STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006134	A. BUILDING: _____ B. WING _____	C 02/21/2020

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S9999	Final Observations	S9999		

Statement of Licensure Violation
1 of 1 violation

300.610a)
300.1210b)3)
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

Attachment A
Statement of Licensure Violations

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S9999	Continued From page 1	S9999		

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 procedures:

3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary.

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:

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.

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S9999	Continued From page 2	S9999		

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)

This Requirement is not met as evidenced by:

Based on Observation, Record Review and Interview the Facility failed to monitor, properly assess and prevent Pressure Wounds from becoming infected. Facility failed to follow proper intervention per Facility Policy to prevent worsening of Pressure Wounds for 1 of 3 residents (R1) reviewed in the sample of 3.

These failures resulted in worsening of R1's Pressure Wound that became infected requiring hospitalization and death.

Findings include:

On 2/18/20 at 4:09 PM (Interview over the phone) V4 (Wound Doctor) stated that she saw R1 on 1/14/20 and ordered two antibiotics to be taken by mouth for pressure wound infection. Pressure wound on the left and right ischium, left leg wound has a heavy drainage and foul odor. Further stated that she saw R1's wounds on 1/9/20 and they had worsened on 1/14/20.

On 2/21/20 at 9:59 AM. V3 (Wound Coordinator)

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S9999	Continued From page 3	S9999		

stated that R1 transfers on her motorized wheelchair once she gets up around 10 or 11:00 AM. R1 stayed on her motorized wheelchair late, around 9:00 PM without being transferred to bed. Often times R1 gets soiled or wet and staff unable to change R1 because R1 is on her motorized wheel chair moving from location to location. I cannot say why her pressure wounds became infected. The wound doctor ordered two antibiotics for wound infection. I only see R1 when I do the treatment. Nursing staff needs to monitor R1's wound when Wound Care Team is not around. R1 being wet with urine or soiled with bowel movement is a factor or source of infection to her wounds.

On 2/21/20 at 11:45 AM. V6 stated that she was the regular nurse on the 4th Floor. Also stated that R1 uses her motorized wheelchair often but since her assignment does not cover R1 she does not have any idea about R1's wounds.

On 2/21/20 at 11:50 AM. V5 stated that she was one of the regular nurses who took care of R1. R1 was alert and oriented X3, was isolated due to infection but does not recall what specific infection. R1 was taking antibiotic, but cannot remember what the purpose was for R1 taking antibiotics. R1 wants to get up after lunch and will stay on her motorized wheelchair until around 7 to 7:30 PM when my shift ends. During those times the nursing staff does not transfer R1 out of the wheelchair. She cannot recall what R1's wound looked like since it was the Wound Care Team that does the dressing. When R1 transfers to her motorized wheelchair she will stay until bedtime.

R1 MDS Assessment dated 12/16/19 reads: On Section C BIMS Score was 15, Section G on Transfer, Bed Mobility and Toileting, R1 needs

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S9999	Continued From page 4	S9999		

2-person extensive assistance. R1 did not walk or ambulate and needs supervision during locomotion and Section M reads that R1 has 2 unhealed pressure wounds.
R1 is at risk of developing pressure ulcers / injuries.

Wound Assessment on 1/10/20, 1/17/20 and 1/19/20 reads that R1 has 8 total wounds. Two pressure wounds on right and left ischium and 6 trauma wounds left lateral leg, left posterior leg, left knee, right knee, right lateral leg and right anterior knee.
R1 was transferred to the Hospital on 12/7/19.
Hospital Wound Culture dated 12/8/19 reads: Left Hip, Knee and Leg, Right Leg were all positive of Staphylococcus Aureus infections.

Discharge instruction reads that R1 has wound infection and to take Linezolid Solution 600 MG intravenous ordered for UTI and infected decubitus ulcers, Meropenem Solution Reconstituted 500 MG intravenous ordered for UTI and infected decubitus ulcers which also included and confirmed during admission on 12/9/19.

Progress note reads: On 1/14/20 R1 was seen by V4 (Wound Doctor) and Keflex and Doxycycline antibiotic was ordered due to wound infection.

Physician Order Sheet reads that on 1/14/20 V4 ordered two antibiotics Keflex Capsule 500 MG by mouth for infected decubitus ulcers and Doxycycline Hyclate Tablet 100 MG by mouth for infected decubitus ulcers.

V4 (Wound Doctor) Wound Assessment dated 1/9/20 reads:
Left Ischium Stage 4, Heavy Serous, Slough

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S9999	Continued From page 5	S9999		

15%, Granulation Tissue 85%, Debridement procedure done to remove infected tissue.
Right Ischium Stage 4, Moderate Serous, Slough 20%, Granulation Tissue 70%, Skin 10%. This wound is in an inflammatory stage and is unable to progress to a healing phase because of the presence of a biofilm. Debridement procedure done to remove infected tissue.

