

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005797	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MARIGOLD REHABILITATION HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST CARL SANDBURG DRIVE GALESBURG, IL 61401
--	--

(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
S 000	Initial Comments	S 000		
S9999	<p>Annual Licensure and Certification</p> <p>Final Observations</p> <p>Statement of Licensure Violation</p> <p>300.610a) 300.1010h) 300.1210a) 300.1210b) 300.1210d)5) 300.1220b)3) 300.3240a)</p> <p>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.</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</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005797	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MARIGOLD REHABILITATION HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST CARL SANDBURG DRIVE GALESBURG, IL 61401
--	--

(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	<p>Continued From page 1</p> <p>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</p> <p>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)</p> <p>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.</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>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		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005797	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MARIGOLD REHABILITATION HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST CARL SANDBURG DRIVE GALESBURG, IL 61401
--	--

(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	<p>Continued From page 2</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 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 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 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>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 observation, record review, and interview the facility failed to implement daily skin checks, obtain treatment orders once a pressure ulcer was identified, implement pressure relieving interventions, and provide timely turning and repositioning for one of four residents (R90) reviewed for pressure ulcers in a sample of 33.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005797	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MARIGOLD REHABILITATION HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST CARL SANDBURG DRIVE GALESBURG, IL 61401
--	--

(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	<p>Continued From page 3</p> <p>These failures resulted in R90 developing a facility-acquired, painful stage three pressure ulcer that worsened to a non-stageable pressure ulcer and required surgical debridement (removal of necrotic (dead) tissue and establish the margins of living tissue) on three separate occasions.</p> <p>Findings include:</p> <p>The National Pressure Ulcer Advisory Panel Pressure Injury Prevention Points dated 04/2016 documents, "Turn and reposition all individuals at risk for pressure injury, avoid positioning the individual on the body areas with the pressure injury, and reposition weak or immobile residents in the chair every hour. All residents at high risk of pressure ulcer risk perform skin checks daily. "</p> <p>The facility's Pressure Sore Prevention Guidelines dated 01/2018 documents, "It is the facility's policy adequate interventions for the prevention of pressure ulcers for residents who are identified as high or moderate risk for skin breakdown as determined by the Braden Scale (Pressure Ulcer Risk Assessment). High Risk Interventions include: Daily skin checks, turning and re-positioning every two hours (Turning and re-positioning may be more than every two hours for high risk, if indicated). Care Plan entry. Skin risk and appropriate interventions are to be placed on the care plan. If despite interventions a pressure ulcer develops, the care plan must reflect updated interventions for healing of ulcers and additional interventions for further preventions of pressure ulcers. Any resident scoring a high or moderate risk for skin breakdown will have daily scheduled skin checks on the treatment record. Skin checks will be completed and documented by the nurse."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005797	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2021
--	---	---	--

NAME OF PROVIDER OR SUPPLIER MARIGOLD REHABILITATION HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST CARL SANDBURG DRIVE GALESBURG, IL 61401
---	--

(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	<p>Continued From page 4</p> <p>R90's Physician's Order Sheets dated 7-1-21 through 7-31-21 documents R90 has the diagnoses of Severe Spinal Stenosis and Dementia and is receiving skin checks weekly.</p> <p>R90's MDS's (Minimum Data Set) Assessments dated 5-7-21 and 6-30-21 document R90 is cognitively intact, requires extensive physical assistance of two staff for bed mobility, and is totally dependent on two staff for toileting.</p> <p>R90's MDS Assessment dated 6-30-21 documents R90 has one unstageable pressure ulcer that was acquired within the facility.</p> <p>R90's Braden Scale for Predicting Pressure Ulcer Risk dated 5-7-21 and 6-30-21 document R90 is "High risk" for development of pressure ulcers.</p> <p>R90's Shower/Abnormal Skin Report dated 5-5-21 and signed by V8 (CNA/Certified Nursing Assistant) and V10 (Licensed Practical Nurse/LPN) documents R90 had a "sore spot" to the right buttock.</p> <p>R90's Nurse's Notes dated 5-5-21 and signed by V10 document, "(R90) received shower this shift with no new skin issues noted."</p> <p>R90's Physician's Order Sheets and Nurse's Notes dated 5-5-21 through 5-19-21 do not include an assessment or documentation about R90's right buttock wound.</p> <p>R90's Nurse's Notes dated 5-21-21 document "(R90) seen by (V9/Wound Physician) for new wound on right buttock. Stage three 0.5 x 1.0 x 0.3 cm (centimeters). (V9) ordered Hydrocolloid (Occlusive dressing). Orders processed."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005797	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/14/2021
--	--	--	---

NAME OF PROVIDER OR SUPPLIER MARIGOLD REHABILITATION HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST CARL SANDBURG DRIVE GALESBURG, IL 61401
--	--

