

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006860	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/04/2021
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NAME OF PROVIDER OR SUPPLIER ODD FELLOW-REBEKAH HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 201 LAFAYETTE AVENUE EAST MATTOON, IL 61938
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S 000	Initial Comments Complaint Investigation 2167189/IL138699	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 d)3) 300.1210 d)5) 300.1220 b)2) 300.1220 b)3) 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 plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>care needs of the resident.</p> <p>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:</p> <p>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.</p> <p>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</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of 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>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on record review and interview the facility failed to provide timely assessment, monitoring, and treatment for a new facility acquired pressure injury for one (R2) of three residents reviewed for pressure injuries. This failure resulted in R2 developing a stage 4 wound to sacrum.</p> <p>Findings include:</p> <p>The facility policy titled 'Wound and Ulcer Policy and Procedure', revised 1/10/18, documents the following: "When a resident is found to have a wound, the licensed nurse will complete the following: document assessment of the wound in the medical record, initiate the treatment protocol for the appropriate stage of ulcer, care interventions for staff involved in the residents care are communicated via the resident care plan and assessment of progress toward healing is completed weekly."</p> <p>R2's undated Face Sheet documents admission date of 5/17/21, with diagnoses of: Chronic Obstructive Pulmonary Disorder (COPD), Iron Deficiency Anemia and history of Malignant Neoplasm of Lung and Breast.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>R2's Minimum Data Set (MDS), dated 9/1/21, documents a Brief Interview for Mental Status score of 12 out of 15 total possible points, indicating cognitive ability is intact. This same MDS documents R2 requires extensive two person assist for bed mobility, personal hygiene and transfers.</p> <p>R2's Shower and Skin Observation Reports, dated 8/13/21, 8/17/21, 9/25/21, 9/28/21 and 9/29/21, documents showers/bed baths were given on these dates. R2's medical record does not have any other documentation of showers/bed baths being given.</p> <p>R2's Skin Observation task documents a new reddened area on 9/8/21. R2's Nurse Progress Notes in Electronic Medical Records (EMR) do not document a new reddened area on 9/8/21. R2's EMR does not document assessment or monitoring of R2's new reddened area on coccyx.</p> <p>On 10/4/21 at 11:30 AM, V15, Certified Nurse Aide (CNA), stated took care of R2 on 9/8/21 and noticed a reddened area "on (R2's) bottom right where the bone is." V15 stated R2 stated area was painful. V15 stated, "I (V15) can't remember who the nurse was that day but I (V15) did notify the nurse of (R2's) red painful bottom. (R2) had a red bottom that entire afternoon. The redness never went away. Every time I (V15) provided incontinence care for (R2), it (R2's) sacral area was dark red."</p> <p>R2's Care Plan intervention, dated 5/18/21, documents "protect my skin from scrapes, bumps, pressure and tight fitting clothes." This same Care Plan does not include R2's stage 4 Pressure Injury on Sacrum. There was no documentation between 9/8/21 and 9/16/21 of</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>R2's coccyx wound.</p> <p>R2's Initial Wound Evaluation and Management Summary, dated 9/28/21, documents a Stage 4 Full Thickness Pressure Wound on R2's Sacrum with 20% of R2's Stage 4 Sacral Pressure Wound being tendon and bone.</p> <p>On 10/1/21 at 11:45 AM, V2, Director of Nursing, confirmed R2 received a Stage 4 Pressure Injury to Sacrum at facility. V2 stated, "The nurses were signing off in the Treatment Administration Record (TAR) that R2's skin checks were being completed. I (V2) don't know how we (facility) didn't notice an open pressure ulcer on (R2's) coccyx until it measured 6.0 centimeter (cm) x 10.0 cm x 0.2 cm Stage 4 Pressure Wound, if we (facility) were actually doing the skin checks. The first time the wound was documented was on 9/16/21, after it had already progressed to a stage 4." V2 stated R2 was living on another hall, and then tested positive for COVID-19 so was moved to the designated COVID-19 hall. "(R2's) wound was noted the same day (R2) moved to the new hall. I (V2) have already talked with those nurses. I (V2) was NOT happy about this. We (facility) should be doing better than this for our residents."</p> <p>On 10/1/21 at 1:00 PM, V11, Licensed Practical Nurse (LPN)/Wound Nurse, stated V11 was notified of R2's large open area to coccyx on 9/16/21. V11 stated V11 was not aware R2 had any pressure areas prior to 9/16/21. V11 stated a skin assessment should include all high risk skin areas and pressure points. V11 stated, "ideally a head to toe skin assessment should be completed by a licensed nurse. At the very least a resident high risk for skin breakdown should be assessed daily including all high risk skin areas</p>	S9999		
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S9999	Continued From page 5 and pressure points. This wound should not have been missed." " B"	S9999		