FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING: \_\_\_ B. WING IL6002869 09/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **ONE PERRYMAN STREET CEDAR RIDGE HEALTH & REHAB CTR** LEBANON, IL. 62254 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 Initial Comments Complaint Investigation: 2146711/IL138120 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 d)2) 300,1210 d)3) 300.1210 d)5) 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. 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

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

plan. Adequate and properly supervised nursing

resident to meet the total nursing and personal

care and personal care shall be provided to each

PRINTED: 10/19/2021 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
IL6002869 B. WING			C 09/23/2021			
	PROVIDER OR SUPPLIER	HAB CTR ONE PE	DDRESS, CITY, ST RRYMAN STRE DN, IL 62254			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
\$9999	care shall include, and shall be practic seven-day-a-week  2) All treatmer administered as or 3) Objective or resident's condition emotional changes determining care refurther medical evamade by nursing stresident's medical 5) A regular progressure sores, he breakdown shall be seven-day-a-week enters the facility with develop pressure sclinical condition disores were unavoic pressure sores shall be services to promote and prevent new pressure sores shall be services to promote and prevent new pressure sores shall be services to promote and prevent new pressure sores shall be services to promote and prevent new pressure sores shall be services to promote and prevent new pressure sores shall be services to promote and prevent new pressure sores shall be services to promote and prevent new pressure sores shall be services to promote and prevent new pressure sores shall be services to promote and prevent new pressure sores shall be services to promote and prevent new pressure sores shall be services to promote and prevent new pressure sores shall be services to promote and prevent new pressure sores shall be services to promote and prevent new pressure sores shall be services to promote and prevent new pressure sores shall be services to promote and prevent new pressure sores shall be services and prevent new pressure sores shall be services and prevent new pressure sores shall be serviced and prevent new prevent n	resident.  section (a), general nursing at a minimum, the following ced on a 24-hour, basis: Ints and procedures shall be dered by the physician. It is been been been been been been been bee	ot l			
	Based on observareview, the facility reevaluate the treadeteriorated for 1 opressure ulcers in resulted in R2 not for 6 weeks as R2	interview and record failed to initiate a treatment and the sample of 4 residents (R2) reviewed for the sample of 8. This failure receiving a change in treatment's pressure ulcer deteriorated a ulcer progressing from shear sure ulcer.	d r or nt			

Illinois Department of Public Health

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING: С B. WING 09/23/2021 IL6002869 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER ONE PERRYMAN STREET CEDAR RIDGE HEALTH & REHAB CTR LEBANON, IL 62254 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 2 Findings include: On 9/16/21 at 2:13 PM, R2 was observed lying in her bed on her left side. She responded to conversation, but her speech was unintelligible. V8 Certified Nursing Assistant (CNA), and V9 CNA assisted R2 to roll further onto her left side and a dressing was noted to her sacrum. The dressing was loose at the bottom and V8 raised the dressing to expose a deep pressure ulcer about the size of a golf ball on R2's sacrum. There was a moderate amount of brownish-vellow drainage on the dressing which was dated 9/16/21. The wound base was covered in dark brown necrotic tissue. On 9/16/21 at 2:25 PM, V18 Wound Nurse stated she monitors the residents' wounds, but V19 Registered Nurse (RN)/Treatment Nurse does the treatments. V18 stated R2's wound on her sacrum was present on her admission to the facility. R2's Face Sheet documents she was admitted to the facility on 6/28/21 with the diagnoses to include Cerebral Infarction (CVA), Type 2 Diabetes Mellitus, Morbid Obesity, Alzheimer's Disease. Hemiplegia affecting the left dominant side, and Venous Insufficiency (Chronic) (Peripheral). R2's Minimum Data Set (MDS), dated 7/3/21 documents she is cognitively impaired and is dependent on staff for bed mobility and transfers. The MDS also documents R2 had no pressure ulcers, venous or arterial ulcers and no other ulcers, wounds or skin problems.

Illinois Department of Public Health

R2's Care Plan, undated documents, "Focus: Actual Pressure Ulcer Site: Left Buttock/Coccyx.