(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	<p>Continued From page 5</p> <p>R90's Wound Evaluation and Management Summary dated 5-21-21 and signed by V9 (Wound Physician) documents, "(R90) has a stage three pressure wound of the right buttock for at least one day in duration. There is light serosanguinous (bloody yellowish) exudate (drainage). Etiology: Pressure. Wound size 0.5 x 1 x 0.3 cm (centimeters). Dressing Treatment Plan: Hydrocolloid dressing apply every three days for 30 days. Recommendations: Reposition per facility protocol; Off-load wound; Turn side to side and front to back in bed every one to two hours as able; Limit sitting to 30 minutes. Asked that the dietician revisit nutritional status."</p> <p>R90's Wound Evaluation and Management Summary dated 6-17-21 and signed by V9 documents, "Stage three pressure wound of the right buttock documents, "Etiology: Pressure. Wound size 2.0 x 4 x 0.1 cm. Wound progress: Deteriorated. Procedure to (right buttock pressure ulcer) Surgical Excisional Debridement. Recommendations: Reposition per facility protocol; Off-load wound; Turn side to side and front to back in bed every one to two hours as able; Limit sitting to 30 minutes."</p> <p>R90's Wound Evaluation and Management Summary dated 6-24-21 and signed by V9 documents, "Unstageable wound of the right buttock documents, "Etiology: Pressure. Stage: Unstageable Necrosis (dead tissue). Wound size 0.5 x 1.5 x non-measurable cm. Slough (yellow soft dead tissue) 50 percent. Procedure (right buttock pressure ulcer) Surgical Excisional Debridement. Recommendations: Reposition per facility protocol; Off-load wound; Turn side to side and front to back in bed every one to two</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005797	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MARIGOLD REHABILITATION HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST CARL SANDBURG DRIVE GALESBURG, IL 61401
--	--

(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	<p>Continued From page 6</p> <p>hours as able; Limit sitting to 30 minutes."</p> <p>R90's Wound Evaluation and Management Summary dated 7-1-21 and signed by V9 documents, "Unstageable wound of the right buttock documents, "Etiology: Pressure. Stage: Unstageable Necrosis. Wound size 0.5 x 1.0 x non-measurable cm. Slough 70 percent. Procedure to (right buttock pressure ulcer) Surgical Excisional Debridement. Recommendations: Reposition per facility protocol; Off-load wound; Turn side to side and front to back in bed every one to two hours as able; Limit sitting to 30 minutes."</p> <p>R90's Pressure Ulcer Care Plan dated 5-20-21 does not include the pressure relieving interventions recommended by V9 to off load R90's pressure ulcer to the right buttock and limit R90's sitting to 30 minutes.</p> <p>On 07/11/21 from 11:30 AM through 1:15 PM, R90 was sitting in the dining room in a wheelchair with a mechanical lift sling underneath her. R90's right buttock pressure ulcer area was not off-loaded.</p> <p>On 07/12/21 at 09:11 AM to 11:00 AM, R90 was lying in bed, on her back with no offloading to the pressure ulcer on her right buttock. R90 stated, "The sore on my butt was caused from the staff not turning me enough. I cannot turn myself to get off of my butt. The sore really hurts."</p> <p>On 07/12/21 at 11:22 AM V8 (Certified Nursing Assistant/CNA) and V7 (Licensed Practical Nurse/LPN) turned R90 to her left side. R90's right buttock pressure ulcer measured approximately 0.4 cm x 0.5 cm x 0.2 cm with 50 percent dark brownish/purple tissue within the</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005797	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MARIGOLD REHABILITATION HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST CARL SANDBURG DRIVE GALESBURG, IL 61401
--	--

(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	<p>Continued From page 7</p> <p>wound. V7 applied a new occlusive dressing. R90 stated, "Ouch. Ouch." while her pressure ulcer was being cleansed and the treatment was applied.</p> <p>On 07/13/21 at 10:10 AM V10 (LPN) stated, "I did not see that (R90) had a sore spot on her buttock according to (R90's) shower skin report. I should have assessed the area, called the physician, and filled out the necessary paperwork."</p> <p>On 07/12/21 at 01:50 PM V3 (Assistant Director of Nursing) stated, "On 5-5-21, the staff should have filled out a newly acquired skin issue sheet when (R90's) wound was identified, and the physician should have been notified for a treatment order. Then the staff should have put (R90) on the list to see V9 (Wound Physician). The staff should have recognized the pressure ulcer on 5-5-21 and obtained a treatment on 5-5-21 for the right buttock. (R90's) wound to the right buttock was due to pressure. The staff should be offloading (R90) off of the right buttock as much as possible. (R90's) interventions as documented on (V9's) wound evaluations to off-load the wound and limit (R90's) sitting to 30 minutes has not been added as interventions to (R90's) pressure ulcer care plan. (R90) is at a high risk for pressure ulcer development according to her Braden Scale assessment and she should have had daily skin checks before and after her pressure ulcer developed. This did not happen. (R90) has only been getting weekly skin checks."</p> <p>(B)</p>	S9999		