

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6011613</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/02/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HENRY REHAB AND NURSING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1650 INDIAN TOWN ROAD HENRY, IL 61537</b>
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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
S 000	Initial Comments	S 000		
	First Probationary Licensure Survey			
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 d) 5</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 300.1210 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 care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following</p>	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>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 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>The REQUIREMENTS were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to monitor and assess a pressure wound weekly for one of two residents (R4) reviewed for pressure sores in the sample of five.</p> <p>Findings include:</p> <p>The facility's Wound Care Policy (revised 11/5/19) documents "7. Any skin impairments, including pressure ulcers, non-pressure ulcer wounds, surgical wounds, skin tears, abrasions, etc., should be assessed and documented weekly by the Wound Nurse, or designee, on the PCC (Point Click Care) Weekly Wound Assessment."</p> <p>R4's Physician Order Sheet dated 9/20/21 documents diagnosis includes Peripheral Vascular Disease and Type Two (2) Diabetes Mellitus with Diabetic Nephropathy and an order to "Cleanse Rt (right) LE (lower extremity) with NS (normal saline); pat dry; apply (compression dressing) to Rt LE; wrap with (gauze) and (elastic</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>bandage) weekly and prn (as needed)."</p> <p>On 9/2/21 at 7:00 am, R4 had a pressure sore on the back of his right heel measuring 2 (two) centimeters (cm) in length, 3 (three) cm in width, and no depth.</p> <p>R4's Weekly Wound Logs for his right heel pressure ulcer were dated 7/1/21, 7/21/21, and 8/25/21. On 7/21/21 R4's right heel wound was documented as a stage two pressure sore that measured 1.5 (one and one-half) cm by 2.0 cm with no depth, and had a dark pink wound bed. On 8/25/21 R4's right heel wound measured 3cm by 2.5 (two and one-half) cm and had granulation tissue present.</p> <p>On 9/1/21 at 12:45pm, V2 Director of Nursing, confirmed that there were no other wound logs/monitoring for R4 from 7/1/21 through 8/31/21 and stated, "(R4's) wound measurements were just missed. The nurses are supposed to measure the wounds weekly when they do the treatments."</p> <p>"C"</p>	S9999		