PRINTED: 02/17/2021 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ IL6002950 12/09/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1790 SOUTH FAIRVIEW AVENUE FAIR HAVENS SENIOR LIVING DECATUR, IL 62521 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) **Initial Comments** S 000 S 000 Licensure Post visit to survey date 1/8/20 Fair Havens Senior Living is in compliance with their plan of correction for 330.696 a), 300.696c)2) and 300.3240a). Fair Havens Senior Living failed to follow their plan of correction for the survey of 1/8/20 for 300.1210d)5). S9999 S9999 **Final Observations** Statement of Licensure Violations: 300,1210 d)5) Section 300.1210 General Requirements for Nursing and Personal Care 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: 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.

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Based on observation, interview, and record review, the facility did not follow their plan of

These requirements are not met as evidenced by:

TITLE

Attachment A Statement of Licensure Violations

(X6) DATE

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medication system provides for an automatic thirty (30) day unit dose replacement. Other pharmacy providers are contacted via phone when reordering is necessary. 16. Interruptions

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1790 SOUTH FAIRVIEW AVENUE

FAIR HAVENS SENIOR LIVING 1790 SOUTH FAIRVIEW AVENUE DECATUR, IL 62521						
(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	Continued From page 2	S9999				
	in the delivery schedule, when known, will be communicated to the prescribing physician."					
	R102's medical record documents on 12/2/2020 at 8:55 PM, by V3, Wound Nurse, "Skin/Wound Note: Writer was assisting CNA (Certified Nursing Assistant) with resident transfer to shower chair. Writer is wound nurse and CNA stated that patient had a wrapping to patient left ankle. Patient had no current order for ankle to be wrapped or any new area noted by nursing staff. Writer undressed wound and pressure area to left ankle noted. Patient has Stage 3 pressure injury to left upper ankle measuring 1.2 cm (centimeters) x 2.3 cm. Patient has unstageable pressure injury noted to left lower ankle measuring 0.7cm x 1.0 cm. Area cleansed, silver alginate applied to wound bed, cover with ABD (thick absorbant dressing), wrap with kerlix. Patient states that nurse applied wrapping and he was confused because (R102's) ankle had not been wrapped in months because it was resolved."					
	R102's Treatment Administration Records documents, Skin checks daily I=Intact, N=New, W=Wound every shift for altered skin integrity. On 11/28/2020 at 6 PM - 6AM, 12/1/2020 at 6AM - 6 PM and 12/1/2020 at 6PM - 6 AM a "W" is documented, indicating = wound.					
linois Depa	R102's Wound Care Telemedicine Follow up Evaluation Form documents, "dated: 12/2/2020: History of present illness: at the request of the referring provider, a thorough wound care assessment and evaluation, was performed today. He has an unstageable (due to necrosis) of the left lateral ankle for at least one day duration. There was moderate serous exudate. Focused Wound Exam (site 2) Unstageable (due					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6002950	B. WING		12/09	
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
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S9999	Continued From pa	*	S9999			
	pressure. Duration size: 0.6 cm length radius: Erythema, of Serous. Thick adhitissue: 100 percent 3): Unstageable (dankle. Etiology: prone day. Wound swidth. Periwound Exudate: Moderate devitalized necrotic diagnosis: Cellulitis deteriorated. Treat (antibiotic) 1gm (glidaily for 30 days."  R102's medical rephysician orders for R102's Medication December 2020, comparison of the size of th	left, lateral ankle. Etiology: a: greater than one day. Wound by 1 cm width. Periwound edema. Exudate: Moderate elerent devitalized necrotic t. Focused Wound Exam (site ue to necrosis) of the left upper essure. Duration: greater than size: 1.2 cm length by 2.2 cm radius: Erythema, edema. e Serous. Thick adherent c tissue: 100 percent. Other es of left ankle. Progress: ment: Recommend Ertapenem ram) for 15 days. Probiotics  cord does not document under or Probiotics daily for 30 days. Administration Records, dated to not document the the physician recommended				
	"Probiotics".  R102's medical rephysician orders: I Reconstituted 1 Gintramuscularly on ankle until 12/18/2  R102's December Administration ReErtapenem Sodium GM. Inject 1 gram for Cellulitis of left 12/18/2020. This I 12/3/2020 by V23 (LPN), indicating '	cord documents under Ertapenem Sodium Solution M (gram). Inject 1 gram le time a day for Cellulitis of left 2020, start date: 12/3/2020.	į.			

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		IL6002950	B. WING		12/09/2020				
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE					
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DECATUR, IL 62521									
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S9999	Continued From page 4		S9999						
59999	at 10:30 PM, by V2: Administration Note Solution Reconstitu intramuscularly one ankle until 12/18/20 available. Not availamedication system)  On 12/8/2020, R10: in room. V3, Wound from R102's left and edema to the entire down mid way to the two open areas to the slough to the center exhibited facial grim cleansing/touching.  On 12/9/2020 at 11: stated on 12/2/2020 (R102's) ankle. I recopen areas to R102 cellulitis under the concentrated on Novemb (R102) had no oper that day. I spoke to (R102's) shower on (R102) had a dress 11/28/20 and (V24) bag to prevent it fro (R102's) left ankle it sometime between spoke with (V26) Clon 11/28/20 and 11/(R102) had a wrapp 11/28/20 and 11/29/20 and 11/28/20 and 1	3, LPN, "Orders - e Text: Ertapenem Sodium ted 1 GM, Inject 1 gram e time a day for Cellulitis of left 20, Med (medication) is not able in (bulk emergency either."  2 was sitting up in wheelchair d Nurse, removed the dressing kle. R102 had redness and eleft ankle area extending e top of the left foot. R102 had he left ankle area with yellow r of both wounds. R102	S9999						
		otified and treatment orders d, "I missed (R102's) order for							

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