

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007488	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2015
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NAME OF PROVIDER OR SUPPLIER PLEASANT MEADOWS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE P O BOX 375 400 W WASHINGTON CHRISMAN, IL 61924
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(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
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S9999	<p>Final Observations</p> <p>STATMENT OF LICENSURE VIOLATIONS:</p> <p>300.610a) 300.1010h) 300.1210b) 300.1210d)3) 300.1210d)5) 300.1220b)2) 300.3240a)</p> <p>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.</p> <p>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.</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 04/24/15
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S9999	<p>Continued From page 1</p> <p>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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 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: 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. 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 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 2) Overseeing the comprehensive assessment of</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</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.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview, observation, and record review the facility failed to identify a pressure sore, failed to monitor a pressure sore, and failed to provide treatment to a pressure sore for two of three residents (R1 and R2) reviewed for pressure sores on the sample of eight. This failure resulted in R2's pressure sore deteriorating to an unstageable pressure sore. Findings include:</p> <p>1. R2's Minimum Data Set (MDS) dated 2/26/15, documents R2 as cognitively intact and that R2 requires extensive assistance with dressing, personal hygiene, and bathing. R2's MDS documents that R2 is at risk for developing pressure sores and that R2 has a diagnosis of Diabetes. The facility's undated Pressure Ulcer report documents that R2 has a facility acquired, unstageable pressure sore to the right lateral foot identified on 4/6/15. The Pressure Ulcer report documents that the pressure sore measured 2.5 centimeters (cm) by 2.0 cm and the wound bed contained 100% dark black tissue and had a small amount of serosanguineous drainage. The report also documents that the pressure sore treatment was calcium alginate (antimicrobial)</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>covered with a dry dressing.</p> <p>On 4/6/15 at 12:15 pm, R2 stated that the pressure sore to the right foot started "about two weeks ago." R2 stated that the pressure sore hurts and it is caused from his new shoes. R2 stated that "today the nurse applied a dressing to the pressure sore."</p> <p>On 4/6/15 at 3:45 pm, E6 Wound Nurse stated that she faxed Z2 today regarding a pressure sore to right lateral foot. E6 stated that she thinks the pressure is due to pressure caused from R2's new shoes.</p> <p>R2's Nurses Notes dated 3/5/15 at 3:45 pm documents that R2 received new shoes.</p> <p>R2's Bath Look Back Report documents that R2 received a shower on 4/2/15 at 1:26 pm and that R2 required extensive assistance with the shower.</p> <p>On 4/7/15 at 8:00 am, E4 Certified Nurse's Assistant (CNA) stated that on 4/2/15 at 1:26 pm she assisted R2 with a shower. E4 stated that R2 complained of pain and discomfort to the right foot. E4 stated that she noticed a wet white spot to the side of the right foot. E4 stated at that time she notified E5, Licensed Practical Nurse.</p> <p>On 4/7/15 at 10:30 am, E5 stated that on 4/2/15 she assessed R2's right foot after his shower. E5 stated that she noticed a "pinky tip sized" white area to the side of R2's right foot. E5 stated that she applied triple antibiotic ointment and a gauze pad to the area per her own nursing judgment. E5 stated that she does not usually work with R2. E5 stated that she did not call the physician or R2's power of attorney. E5 stated that she did not document her findings in the nurse's notes. E5 stated that she did not pass the information on to the next nurse in report and did not add R2 to the twenty four hour shift report.</p> <p>On 4/7/15 at 9:35 am, R2 was sitting in his wheelchair in his room. E3 Registered Nurse and</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>E6 assessed R2's pressure sore to the right lateral foot. The wound measured 4.2 centimeters (cm) by 4.3 cm. The center of the wound was necrotic. The necrotic area of the wound measured 3.0 cm by 3.2 cm. The necrotic area was surrounded by a bright red ring of tissue with yellow slough inside. The wound was draining moderate amount of bloody yellow drainage. At that time R2 stated that the pressure sore to his right foot was very painful and that the shoes have not fit right since he got them. E6 stated that she has not assessed R2 ' s shoes for proper fit or irregularities.</p> <p>R2 ' s Nurses Note dated 4/7/15 at 10:32 am documents, that Z2 was paged and a new order was received to "cleanse the wound with wound cleanser, pat dry, apply Santyl (debriding agent) to black tissue, cover wound with calcium alginate (antimicrobial agent) cover with dry dressing until healed. Septra DS (antibiotic) to be started today, twice a day times ten days."</p> <p>On 4/7/15 at 3:30 pm, E2 Director of Nursing stated that E5 should have notified Z2 immediately concerning the pressure sore to R2's right lateral foot. E2 stated that E5 should have notified E6 so that an appropriate treatment could be started to R2's pressure sore and so that the pressure sore was monitored.</p> <p>The facility's Change in Condition policy dated 12/7/11, documents that the Physician and responsible party will be notified of an onset of pressure sore. The policy also documents that the nurse will document in the clinical record and that all significant changes will be recorded on the twenty four hour report</p> <p>2. The Quality Assurance Worksheet dated week of 2/23/15 documents that R1 has "blister that has opened" measuring 2.9 cm by 3.1 cm. The Nurses Note dated 2/15/15 documents that an</p>	S9999		

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S9999	Continued From page 5 area which appeared to be a broken blister was identified on R1's right heel and a treatment was initiated on that date. The facsimile cover sheet dated 2/15/15 documents that on that date E3 Registered Nurse notified R1's Physician, Z2 of the new area and sent a request to "continue the treatment of cleanse with wound cleanser and apply hydrogel and a dry dressing daily." The same facsimile documents that on 2/16/15 Z2 sent an order for facility staff to continue the treatment to R1's heel. The right heel wound treatment is not documented as completed on the February 2015 Treatment Administration Record (TAR) on 2/16, 2/17, 2/19, 2/20, 2/21, 2/22 or 2/23. On 4/7/15 at 8:25 AM E6 Wound Nurse reviewed R1's February 2015 TAR and confirmed that R1's right heel wound treatment was not initialed as being completed 2/16 and 2/17, and 2/19 through 2/23. At that time E6 could not provide documentation that R1's heel wound treatment had been completed on those days and stated staff nurses should have been completing the treatment daily. On 4/8/15 at 10:30 AM E2 Director of Nurses stated that R1's right heel wound treatment order was mistakenly entered in the computer as a one time order so the nursing staff were only prompted by the computer to complete the treatment on 2/18/15. (B)	S9999		