

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003552	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2015
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NAME OF PROVIDER OR SUPPLIER GIBSON COMMUNITY HSP ANNEX	STREET ADDRESS, CITY, STATE, ZIP CODE 430 EAST 19TH GIBSON CITY, IL 60936
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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	Final Observations Statement of Licensure Violations: 300.1210a)d)5) 300.615f) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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 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. These requirements are not met as evidenced by: Based on record review, observation, and	S9999	Attachment A Statement of Licensure Violations	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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04/20/15

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S9999	<p>Continued From page 1</p> <p>interview, the facility failed to prevent cross contamination during a pressure ulcer treatment, and failed to care plan a pressure ulcer for one of two residents (R102) reviewed for pressure ulcers in the sample of 11.</p> <p>Findings include:</p> <p>R102's POS (Physician Order Sheet) dated 4-1-15 documents a Diagnosis of MS (Multiple Sclerosis) and a Treatment of Calmoseptine lotion as needed to buttocks.</p> <p>R102's Braden Scale dated 1/14/15 documents R102 as high risk for skin breakdown.</p> <p>Nurse's Notes for R102 dated 3/26/15 documents, "off loaded as much as possible...several sheared superficial areas to buttocks and gluteal folds."</p> <p>The Care Plan dated 1/22/15 for R102 documents, "at high risk for skin breakdown...history of pressure ulcers." There is no problem statement or planned interventions documented for the treatment of R102's current pressure ulcers on the Care Plan.</p> <p>R102's Admission Skin Assessment dated 3/26/15 documents shearing to left buttocks measuring 3cm (centimeters) by 3cm, and excoriated areas to bilateral gluteal folds."</p> <p>On 4/8/15 at 11:10 am, R102 was lying in bed on her left side. E7 LPN (Licensed Practical Nurse) cleansed open area's to R102's bilateral buttocks, and bilateral gluteal folds. E7 stated, "the gluteal fold areas are missing skin now and no longer intact," and "this open area (pointing to area on left buttocks) wasn't there yesterday." E7 then applied Calmoseptine lotion to a 4x4 gauze and laid it on R102's overbed table. E7 proceeded to apply lotion that was on the 4x4 gauze to the open area on right buttocks, left buttocks, right gluteal fold, left gluteal fold, and then to intact skin on left buttocks. E7 did not change gloves between open areas. E7 confirmed that she had</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>not cleaned the overbed table prior to starting the treatment and stated, "I should have changed gloves between the different areas." On 4/8/15 at 1:30 pm, E8 Care Plan Coordinator stated, "we update care plans quarterly...we don't put open areas on the care plan, just that they are at risk" (AW) 300.615 Determination of Need Screenings and Request for Resident Criminal History Record Information. f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. This requirement is not met as evidenced by:</p> <p>Based on record review and interview the facility failed to check the Illinois Department of Corrections Sex Registrant Search page for ten of ten most recent resident admissions (R11, R14-R18, R104, R105, R106, R107) in the sample of 11.</p> <p>The findings include:</p> <p>The Detail Admission /Discharge report dated 4/8/15 lists the last ten residents admitted to the facility were (R11, R14-R18, R104, R105, R106, R107). These residents were admitted between 2/12/15 and 3/27/15.</p> <p>On 4/8/15 at 9:30 am Administrator E1 provided the criminal background check information for each resident that included the website checks for the Illinois Sex Offender Registration website and the Illinois Department of Corrections (IDOC) website.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>For each resident file there was a copy of a page entitled "Illinois Department of Corrections-Inmate Search" that stated "Inmate Not found". The form also states "Inmates may not be found for several reasons: the inmate's sentence may be Discharged. Inmate has completed their sentence/parole." The form was dated and initialed by E1.</p> <p>E1 stated on 4/08/15 at 10:45 am that E1 has been doing all the resident criminal background checks. E1 has only been checking the general "Inmate Search" on the IDOC website. E1 was not aware that the offender tab and sex offender parolee data base should be checked to determine if residents are registered sex offenders. E1 did not have a written policy regarding how to check the websites to determine if residents were registered sex offenders.</p> <p>(B)</p>	S9999		
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