STATE FORM

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES

		(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE :	
ANDIDE	A. BUILDING:		۱ ,	_		
		IL6002869	B. WING	****	C 09/23	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CEDARI	RIDGE HEALTH & RE	HAR CTR	RYMAN STR	EET		
		LEBANOI	I, IL 62254	PROVIDER'S PLAN OF CORRECTION	ON	AVE.
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO- DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Continued From pa	age 3	S9999			
		nd repositioning: Increased eral Health Status. Present on				
	6/28/21 at 8:09 PM Assessed and Con other: left buttocks measurements red length and 1 cm in	rsing Assessment dated documents, under "Skin dition on Admission": Site: ; open area with corded as 2 centimeters (cm) in width. No treatment was ented on this assessment.		<b>3</b> 5		
<b>3</b>	presented an unsig document dated 7/ measurements of residents not follow On the bottom righ had circled a note documented, "cook	ector of Nursing (DON) gned, untitled handwritten '5/21 which she stated were the residents' wounds for those ved by the wound specialist. It corner of the document V2 that listed R2's last name and cyx/buttock 2 X 0.5 X atment was documented for				
	documents, "Local Admitted with; Typ granulation tissue serous drainage; w 0.5 cm X 0.1 cm. 1	essment Report dated 7/12/21 tion: Coccyx/Sacrum Area; e: Shear; epithelial and present; small amount of wound measurements: 2cm X The peri-wound tissue was nent: XXXX Paste. Evaluation: no reference. "	8			
	documents: Locati Admitted with; Typ granulation tissue serous drainage; n X 0.2 cm; peri-wou topical medical- gr	essment Report dated 7/19/21 on: Coccyx/Sacrum Area; e: shear; epithelial and present; small amount of neasurements: 2.5 cm X 1 cm and tissue is intact. Treatment: rade honey dressing. ening. " Treatment: topical				

Illinois Department of Public Health

STATE FORM

PRINTED: 10/19/2021 FORM APPROVED

Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_\_\_ C 09/23/2021 IL6002869 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER ONE PERRYMAN STREET CEDAR RIDGE HEALTH & REHAB CTR LEBANON, IL 62254 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 4 medical- grade honey dressing. R2's Wound Assessment Report dated 7/27/21 documents: Location: Coccyx/sacrum area; admitted with; Type: shear; epithelial and granulation tissue present; 50% necrotic tissue: small amount of serous drainage; measurements: 2.5 cm X 1.5 cm (no depth recorded), peri-wound tissue intact. Treatment: topical medical- grade honey dressing. Evaluation: Worsening." R2's Wound Assessment Report dated 8/3/21 documents: Location: Coccyx/sacrum area; acquired on 7/12/21; Type: shear; epithelial and granulation tissue present; 50 % necrotic/slough tissue present; small amount of serous drainage present; measurements: 3 cm X 2 cm (no depth recorded); peri-wound tissue intact; Treatment: topical medical- grade honey dressing." Evaluation: Worsening." R2's Wound Assessment Report dated 8/9/21 documents: Location: Coccyx/Sacrum area; acquired; Type: shear; epithelial and granulation tissue present; 50 % necrotic/slough tissue present; small amount of serous drainage; measurements: 3 cm X 2 cm X 1cm; peri-wound tissue intact; treatment: topical medical- grade honey dressing. Evaluation: Improving." The measurements and wound description did not support evidence of improvement. R2's Wound Assessment Report dated 8/19/21 documents: Location: Coccyx/sacrum area. Admitted; pressure (no stage marked); epithelial and granulation tissue present; 50% necrotic/slough present; small amount of serous drainage; measurements: 3.5 cm X 1.5 cm X 0.5 cm. peri-wound tissue intact; Treatment: topical

Illinois Department of Public Health

medical- grade honey dressing." Evaluation:

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6002869 09/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ONE PERRYMAN STREET CEDAR RIDGE HEALTH & REHAB CTR LEBANON, IL 62254 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (FACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 5 Improving." R2's Wound Assessment Report dated 8/25/21 documents: Location: Coccyx/Sacrum area; admitted with; pressure (no stage marked); epithelial and granulation tissue present; slough present; measurements: 2.5 cm X 1.5 cm X 1.5 cm: peri-wound tissue intact; Treatment: topical medical- grade honey dressing" Evaluation: Improved." According to this assessment, the wound increased in depth. R2's Wound Assessment Report dated 9/2/21 documents: Location: Coccyx/sacrum area; admitted with; pressure (no stage documented); epithelial and granulation tissue present; slough present, small amount of serous drainage: measurements: 3 cm X 1.5 cm X 1 cm; peri-wound tissue intact; Treatment: Silvadene/Calcium Alginate." Evaluation: unchanged." R2's Wound Assessment Report dated 9/9/21 documents: Location: Coccyx/sacrum area; admitted with; pressure (no stage documented): epithelial and granulation tissue present; 20% necrotic/ slough present; small amount of serous drainage; Measurements: 3.5 cm X 2.5 cm X 1.5 cm: peri-wound tissue intact; Treatment: Silvadene/Calcium Alginate; Evaluation: worsening." R2's Order Review Report dated 9/16/21 documents the following current, discontinued and completed orders (all orders for R2 since her admission to the facility): 7/13/21: XXXX Hydrophilic Wound Dress Paste-apply to bilateral buttocks, coccyx topically every shift for

Illinois Department of Public Health

preventative skin care. Cleanse bilateral buttocks, sacrum and coccyx with soap and water. Apply

Illinois D	epartment of Public	Health				
		(X2) MULTIPLE	E CONSTRUCTION	(X3) DATE S		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPL	EIEU	
				С		
		IL6002869	B. WING		09/2	3/2021
NAME OF F	ROVIDER OR SUPPLIER	STREET ADI	DRESS CITY S	TATE, ZIP CODE		
NAME	-KONDEK OK SOUT EIEK		RYMAN STR			
CEDAR	RIDGE HEALTH & RE	HAR CTR	I, IL 62254	<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILE DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 6	S9999			
	XXX Paste every s	hift.				
	topically as needed Cleanse coccyx are saline (ns) or woun cream, cover with o	adiazine 1%- Apply to coccyx I for soilage or dislodgement. ea with soap and water, normal d cleanser. Apply Silvadene calcium alginate and bordered hange daily and as needed	a,			
	honey dressing treat Review Report. Re Assessments and 0 7/30/21 until 9/17/2 the emergency roo ulcer worsened, but were added even to	r for topical medical- grade atment found in R2's Order view of R2's Wound Order Review Report from 21 when R2 was transferred to m document her pressure at no new treatment orders shough there was no evident a wound after 6 weeks with the				18*8
	dated 6/1 to 6/30/2 treatment for the o	Iministration Record (MAR) 1 does not document any pen area to R2's left buttock Imission assessment.				
	order for XXXX Hy to be applied every order for Silver Sul with Calcium Algina	1/21 to 7/31/21 documents an drophilic Wound Dress Paste shift starting 7/13/21 and an fadiazine Cream 1%, cover ate and bordered gauze, as needed. No treatments were a 7/13/21.				
	same treatment or Wound Dress Past Sulfadiazine Crean	11/21 to 8/31/21 document the ders of XXXX Hydrophilic te every shift and Silver in 1% covered with Calcium ared gauze change daily and as				

needed.

