneeds assist from staff for all ADL's (Activities of Daily Living) mechanical lift for all transfersskin checks with routine care, notify Nurse/MD						

Illinois Department of Public Health

1DMP11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		ES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:		(X3) DATE SURVEY COMPLETED	
***************************************		IL6007678	B. WING	-	l l	C 18/2015	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	STATE, ZIP CODE	1	10/2010	
SYCAMO	ORE HEALTHCARE C	CENTER 720 SYCA					
(X4) ID	SUMMARY ST	QUINCY, ATEMENT OF DEFICIENCIES		PROVIDERIS BLAN OF	2000COTION		
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
S9999	Continued From pa	age 6	S9999				
	(Physician) of any	redness or breakdown noted,"					
	R2's shower sheet dated 1-26-15 documents two open areas to R2's buttocks. According to R2's nursing notes there is no documentation of any open areas to R2's buttocks from 1-26-15 to 2-8-15.						
	The facility's Maste R2 has two facility R2's right buttocks,	er Skin Flow Sheet documents, acquired pressure ulcers to , both are stage 2.					
	areas to the right be noted. E5 (LPN\Li stated, " (R2) acqui right buttocks due t	a.m., R2 had two small open uttocks with no drainage censed Practical Nurse) ired the pressure ulcers to the o being incontinentrequiring use a mechanical lift."					
	the open areas or a 2-17-15. On 2-18-1 Coordinator) stated	ord care plan did not address any new interventions until 5 E3 (Minimum Data Set , "I did not have a care plan Icers prior to 2-17-15."					
	(B)	TO CONTROL					
		TOTAL CONTRACTOR CONTR					

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