**FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: \_ COMPLETED IL6009120 B. WING 07/09/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1021 WEST E STREET** ST PAUL'S SENIOR COMMUNITY **BELLEVILLE, IL 62220** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation: 2144620/IL135540 Final Observations S9999 Statement of Licensure Violations 300.1010h) 300.1210b) 300.3240a) Section 300.1010 Medical Care Policies 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. Section 300.1210 General Requirements for Nursing and Personal Care The facility shall provide the necessary b) 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 Attachment A resident to meet the total nursing and personal Statement of Licensure Violations

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care needs of the resident.

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

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6009120 07/09/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1021 WEST E STREET** ST PAUL'S SENIOR COMMUNITY BELLEVILLE, IL 62220 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 Section 300.3240 Abuse and Neglect An owner, licensee, administrator. employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These regulations are not met as evidenced by: Based on interview and record review, the facility failed to consult with vascular surgeon per professional standards of practice to treat vascular surgical wounds for 1 of 3 residents (R2) reviewed for wound care in the sample of 3. This failure resulted in staff removing staples and sutures of surgical wounds without consulting vascular surgeon. R2's groin wound became infected and required antibiotic treatment. Findings include: R2's Face Sheet documented R2 was admitted to the facility on 6/15/21 with diagnoses of presence of vascular implants and grafts. R2's Health Status Note dated 06/16/21 at 1:02 AM documents "left upper chest resident have 13 staples with site dry intact with no s/s (signs or symptoms) of infection. healing scar below staple site on left chest no drainage, bruising on left side going downside. bruising on both arms. rt (right) groin area has 10 sutures site free of s/s of infection dressing in place, on left groin area have 11 sutures with dry blood, scrotum red bruising tender to touch with some swelling." R2's Health Status Note dated 06/24/21 at 8:40 AM by V4, Wound Nurse, documents "Talked with

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(daughter) via phone made her aware of new

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6009120			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING		07	C 07/09/2021		
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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	
S9999	Continued From page 2		S9999				
	closure strips. Resident and wound closure s	aples and place wound lent had 13 staples removed strips placed area is well o c/o (complaint of) pain or					
	record that a Physic remove R2's staples documentation in R2	nentation in R2's medical ian's Order was obtained to to his chest. There was no 2's medical record that the Vascular Surgeon, prior to in R2's chest.					
al e	PM by V4 document incision suture intact	lote dated 06/28/21 at 1:29 s "Dehiscence of left surgical but wound dehiscence NP (V8, Nurse Practitioner). Santyl and calcium					
	record the facility cor	remove R2's sutures to his					
	R2's Physician's Orde documented R2 was antibiotic), 500 milligr two weeks for infection V5, Vascular Surgeon	to receive Keflex (an ams, three times daily for on. This order was written by				,	
	AM by V2, Assistant I documents "spoke wi office regarding surgions."	th (V5's, Vascular Surgeon) cal incision to left groin. had m in-house NP to remove	8				
	R2's Health Status No documents "(R2) cont	ote 07/01/21 2:06 PM by V4 tinues antibiotic related to					

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sutures in his groin. I didn't personally see the

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