Illinois Department of Public Health

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: \_\_\_\_\_ B. WING IL6002869 09/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ONE PERRYMAN STREET **CEDARRIDGE HEALTH & REHAB CTR** LEBANON, IL 62254 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 7 R2's MAR dated 9/1/21 to 9/30/21 documents the same above orders through 9/17/21 when R2 was transferred to the emergency room. There were no treatment orders for topical medical- grade honey dressing documented on R2's MARs since she was admitted.\_ R2's Progress Notes by her physician and nurse practitioner dated 7/2/21, 7/6/21, 7/9/21, 7/12/21, 7/15/21, 7/19/21, 7/22/21, 7/28/21, 8/3/21, 8/4/21, 8/6/21, 8/10/21, and 8/13/21 do not include assessment of or plan for her pressure ulcer on her buttocks or coccyx. R2's Physician Progress Note dated 9/16/21 documents, "Nursing also notes a worsening sacral decubitus ulcer. Integumentary: Venous stasis changes. (Wound Specialist) ordered, please see wound assessments for treatments and plans, dark yellow tissue noted, no odor or drainage." On 9/17/21 at 12:20 PM, V2 DON, stated this was V18's Wound Nurse notes when she measured the wound on R2's coccyx/sacral area. V2 reviewed the timeline of the wound, along with measurements, and stated as the slough cleared, they could see the wound better and determined it was a stage 3 pressure ulcer. She stated during the time the wound was being treated, R2 was also treated for a UTI and the antibiotic would have helped the wound also. (No culture of the wound was ordered until 9/16/21.) R2 was transferred to the emergency room and expired the next morning on 9/17/21. V2 stated R2's wound was initially treated with XXXX Paste,

Minois Department of Public Health

which has topical medical- grade honey dressing in it, and then just topical medical- grade honey

