

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002646	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/30/2019
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NAME OF PROVIDER OR SUPPLIER APERION CARE MOLINE	STREET ADDRESS, CITY, STATE, ZIP CODE 430 SOUTH 30TH AVENUE EAST MOLINE, IL 61244
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S 000	Initial Comments Complaint Investigation #1922895/IL111516.	S 000		
S9999	Final Observations Statement of Licensure Violations. 300.610 a) 300.1010 h) 300.1210 a) 300.1210 b) 300.1210 d)3)5) 300.3220 f) 300.3240 a) 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 05/20/19
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S9999	<p>Continued From page 1</p> <p>percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable.</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>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour,</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>seven-day-a-week basis:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</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 300.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders.</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>	S9999		
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S9999	<p>Continued From page 3</p> <p>Based on interview and record review the facility failed to assess, document, and implement interventions, failed to notify the physician of a right heel pressure ulcer, and failed to obtain physician orders to administer treatment for a pressure wound for one resident (R1) of three residents reviewed for pressure wounds. This failure resulted in a delay in the appropriate physician ordered wound treatment, a blister developing into a Stage 4 deep tissue injury, and further decline in a right heel pressure wound.</p> <p>Facility Policy/Pressure Injury and Skin Condition Assessment dated/revised 1/17/18 documents: A wound assessment will be initiated and documented in the resident chart when pressure and/or other ulcers are identified by a licensed nurse. Dressings which are applied to pressure ulcers, skin tears, wounds, lesions or incisions shall include the date of the licensed nurse who performed the procedure. Dressings will be checked daily for placement, cleanliness and signs and symptoms of infection. At the earliest sign of a pressure injury or other skin problem, the resident, legal representative and attending physician will be notified. The initial observation of the ulcer or skin breakdown will also be described in the nursing progress notes. When used, the licensed nurse will document the observation in the treatment administration record and initial the dressing to verify the treatment was performed.</p> <p>Physician Order Sheet dated 4/2019 indicates R1 was admitted to the facility on 3/7/19 with diagnoses that include Chronic Kidney Disease, Morbid Obesity, Schizoaffective Disorder, Schizophrenia, Fibromyalgia, General Anxiety Disorder and Major Depressive Disorder. Physician Order Sheet indicates R1 was admitted</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>to the facility on 3/7/19 and discharged home on 4/18/19.</p> <p>Nurse Practitioner Wound Plan Note dated 4/16/19 indicates "(R1) reports tenderness to her right heel, upon assessment wound noted: Diagnosis - Pressure (wound) Stage 4. Note indicates wound appears to be a large blister area - 10% blood filled and 90% clear fluid filled. (R1) unaware of how long wound had been there and is also unaware of when dressing was applied and who applied the dressing." Note indicates "moderate peri wound erythema (redness) noted with macerated edges; moderate serous drainage also noted." Note indicates "Suspect macerated edges due to inappropriate dressing in place and collection of drainage against peri wound." Note also indicates "(Pressure relieving) boot to be worn at all times."</p> <p>Skin/Wound Report dated 4/16/19 at 10:55am indicates "Right heel - in house acquired - Pressure Injury/Deep Tissue Injury." Report indicates wound is "purple fluid filled blister with moderate serous drainage measuring 4.5cm (centimeter) x 6.2cm."</p> <p>On 4/24/19 at 8:40am R1 stated R1 had been telling staff R1 had a blister on R1's foot and a nurse put a dressing on it after a few days. R1 stated the wound "doctor" saw R1's heel on "Tuesday" (4/16/19) and said he should have seen it a long time ago.</p> <p>On 4/30/19 V4, Wound NP (Nurse Practitioner) stated "one day out of nowhere" staff ask me to look at R1's foot. V4 stated R1's heel was covered in a foam dressing with no date, time, or initials and that there was enough drainage on the bandage to cause the edges of the wound to be</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>macerated. V4 stated V4 should have been notified sooner to have ordered the appropriate dressing, stating the foam dressing was not appropriate for the wound. V4 stated the wound was 10% filled with blood and 90% filled with clear fluid. V4 stated because there was visible blood in the wound it had to be staged as a Stage 4 DTI (Deep Tissue Injury). V4 stated the wound "had probably been there for at least a couple days." V4 stated "I didn't know anything about it, I should have been called. I follow (R1) for other wounds." V4 stated he also ordered a pressure relieving boot "because the wound wouldn't heal without relieving the pressure and applying the appropriate treatment." V4 stated V4 should have been notified earlier to treat the wound appropriately and the wound had been there at least a couple of days.</p> <p>On 4/30/19 at 12:40pm V2, DON (Director of Nursing) stated that V2 completed the assessment after V4, NP made rounds and saw R1's foot. V2 stated that V2 was told the night nurse saw the wound (on 4/15/19) and passed it along to the day shift nurse to have V4 see R1's foot the next day. V2 stated V2 did not know who put the dressing on R1's heel without getting physician orders. V2 stated the night nurse should have assessed and documented about R1's heel wound and notified the physician/NP.</p> <p>No physician orders were found to administer a foam dressing to R1's right heel.</p> <p>No assessment, documentation, or interventions were implemented until R1 was seen by V4, Wound NP on 4/16/19.</p> <p>Physician Order Sheet dated 4/2019 indicated orders for "skin prep to right heel, cover with 4 x 4</p>	S9999		
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S9999	Continued From page 6 abdominal pad and secure with conforming wrap daily and as needed" were initiated on 4/17/19. (B)	S9999		
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