V4 (Wound Doctor) Wound Assessment dated 1/14/20 reads:
Left Ischium Stage 4, Exudate Moderate Serous, Slough 15%, Granulation Tissue 85%, Debridement procedure done to remove infected tissue.
Right Ischium Stage 4, Exudate Moderate Serous, Slough 20%, Granulation Tissue 70%, Skin 10%. This wound is in an inflammatory stage and is unable to progress to a healing phase because of the presence of a biofilm. Debridement procedure done to remove infected tissue.
Keflex 500 MG and Doxycycline 100 MG was ordered for wound infection.

Facility Wound / Skin Assessment dated 1/10/20, assessment reads:
Left Ischium Stage 4 Full thickness skin tissue loss, no odor present, Exudate - Moderate Serous, Slough 0% and Granulation 100%.
Right Ischium Stage 4 Full thickness skin tissue loss, no odor present, Exudate - Moderate Serous, Slough 0% and Granulation 100%.

Facility Wound / Skin Assessment dated 1/17/20, per V3 (Wound Coordinator) this was an assessment for 1/14/20 since R1 was discharged to the hospital on 1/14/20. Assessment reads:
Left Ischium Stage 4 Full thickness skin tissue, no odor present, Exudate - None, Slough and

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S9999	Continued From page 6	S9999		

Granulation N/A.
Right Ischium Stage 4 Full thickness skin tissue, no odor present, Exudate - None, Slough and Granulation N/A.

V4 (Wound Doctor) Recommendation based on her assessments are the following:
Reposition per facility protocol, off-load wound and limiting sitting to no longer than 2 hours at a time.
R1's Care Plan date Initiated on 06/06/2019 reads: The resident needs assistance to turn/reposition at least every 2 hours, more often as needed or requested.

R1 received the following antibiotic medications for wound infections:
Linezolid Solution 600 MG intravenous order date 12/11/2019
Meropenem Solution Reconstituted 500 MG intravenous order date 12/10/19
Keflex Capsule 500 MG by mouth order date 1/14/20
Doxycycline Hyclate Tablet 100 MG by mouth order date 1/14/20

On 2/21/20 at 10:34 AM. V2 (Assistant Director of Nursing) stated that both Electronic Antibiotic List and Infection Control Tracking Log for the months of November 2019, December 2019 and January 2020 does not show that R1 infections were being monitored for antibiotic treatments (Linezolid Solution 600 MG intravenous order date 12/11/2019 for UTI and infected decubitus ulcers, Meropenem Solution Reconstituted 500 MG intravenous order date 12/10/19 for UTI and infected decubitus ulcers, Keflex Capsule 500 MG by mouth order date 1/14/20 for infected decubitus ulcers and Doxycycline Hyclate Tablet 100 MG by mouth order date 1/14/20 for infected

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S9999	Continued From page 7	S9999		

decubitus ulcers). V2 further stated that she does not know why R1's antibiotic was not included under Infection Control Tracking Log because it is part of the Facility's responsibility under Antibiotic Stewardship.

Policy and Procedure of Antibiotic Stewardship dated 11/15/19 reads:
4. Antibiotic Stewardship Actions
- Dose, duration, route, and indication of every antibiotic prescription must be documented in the medical record. Record will be reviewed monthly to assess compliance with the requirement.

Policy and Procedure of Infection Control dated 8/11 reads:
The facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. The policies and procedures will also monitor Antibiotic Stewardship within the facility.
Procedure
2. The objective of the infection control policies and procedures are to:
a. Prevent, detect, investigate, and control infections within the facility. Surveillance will be completed on an ongoing basis.
e. Maintain records of surveillance of infections, antibiotic stewardship, and incidents including related corrective actions.

Both Electronic Antibiotic List and Infection Control Tracking Log for the months of November 2019, December 2019 and January 2020 does not show that R1's infections were being monitored for antibiotic treatment as to its effectiveness on treating wound infections.

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S9999	Continued From page 8	S9999		

R1 Braden Scale dated 1/1/20 and 1/13/20 reads that R1 as a Moderate Risk for Pressure Sore.

R1's Progress Notes read that R1 was transferred to the hospital by fire fighters on 1/14/20 and admitted with septic shock.

Hospital Record dated 1/15/20 reads that admitting diagnosis was Septic Shock with multiple possible sources including GI/GU vs multiple decubitus ulcer. Septic Shock likely and/or UTI and/or possible wound infection and/or Bacteremia.

Death certificate reads that cause of R1's death was primarily due to Bacteremia and secondarily to Non-Traumatic Decubitus Wound Infection or Pressure Wound Infection.

Policy and Procedure for the Treatment and Prevention of Skin Breakdown dated 4/11 reads: Establish an individualized turning and repositioning schedule if the resident is immobile. While in bed not to exceed 2 hours and while a sitting position and/or if the Head of Bed (HOB) is greater than 30 degrees not to exceed 1 hour. If the resident is capable, they should push-up every 15 minutes while in a sitting position. Consider using a pouching system or collection device to contain urine or stool to protect the skin from urine or fecal contamination.

(B)