Y02P11

PRINTED: 10/19/2021 FORM APPROVED

STATEMENT OF DEFICIENCISS AND PLAYOF CORRECTION  ILEGO2869  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE ONE PERRYMAN STREET LEBANON, IL 52254  PROVIDER RAN OF CORRECTION  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICENCY MUSTS BE PRECEDED BY FILL) TAG  CONTINUED TO THE PROPORTIATE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICENCY MUSTS BE PRECEDED BY FILL) TAG  CONTINUED TO THE APPROPRIATE  SOUND TO THE APPROPRIATE  CONTINUED TO THE APPROPRIATE  DEPICE OF THE APPROPRIATE  SOUND THE STATE OF DEFICIENCIES  CROSS-REFERENCED TO THE APPROPRIATE  TO A SULD THE APPROPRIATE  CROSS-REFERENCED TO THE APPROPRIATE  TO APPRIATE TO THE APPROPRIATE  TO APPROPRIATE  CROSS-REFERENCED TO THE APPROPRIATE  CROSS-REFERENCED TO THE APPROPRIATE  TO APPROPRIATE  CROSS-REFERENCED TO THE APPROPRIATE  TO APPROPRIATE  CROSS-REFERENCED TO THE APPROPRIATE  CROSS-REFERENCED TO THE APPROPRIATE	Illinois De	epartment of Public	<u>Health</u>				1101 4014
NAME OF PROMDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  ONE PERRYMAN STREET  CEDARRIDGE HEALTH & REHAB CTR  SUMMARY STATEMENT OF DEFICIENCIES  (AV.) ID PREFIX FREET ADDRESS, CITY, STATE, ZIP CODE  ONE PERRYMAN STREET  LEBANON, IL 62254  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUSTI BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION)  S9999  Continued From page 8  dressing and then Silvadene and calcium alginate to clean off the slough. She stated the topical medical- grade honey dressing is not documented because the wound nurse forgot to write the order. V2 stated they tried to get in touch with R2's family to get consent for the wound specialist to evaluate and treat R2's wound but they didn't answer the phone calls. She stated there were nurses on duty when family came to visit that could have goten consent from family white they were there for the wound specialist to evaluate and treat R2's wounds.  On 9/21/21 at 11:20 AM, V20 R2's physician returned call. She reviewed R2's orders for wound treatment and her progress notes. V20 stated she did not have any additional information regarding R2's wound. She stated R2's wound was discussed in wound meetings and did show some improvement on some of the wound assessments, but stated she relies on the wound assessments, but stated she relies on the wound assessments, and the progress notes. V20 stated if a wound does not show improvement after a few weeks, she would probably change the treatment. V20 stated she was reviewing the orders and did not see where the order had been changed after the treatment for Silvadene cream and calcium alginate dressing was ordered on 7/30/21.  The facility's policy, "Skin Integrity," dated August 2014, documents, "Purpose: Residents identified to be at risk for skin breakdown (pressure ulcers) will have a routine assessment and interdisciplinary (IDT) care plan process implemented to maintain and/or improve skin	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
NAME OF PROMDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, 2IP CODE  ONE PERRYMAN STREET  LEBANON, IL. 82254  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 8  dressing and then Silvadene and calcium alginate to clean off the slough. She stated the topical medical- grade honey dressing is not documented because the wound nurse forgot to write the order. V2 stated they tried to get in touch with R2's family to get consent for the wound specialist to evaluate and treat R2's wound but they didn't answer the phone calls. She stated there were nurses on duty when family came to visit that could have gotten consent from family while they were there for the wound specialist to evaluate and treat R2's owned specialist to treat R2's wounds.  On 9/21/21 at 11:20 AM, V20 R2's physician returned call. She reviewed R2's orders for wound treatment and her progress notes. V20 stated she did not have any additional information regarding R2's wound. She stated R2's wound was discussed in wound meetings and did show some improvement on some of the wound assessments, but stated she relies on the wound nurse's reports to keep her updated. V20 stated if a wound does not show improvement after a few weeks, she would probably change the treatment, V20 stated she was reviewing the orders and did not see where the order had been changed after the treatment for Silvadene cream and calcium alginate dressing was ordered on 7/30/21.  The facility's policy, "Skin Integrity," dated August 2014, documents, "Purpose: Residents identified to be at risk for skin breakdown (pressure ulcers) will have a routine assessment and interdisciplinary (IDT) care plan process innolemented to maintain and/or improve skin	AND PLAN OF CORRECTION IDENTIFICATION NOMBER.		A. BUILDING:				
NAME OF PROMDER OR SUPPLIER  CEDARRIDGE HEALTH & REHAB CTR  CAU ID PREFIX (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAG)  PREFIX TAG  CONTINUED FROM PAGE  C			D MING			12024	
