

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>IL6000996</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>04/15/2015</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BLOOMINGTON REHABILITATION &amp; HCC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1925 SOUTH MAIN STREET<br/>BLOOMINGTON, IL 61701</b> |
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| S9999 | <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a)<br/>300.1010h)<br/>300.1210b)<br/>300.1210d)2<br/>300.1210d)5)<br/>300.3240a)</p> <p>Section 300.610 Resident Care Policies<br/>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.</p> <p>Section 300.1010 Medical Care Policies<br/>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</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care<br/>b) The facility shall provide the necessary care and services to attain or maintain the highest</p> | S9999 |  |  |
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| Illinois Department of Public Health<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE<br><b>04/22/15</b> |
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**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health

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| S9999 | <p>Continued From page 1</p> <p>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 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>2) All treatments and procedures shall be administered as ordered by the physician.</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. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to identify pressure sores, monitor pressure sores, and provide treatment for a pressure sores for one of four residents (R1) reviewed for pressure ulcers in the sample of six. These failures resulted in R1 developing a stage</p> | S9999 |  |  |
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| S9999 | <p>Continued From page 2</p> <p>three pressure ulcer to the coccyx, an unstageable pressure ulcer to the right buttock and deterioration of a right heel unstageable pressure ulcer.</p> <p>Findings include:</p> <p>R1's Physician Order Sheet (POS) dated 4/01/15, documents R1 has diagnoses of Diabetes and Decubitis Ulcer. R1's History and Physical dated 3/12/15, documents that R1 has a Decubitis Ulcer on the right heel and right gluteal region. R1's Hospital Discharge Summary dated 3/19/15, documents that R1 had an appointment for a office visit with Z1 (R1's Primary Care Physician) on 4/1/15 at 1:40 PM. R1's Minimum Data Set (MDS) dated 3/26/15, documents that R1 requires total assistance with bed mobility, toilet use, and bathing. R1's MDS documents that R1 is at risk for pressure ulcers and that R1 does not have a pressure ulcer.</p> <p>R1's Nursing Admission Assessment dated 3/19/15, documents that R1 has a pressure area to the right heel that measures 7 cm (centimeters) by 6.5 cm and that R1's bottom is red. R1's Treatment Administration Record (TAR) dated 3/19/15 is blank. R1's TAR dated 4/1/15 documents a treatment order for R1 to have daily skin checks. R1's TAR dated 4/1/15 through 4/30/15 contains no documentation of the skin check being completed on 4/2/15, 4/3/15, 4/4/15, 4/5/15, 4/10/15, 4/11/15, or 4/12/15. The TARs for 3/2015 and 4/2015 do not contain wound measurements.</p> <p>On 4/13/15 at 11:25 AM, R1 stated that her right foot causes her pain. R1 stated that she has a sore on her right foot and a sore on her bottom. R1 stated that she tries to take care of it on her</p> | S9999 |  |  |
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| S9999 | <p>Continued From page 3</p> <p>own and that her brother sent her some cream from Alaska to put on these areas to help make them better. R1 stated that no one in the facility has provided treatment to her foot or bottom. At that time, E4 Licensed Practical Nurse (LPN) assessed R1's buttocks and heels. R1's incontinence brief was removed and R1's buttocks did not have a dressing. R1 was noted to have a pressure sore on the right buttock measuring 0.5 cm by 1 cm. At that time a pressure sore to the coccyx was observed which measured 1.0 cm by 1.3 cm by 0.1 cm. The pressure sore to the coccyx was red and contained fifty percent yellow slough. An unstageable pressure sore was observed to the right heel which measured 7.0 cm by 8.7 cm. The right heel pressure sore was 100 percent necrotic and covered R1's heel. E4 stated that she was unaware of the areas and that R1 did not have treatment orders for these areas. At that time, E5 Certified Nurses Assistant/Social Service Director stated that she helps on the floor "a lot" and that R1 has had the areas since admission.</p> <p>On 4/13/15 at 12:10 PM, E2 Director of Nurses stated that she does not measure wounds weekly. E2 stated that the floor nurses do the weekly measurements. E2 confirmed that R1 has no treatment orders and that the daily skin checks contained blank areas. E2 stated that pressure sore measurements would be documented in the nursing notes or on the TAR. E2 confirmed that there were no weekly measurements on the TAR or the Nursing Notes for R1's pressure sores. E2 stated that it is unacceptable documentation.</p> <p>On 4/14/15 at 3:30 PM, E6 Registered Nurse stated that on 4/11/15 (Saturday - 23 days after admission) she faxed a request to Z1 to obtain a</p> | S9999 |  |  |
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| S9999 | <p>Continued From page 4</p> <p>treatment order for R1's coccyx. E6 stated that she noted a one cm circular open area to R1's coccyx on that date. E6 stated that she did not document the area in R1's clinical record. E6 stated that she should have documented (the ulcer) in the nurses notes. E6 confirmed that Z1 would not receive the fax until 4/13/15 (Monday) E6 stated that she could have called the on call physician for a treatment order. E6 stated that a telephone order for Medihoney to the coccyx/buttock was received on the afternoon of 4/13/15. E6 stated that she did not ask for a treatment order for the right heel. E6 stated that the nurses measures wounds on Thursdays. E6 stated that the nurses only measure areas that have treatments. E6 confirmed that R1 did not have a treatment order or measurements on the TAR for the right heel.</p> <p>On 4/14/15 at 11:00 AM, Z2 Nurse Practitioner for Z1 stated that on 3/2/15 R1 was evaluated in the office. Z2 stated that during this appointment Z1 was noted to have a large blister to the right heel and a stage two pressure ulcer to the right gluteal fold. Z2 states that R1 was referred to the wound clinic but then was admitted to the hospital on 3/12/15. Z2 stated that the facility has not contacted the physician's office regarding R1's admission to the facility. Z2 stated that the facility should have notified the office to obtain treatment orders for R1's pressure sores and that R1 needs to be seen by the physician.</p> <p>On 4/14/15 at 1:05 PM, E7 Transport Aid stated that she transported R1 to Z1's office on 4/1/15. E7 stated that R1 was not seen by Z1 because R1's appointment had been canceled. E7 stated that she did not reschedule R1's appointment because E1 (Administrator) schedules all the resident's appointments. E7 stated that she did</p> | S9999 |  |  |
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| S9999 | <p>Continued From page 5</p> <p>not inform E1 that R1's appointment had been canceled. E7 stated that she told R1's nurse but could not remember which nurse. E7 stated that R1 did not have another appointment scheduled to see Z1.</p> <p>On 4/15/15 at 12:35 PM, Z4 (Physician Assistant/Wound Care Professional) stated that he evaluated R1. Z4 stated that R1's pressure sores should be monitored weekly. Z4 stated that he is ordering treatments for R1's pressure sores and that he will be coming in weekly to monitor areas.</p> <p style="text-align: center;">(C)</p> | S9999 |  |  |
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