

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006233 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 04/18/2015 |
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| NAME OF PROVIDER OR SUPPLIER HEARTLAND OF MOLINE | STREET ADDRESS, CITY, STATE, ZIP CODE 833 SIXTEENTH AVENUE MOLINE, IL 61265 |
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| S9999 | <p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.1010h) 300.1210b) 300.1210d)5) 300.3240a)</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> <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: 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</p> | S9999 | | |

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| Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 05/01/15 |
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| S9999 | <p>Continued From page 1</p> <p>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 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 interview and record review, the facility failed to implement and monitor interventions to prevent the development of pressure sores for one of one resident (R1) reviewed for pressure sores in a sample of three. This failure resulted in R1 developing five pressure sores during R1's admission to the nursing facility, including one necrotic pressure sore on R1's heel that is a suspected Stage 3 or greater.</p> <p>Findings include:</p> <p>The Admission Record Report dated 3/26/15 for R1 documents a current admission date of 3/25/15.</p> <p>The Patient Admission/Readmission Screen (Electronic Medical Record) dated 3/26/15 for R1 documents only the following wounds: left buttock-wound, buttocks a little red and right buttock-wound.</p> <p>The Progressive Home Wound Care Progress Note dated 3/26/15 for R1 documents, "(R1</p> | S9999 | | |

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| S9999 | <p>Continued From page 2</p> <p>presents traumatic wounds to right and left buttock from shearing and friction injury...(R1) is at high risk for wound development to heel related to surgical fixation device..."</p> <p>The Progressive Home Wound Care Flow Sheet dated 3/26/15 for R1 documents, "Right buttock-2.7 cm (centimeters) length x 1.2 cm width x 0.1 cm depth and left buttock-5.9 cm length x 6.9 cm width x 0.1 cm depth."</p> <p>The Progress Notes dated 3/31/15 for R1 documents, "Right heel red and boggy, left heel a little red mark under. Will continue to monitor."</p> <p>On 4/18/15 at 12:15 PM, E2/DON (Director of Nursing) verified that neither the Wound Care Nurse or Physician were notified of findings for R1 on 3-31-15. E2/DON also verified there is no documentation indicating new interventions were implemented or any monitoring of the right heel took place until 4/6/15.</p> <p>The Progress Notes dated 4/6/15 for R1 documents, "Noted ulcer on (R1)'s right heel. Will have Wound Nurse see in the morning."</p> <p>The Progressive Home Wound Care Flow Sheet dated 4/6/15 for R1 documents, "Right heel-7.0 cm length x 10.0 cm width x 0 depth."</p> <p>The Progress Notes dated 4/9/15 for R1 document, "Removed RLE (right lower extremity) immobilizer due to drainage on brace. Found large blisters, some which ruptured causing drainage. Right heel now black eschar."</p> <p>The Progress Notes dated 4/10/15 for R1 documents, "(R1)'s HR (heart rate) 144. Blood pressure 100/70, resp(irations) 25, temperature</p> | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>97.4. Lung sounds are diminished, distant and absent in bases. (R1) complaining of increased pain in back. Orders received from (Physician) to send (R1) to Emergency Room."</p> <p>Local Hospital History and Physical dated 4/11/15 for R1 documents a diagnosis of atrial fibrillation new onset and acute pulmonary embolism. The Physical Examination documents, "Extremities-Right lower extremity is edematous. There is marked erythema extending below his patella all the way to distal foot. There are patchy necrotic areas. Scattered areas of eschar."</p> <p>On 4/17/15 at 11:10 AM, Z2/Physician stated, "When (R1) was admitted to the hospital, (R1)'s leg was grossly ischemic. There were multiple open areas over right leg and a necrotic area on (R1)'s heel. I wondered if anyone had even looked at (R1)'s leg."</p> <p>The Wound Assessment Flowsheet dated 4/13/15 for R1 documents, "Wound location left buttocks-3 cm length x 2.5 cm width x 0.3 cm depth-Stage 3. Wound location leg, right, posterior, superior-5.5 cm length x 2 cm width x 0.2 cm depth-partial, thickness. Wound location heel right dorsal plantar-9 cm length x 10 cm width x 0 cm depth-suspected Stage 3 or greater, 100% eschar, unable to stage due to necrosis, wound location ankle, right dorsal-11 cm length x 12 cm width x 0 cm depth-partial thickness. Wound location leg, right mid calf-11 cm length x 15 cm width x 0.3 cm depth-full thickness. Wound location knee, right-2 cm length x 2.5 cm width x 0 cm depth-intact scab."</p> <p>On 4/17/14 at 11:10 AM, Z4/Wound Nurse stated, "(R1) had a wound on his leg that was almost from (R1)'s toes to (R1)'s knee. (R1) looked like</p> | S9999 | | |

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| S9999 | Continued From page 4 he had a deep tissue injury on (R1)'s right heel. This was a significant wound." (B) | S9999 | | |