CEDARIDGE HEALTH & REHAB CTR  CRAIN TO SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LECIDENTIFYING INFORMATION)  S9999  Continued From page 8  dressing and then Silvadene and calcium alginate to clean off the slough. She stated the topical medical-grade honey dressing is not documented because the wound nurse forgot to write the order. V2 stated they tried to get in touch with R2's family to get consent for the wound specialist to evaluate and treat R2's wound but they didn't answer the phone calls. She stated there were nurses on duty when family came to visit that could have gotten consent from family while they were there for the wound specialist to treat R2's wounds.  On 9/21/21 at 11:20 AM, V20 R2's physician returned call. She reviewed R2's orders for wound treatment and her progress notes. V20 stated she did not have any additional information regarding R2's wound. She stated R2's wound was discussed in wound meetings and did show some improvement on some of the wound assessments, but stated she relies on the wound nurse's reports to keep her updated. V20 stated if a wound does not show improvement after a few weeks, she would probably change the treatment. V20 stated she was reviewing the orders and did not see where the order had been changed after the treatment for Silvadene cream and calcium alginate dressing was ordered on 7/30/21.  The facility's policy, "Skin Integrity," dated August 2014, documents, "Purpose: Residents identified to be at risk for skin breakdown (pressure ulcers) will have a routine assessment and interdisciplinary (IOT) care plan process inolemented to maintain and/ori miprove skin			IL6002869	B. WING		09/23	72021
CEDARRIDGE HEALTH & REHAB CTR  ONE PERRYMAN STREET LEBANON, IL 62254  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAG  S9999  Continued From page 8  dressing and then Silvadene and calcium alginate to clean off the slough. She stated the topical medical-grade honey dressing is not documented because the wound nurse forgot to write the order. V2 stated they tried to get in touch with R2's family to get consent for the wound specialist to evaluate and treat R2's wound but they didn't answer the phone calls. She stated there were nurses on duty when family came to visit that could have gotten consent from family while they were there for the wound specialist to treat R2's wounds.  On 9/21/21 at 11:20 AM, V20 R2's physician returned call. She reviewed R2's orders for wound treatment and her progress notes. V20 stated she did not have any additional information regarding R2's wound. She stated R2's wound was discussed in wound meetings and did show some improvement on some of the wound assessments, but stated she relies on the wound nurse's reports to keep her updated. V20 stated if a wound does not show improvement after a few weeks, she would probably change the treatment. V20 stated she was reviewing the orders and did not see where the order had been changed after the treatment for Silvadene cream and calcium alginate dressing was ordered on 7/30/21.  The facility's policy, "Skin Integrity," dated August 2014, documents, "Purpose: Residents identified to be at risk for skin breakdown (pressure ulcers) will have a routine assessment and interdisciplinary (IOT) care plan process inolemented to maintain and/ori miprove skin	NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
Summary Statement of DeFiciencies (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG.)  See Continued From page 8  dressing and then Silvadene and calcium alginate to clean off the slough. She stated the topical medical- grade honey dressing is not documented because the wound nurse forgot to write the order. V2 stated they tried to get in touch with R2's family to get consent for the wound specialist to evaluate and treat R2's wound but they didn't answer the phone calls. She stated there were nurses on duty when family came to visit that could have gotten consent from family while they were there for the wound specialist to treat R2's wounds.  On 9/21/21 at 11:20 AM, V20 R2's physician returned call. She reviewed R2's orders for wound treatment and her progress notes. V20 slated she did not have any additional information regarding R2's wound. She stated R2's wound was discussed in wound meetings and did show some improvement on some of the wound assessments, but stated she relies on the wound nurse's reports to keep her updated. V20 stated if a wound does not show improvement after a few weeks, she would probably change the treatment. V20 stated she was reviewing the orders and did not see where the order had been changed after the treatment for Silvadene cream and calcium alginate dressing was ordered on 7/30/21.  The facility's policy, "Skin Integrity," dated August 2014, documents, "Purpose: Residents identified to be at risk for skin breakdown (pressure ulcers) will have a routline assessment and interdisciplinary (IDT) care plan process implemented to maintain and/or improve skin			ONE PER	RYMAN STR	EET		
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 8  dressing and then Silvadene and calcium alginate to clean off the slough. She stated the topical medical-grade honey dressing is not documented because the wound nurse forgot to write the order. V2 stated they tried to get in touch with R2's family to get consent for the wound specialist to evaluate and treat R2's wound but they didn't answer the phone calls. She stated there were nurses on duty when family came to visit that could have gotten consent from family while they were there for the wound specialist to treat R2's wounds.  On 9/21/21 at 11:20 AM, V20 R2's physician returned call. She reviewed R2's orders for wound treatment and her progress notes. V20 stated she did not have any additional information regarding R2's wound. She stated R2's wound was discussed in wound meetings and did show some improvement on some of the wound assessments, but stated she relies on the wound nurse's reports to keep her updated. V20 stated if a wound does not show improvement after a few weeks, she would probably change the treatment. V20 stated she was reviewing the orders and did not see where the order had been changed after the treatment for Silvadene cream and calcium alginate dressing was ordered on 7/30/21.  The facility's policy, "Skin Integrity," dated August 2014, documents, "Purpose: Residents identified to be at risk for skin breakdown (pressure ulcers) will have a routline assessment and interdisciplinary (IDT) care plan process implemented to maintain and/or improve skin	CEDARR	IDGE HEALTH & RE	HAB CTR LEBANO	N, IL 62254			
