

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002679	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/14/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER EDEN VILLAGE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SOUTH STATION ROAD GLEN CARBON, IL 62034
---	--

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

S 000	Initial Comments Complaint #1940700/IL109114 Statement of Licensure Violations	S 000		
S9999	Final Observations 300.610a) 300.1210b) 300.1210d)5) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care 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. Restorative measures shall include, at a minimum, the following	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

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

TITLE

(X6) DATE
02/28/19

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002679	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/14/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER EDEN VILLAGE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SOUTH STATION ROAD GLEN CARBON, IL 62034
--	--

(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>procedures:</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 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 requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to timely identify, assess, and treat pressure ulcers for 1 of 3 residents (R3) reviewed for pressure ulcers in the sample of 13.</p> <p>This failure resulted in R3 acquiring unstageable pressure ulcer on his right heel and a Stage 3 pressure ulcer on his left heel.</p> <p>Findings include:</p> <p>On 1/31/19 at 2:55 PM, V14, Registered Nurse (RN), removed the dressings from R3's left and right heels. R3 had healing pressure ulcers on both heels.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002679	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/14/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER EDEN VILLAGE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SOUTH STATION ROAD GLEN CARBON, IL 62034
---	--

(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>R3's Minimum Data Set (MDS) dated 11/11/18 documents R3 is cognitively intact and needs extensive assistance from two staff person with bed mobility, toileting, and transfers. That MDS further documents R3 is without any skin conditions or pressure ulcers; however; it documents R3 is at risk for developing pressure ulcers.</p> <p>R3's Care Plan, dated 11/11/18, documents R3 was at risk for pressure ulcers. The Care Plan documented "Assist me with turning and repositioning every 2 hrs (hours) and prn (as needed). Use moisture barrier to protect my skin every shift. Float heels with pillows when in bed or use heel protectors."</p> <p>R3's Nurse's Note dated 11/27/18 at 5:31 PM documents, "During shower this late AM, 6 centimeter (cm) by 4 cm wound noted to left heel, 2 different open areas inside wound, draining serous." This Nurse's Note documented that his heels were to be floated in bed.</p> <p>R3's Physician Orders dated 11/27/18 documents, "Cleanse left heel wound. Skin prep per wound. Collagenase to wound bed. Cover with a 4 by 4 gauze. Change daily. Wound Management to be consulted and treat wounds as indicated."</p> <p>R3's Treatment Flow Sheet, dated November 2018, documented "Daily Skin Assessment: High Risk for Breakdown." The Flow Sheet did not document a skin assessment was completed on 11/4, 11/5, 11/7, 11/17, 11/18-11/21 and 11/27-11/30/18. A handwritten order, dated 11/27/18, documented "Float heels in bed."</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002679	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/14/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER EDEN VILLAGE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SOUTH STATION ROAD GLEN CARBON, IL 62034
--	--

(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>R3's Treatment Record, dated December 2018, documented "Float heels in bed. There were eight days during the 3-11 shift, staff did not document R3's heels were floated.</p> <p>R3's Treatment Record, dated January 2019, documented "Float bilateral heels in bed BID (twice daily)." The Treatment Record did not document staff floated R3's heels during the 3-11 shift on 1/1 through 1/8/19.</p> <p>R3's Nurse's Note dated 1/08/19 at 3:47 PM documents, in part, "also noted to have UTS (Unstageable) wound to right heel. Wound nurse treating accordingly."</p> <p>R3's Nurse's Note, dated 1/10/19 documented "Open area to right heel, cleansed with wound cleanser. Santyl and dry dressing order received."</p> <p>R3's Wound Management Notes, visit date 1/15/19 documents R3 had a Stage 3 pressure ulcer to his left heel measuring 1.5 cm by 1.5 cm by 0.3 cm with 10% necrotic tissues. The Note documented V31, Nurse Practitioner completed the initial wound assessment plan regarding R3's right heel pressure ulcer. The Note documented an unstageable pressure ulcer to R3's right heel measuring 2 centimeters (cm) by 2 cm with undetermined depth. The Note documented the pressure ulcer had 70% necrotic tissue." The Note documented the onset of the pressure ulcer to have begun on 1/10/19, although the pressure ulcer was documented as being discovered on 1/8/19.</p> <p>R3's Treatment Flowsheet, dated January 2019, documented "Right heel wound: cleanse with NS (Normal Saline), skin prep peri wound. Apply Santyl to wound bed, cover with dry dressing.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002679	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/14/2019
NAME OF PROVIDER OR SUPPLIER EDEN VILLAGE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 SOUTH STATION ROAD GLEN CARBON, IL 62034		
(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>Change daily and prn (As needed)." There was no documented as R3's treatment was completed for this pressure ulcer on 1/24 and 1/25/19.</p> <p>R3's Weekly Wound Measurements dated 1/31/19 documents measurements of R3's left heel beginning on 12/4/18 until present. And R3's right heel beginning on 1/15/19 until present. There was no documentation including description and size of the pressure ulcer on 1/10/19 when it was found.</p> <p>On 2/1/19 at 10:10 AM V2 Director of Nurses (DON) stated that she would expect CNA and nurses to assess skin when coming in contact with a resident, in the shower, during incontinent care. Any direct care activities.</p> <p>On 2/7/19 at 11:35 AM V19, Certified Nurse Assistant (CNA) stated that is the hall she normally works and that she was not aware of R3's pressure ulcers on his heel.</p> <p>On 2/7/19 at 2:35 PM, V31, Nurse Practitioner (NP), stated that (R3's) heels were probably avoidable with off-loading.</p> <p>The facility policy and procedure Pressure Ulcer Prevention and Treatment Protocol revised 11/17/17, documented for residents at high risk for pressure ulcers "b) Daily skin checks are completed by the nurse, as well as skin checks by CNAs during care and on bath days. Changes are addressed at that time." The Policy and Procedure documented "e) Resident's bony prominences will be protected. Skin contact surfaces may be padded." (B)</p>	S9999		