

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000855	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/17/2020
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NAME OF PROVIDER OR SUPPLIER BEMENT HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 601 NORTH MORGAN BEMENT, IL 61813
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S 000	Initial Comments Complaint Investigation: 2065352/ IL124623	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.1010h) 300.1210b) 300.1210d)5) 300.1620a) 300.2210a)8) 300.3240a) 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 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. 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	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

10/07/20

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S9999	<p>Continued From page 1</p> <p>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, 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 300.1620 Compliance with Licensed Prescriber's Orders</p> <p>a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time.</p> <p>Section 300.2210 Maintenance</p> <p>a) Each facility shall:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>8) The building and grounds shall be kept free of any possible infestations of insects and rodents by eliminating sites of breeding and harborage inside and outside the building; eliminating sites of entry into the building with screens of not less than 16 mesh screen to the inch and repair of any breaks in construction.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to document wound assessments, failed to complete physician ordered wound treatments, failed to initiate a physician ordered antibiotic to treat an infected wound, failed to ensure the involvement of a wound specialist as ordered, and failed to ensure a wound bed was protected from contamination and not subjected to access by flying insects. These failures resulted in R1's wound worsening and the wound subsequently becoming infested with maggots (domestic house fly larvae). These failures were identified for one resident (R1) of three residents reviewed for wounds in a sample list of eight residents.</p> <p>Findings include:</p> <p>R1's Physician's order Sheet (POS) for July 2020 documents the following diagnoses: History of Cerebral Vascular Accident with hemiplegia, Type II Diabetes, Anxiety, Depression and Vascular</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>Dementia. R1's hospice "Team Care Plan" dated 7/9/20 documents R1 was admitted to hospice care as of 3/5/20.</p> <p>R1's Care Plan includes an intervention dated 4/1/20 "Apply treatment to left great toe and third toe."</p> <p>R1's Treatment Administration Record (TAR) for May 2020 includes an order " Left great toe wound and Left third toe. Clean with soap and water prior to treatment. "Apply Zeroform gauze to wound and wrap with (stretch roll gauze) one time daily" This treatment has been marked through and DC (discontinued) has been hand written. There is no documentation to indicate who marked through this treatment and indicated it was discontinued or the date or reason this was documented.</p> <p>There are no wound assessments documented on the treatment Administration Record in May of 2020.</p> <p>R1's TAR for 6/2020 includes the following: 6/8/20 " (R1) has necrotic areas 2 x 2 centimeters adjoining left foot next to great toe." The preprinted wound assessment on the TAR is not filled out.</p> <p>R1's TAR entry dated 6/17/20 states "Left Bunion Area Unable to stage necrotic no drainage no odor. 4.5 X 2 centimeters Necrotic scab over wound." The 6/24/20 preprinted wound assessment on the TAR is not filled out but documents "Left Bunion area Necrotic scab 6 X 2.5 centimeters."</p> <p>A hospice "Physician's Order" dated 6/19/20 documents "Clean wound with wound cleanser.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Skin Prep BID (twice daily) to right middle toe necrotic area. Apply medihoney cover with tegaderm at left great toe bunion area. Change every three days and PRN (as needed)." This order was transcribed to the June 2020 TAR. It is initialed as completed 6/20/20. It is circled as refused 6/23/20. There is no treatment signed off as being completed on the June 2020 TAR after 6/20/20.</p> <p>R1's "Resident Transfer form dated 7/1/20 by V15, Licensed Practical Nurse (LPN) documents R1 was transferred to the local hospital for "maggots in wound on Left foot."</p> <p>On 9/15/20 at 5:05PM V15 stated "This wound was facility acquired. The maggots were not only on top of the wound, but embedded in the wound. There was no way I could get them out. They were just too deep. I let (V6 Medical Director) know and called the family. I sent (R1) out to the emergency room. I would say we often have a fly issue in the facility. It can get pretty bad. After (R1) had the maggots they put up fly strips and it has gotten better. I don't think (R1) ever went to wound clinic or saw a wound doctor."</p> <p>R1's hospice "Clinical Note" dated 7/1/20 documents by V16, Registered Nurse (RN) documents "Triage notified that facility had called. Call placed to (V15) at facility and she stated that she found at least 20 maggots on (R1's) left great toe and bunion area. (V15) removed what she could but needed help with the rest. Wound treatment had been in place but upon assessment there was no dressing on area per CNA (Certified Nurse Aide) when she noticed the maggots. My assessment: I saw at least ten full maggots and there were more embedded in the skin on the toe area. Emergency Medical</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>Services showed up shortly after I arrived because Power of Attorney wanted (R1) to be sent out for further evaluation. (R1) did return from the hospital before the end of the night and they did no treatment per (V17) facility nurse. (V17) said there is a referral for a wound doctor to follow up."</p> <p>R1's discharge orders from the hospital (7/1/20) document "(R1) to be followed in (local hospital) wound clinic on Wednesdays." There is no documentation this order was ever followed.</p> <p>Emergency room practitioner also ordered Doxycycline (antibiotic)100 milligrams two times daily for R1's foot wound infection. R1's progress note dated 7/1/20 at 9:45PM documents "Unable to start antibiotic due to not in convenience box." There is no documented evidence that this antibiotic was ever administered.</p> <p>There is an order for R1 from V6, Medical Director dated 7/1/20 stating "On hospice. Has maggot infestation in wounds. Went to ER (Emergency Room). (V14) wound physician will follow." There is no documentation this order was followed.</p> <p>On 9/14/20 at 9:00AM V2, Director of Nursing (DON) stated "(V14, wound physician) hasn't come out since March 2020, verifying that R1 was never seen by V14 in the facility.</p> <p>On 9/15/20 at 10:03AM V6, former Medical Director stated he was aware of the maggots (in R1's wound). "I ordered (V14) wound physician to see (R1). I was not notified that (V14) was not following (visit/assessment/treatment) (R1). "The presence of maggots in a wound indicates poor care. Flies crawl on filth and then the wound. I</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>know the hospital put (R1) on an antibiotic and then hospice ordered a different antibiotic for infection of the left foot wound. I would say that maggots in this wound indicates it was not covered for some time and if the wound had been clean the maggots would not have developed."</p> <p>The facility's policy "Skin Condition Monitoring" revised 1/2018 states: "Documentation of a skin abnormalities must occur upon identification and at least weekly thereafter until the area is healed. Documentation of the area must include the following: a. Characteristic: 1. Size 2. Shape 3. Depth 4. Odor 5. Color 6. Presence of granulation or necrotic tissue b. Treatment and response to treatment. Observe and measure pressure ulcers at regular intervals. c. Prevention techniques that are in use for the resident."</p> <p>"A"</p>	S9999		