dressing and then Silvadene and calcium alginate to clean off the slough. She stated the topical medical- grade honey dressing is not documented because the wound nurse forgot to write the order. Vz stated they fried to get in touch with R2's family to get consent for the wound specialist to evaluate and freat R2's wound but they didn't answer the phone calls. She stated there were nurses on duty when family came to visit that could have gotten consent from family while they were there for the wound specialist to treat R2's wounds.  On 9/21/21 at 11:20 AM, V20 R2's physician returned call. She reviewed R2's orders for wound treatment and her progress notes. V20 stated she did not have any additional information regarding R2's wound. She stated R2's wound was discussed in wound meetings and did show some improvement on some of the wound assessments, but stated she relies on the wound nurse's reports to keep her updated. V20 stated if a wound does not show improvement after a few weeks, she would probably change the treatment. V20 stated she was reviewing the orders and did not see where the order had been changed after the treatment for Silvadene cream and calcium alginate dressing was ordered on 7/30/21.  The facility's policy, "Skin Integrity," dated August 2014, documents, "Purpose: Residents identified to be at risk for skin breakdow (pressure ulcers) will have a routine assessment and interdisciplinary (IDT) care plan process implemented to maintain and/or improve skin	PRÉFIX	(FACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	COMPLETE
to clean off the slough. She stated the topical medical- grade honey dressing is not documented because the wound nurse forgot to write the order. V2 stated they tried to get in touch with R2's family to get consent for the wound specialist to evaluate and treat R2's wound but they didn't answer the phone calls. She stated there were nurses on duty when family came to visit that could have gotten consent from family while they were there for the wound specialist to treat R2's wounds.  On 9/21/21 at 11:20 AM, V20 R2's physician returned call. She reviewed R2's orders for wound treatment and her progress notes. V20 stated she did not have any additional information regarding R2's wound. She stated R2's wound was discussed in wound meetings and did show some improvement on some of the wound assessments, but stated she relies on the wound nurse's reports to keep her updated. V20 stated if a wound does not show improvement after a few weeks, she would probably change the treatment. V20 stated she was reviewing the orders and did not see where the order had been changed after the treatment for Silvadene cream and calcium alginate dressing was ordered on 7/30/21.  The facility's policy, "Skin Integrity," dated August 2014, documents, "Purpose: Residents identified to be at risk for skin breakdown (pressure ulcers) will have a routine assessment and interdisciplinary (IDT) care plan process implemented to maintain and/or improve skin	\$9999	Continued From pa	age 8	\$9999			
integrity. The objective is to create an on-going process to identify and actively manage risk and/or skin integrity issues, and determine	S9999	dressing and then a to clean off the slow medical- grade hor documented becaute write the order. V2 with R2's family to specialist to evaluate they didn't answer there were nurses visit that could have while they were the treat R2's wounds.  On 9/21/21 at 11:2 returned call. She wound treatment a stated she did not regarding R2's wowas discussed in visome improvement assessments, but nurse's reports to a wound does not weeks, she would V20 stated she was not see where the treatment for Salginate dressing with the treatment for Salginate dressing will have a routine interdisciplinary (II implemented to mintegrity. The objectives to identify process to identify	Silvadene and calcium alginate ugh. She stated the topical ney dressing is not use the wound nurse forgot to stated they tried to get in touch get consent for the wound ate and treat R2's wound but the phone calls. She stated on duty when family came to be gotten consent from family ere for the wound specialist to an experience of the wound stated R2's wound wound meetings and did show an experience of the wound stated she relies on the wound wound meetings and did show probably change the treatment as reviewing the orders and did order had been changed after silvadene cream and calcium was ordered on 7/30/21.  The probably change the treatment of the probably change the prob				

Illinois Department of Public Health							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		1 ' '	MULTIPLE CONSTRUCTION SUILDING:		(X3) DATE SURVEY COMPLETED		
	12		B. WING		C	C 09/23/2021	
		IL6002869	B. WIII		[ 09/23	72021	
NAME OF P	ROVIDER OR SUPPLIER			TATE, ZIP CODE			
CEDARE	IDGE HEALTH & RE		RYMAN STRI	EET			
OLDAIN!		LEBANO	N, IL 62254	DOCUMENTO DI ANI OF CORRECTIO	DN	445)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE COMPLET		
S9999	Continued From pa	age 9	S9999				
	identified post-adm following document Wound specifics: It specifically as possilength, width and disuperficial wound of measure on the me "0.1 cm) or "less thand description of mecrotic tissue, escondification of physics ponsible party."	skin integrity issues are hission to the facility the sted information is required: ocation of wound-as sible, size of wound including epth in centimeters. For depth state the smallest easuring guide (for example, an 0.1cm; amount of drainage, wound bed; presence of char or slough, color, moist or d symptoms of infection, bunding tissue, stage of wound, ician, notification of It further documents, "19. If no signs of improvement in 2-4 interventions and plan of care."					
		"B"					

Illinois Department of Public Health STATE FORM