STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012058	A. BUILDING: _____ B. WING _____	08/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSHUA MANOR	120 WEST LOCUST STREET HOYLETON, IL 62803

(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
Z 000	COMMENTS Annual Certification Survey	Z 000		
Z9999	FINDINGS Statement of Licensure Violations: 350.620 a) 350.1210 b) 350.3240 a) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1210 Health Services b) Nursing services to provide immediate supervision of the health needs of each resident by a registered professional nurse or a licensed practical nurse, or the equivalent. Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These requirements are not met as evidenced by: Based on observation, record review, and interview, the facility's governing body failed to implement policies and procedures, failed to implement policies and procedures to prevent neglect, and failed to provide timely health care	Z9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012058	A. BUILDING: _____ B. WING _____	08/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSHUA MANOR	120 WEST LOCUST STREET HOYLETON, IL 62803

(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
Z9999	Continued From page 1 services in accordance with an individual's needs by their failure to: <Ensure staff completed an Accident/Incident report upon discovery of an open wound, (R2, R3). <Ensure staff reported an open wound to the Registered Nurse once identified, (R2). < Ensure an assessment was completed by Registered Nurse after an Emergency room visit, (R2). <Monitor and thoroughly document the status of wound, (R2). <Ensure an initial skin assessment was completed after discovery of a wound and follow-up skin assessments, including weekly measurements were obtained of a wound, (R2, R3). <Ensure a follow up appointment with primary Physician after an Emergency room visit, (R2). <Ensure an initial skin assessment was completed after discovery of a wound and follow-up skin assessments, including weekly measurements were obtained of a wound These failures resulted in a delay in treatment for a period of 20 days from the first date documented on 6-12-21, for a venous stasis ulcer on R2, which led to the resident being transferred to a local hospital emergency room for worsening condition, which subsequently led to an infection of his wound that did not receive treatement until 7-2-21.	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012058	A. BUILDING: _____ B. WING _____	08/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSHUA MANOR	120 WEST LOCUST STREET HOYLETON, IL 62803

(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
Z9999	Continued From page 2 Findings include: The facility's policy titled, "Incidents/Accidents-Resident or Visitor," dated 3/2019, documents in part: "POLICY: All incidents will be reported to the RSD/Adm (Residential Service Director/Administrator) and for review by nursing. DEFINITION: Incident-Any occurrence that has produced or can produce an injury as a result of an event. Examples-bruises, falls, abrasions, skin tears, sexual aggression toward another, etc. PROCEDURE: 2. The incident will be reported to the RN or RSD if there is an injury that requires the care of a physician or outside service or perhaps needs guidance from nursing on an issue. 4. The RSD/Adm and nurse will be notified as soon as practical, but not more than 24 hours later, of any incident requiring the services of a physician, hospital, police, fire department, coroner or other service provider on an emergency basis or if abuse is suspected. Notification will also be completed if any incident has the potential to have a significant effect on the health, safety, or welfare of the resident. Physician will be notified of non emergent incidents during regularly scheduled office hours. 5. If the incident is not an emergency, an incident report is completed upon discovery of the injury." The facility's policy titled, "Abuse and Neglect Program," dated 8/2021, documents in part: "Policy: It is the policy of this facility that all residents have the right to be free from verbal, sexual, physical and mental abuse, corporal punishment, involuntary seclusion, misappropriation of property an neglect. Residents are not to be subjected to abuse, corporal punishment, and misappropriation of property or neglect by anyone, including, but not limited to, facility staff, other residents,	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012058	A. BUILDING: _____ B. WING _____	08/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSHUA MANOR	120 WEST LOCUST STREET HOYLETON, IL 62803

(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
Z9999	Continued From page 3 consultants or volunteers, staff or other agencies serving the resident, family members or legal guardians, friends or other individuals. DEFINITIONS: Neglect-Failure to provide goods and/or services necessary to avoid physical harm, mental anguish or mental illness. " The facility's policy titled, "Nursing Services", dated 4/2021, documents in part, "Nursing Service Assessment: 6. Chronic ongoing health interventions. Unusual Occurrences: 1. Assessment completed within 24 hours of occurrence." The facility's policy titled, "Dressings", dated 3-2007, documents in part, "15. Document procedure in clinical record and include pertinent observations." 1a. R3's Physician Order (POS) dated 8/2021, documents R3 functions in the Mild Range of Intellectual Disabilities with additional diagnoses of Edema BLE (Bilateral Lower Extremities), History of Chronic Non-Pressure Ulcer BLE, History of Osteomyelitis and Right 4th & 5th Toe Amputation. Review of R3's Skin Assessment Sheet, dated between 11-19-20 through 1-22-21, documents in part, "R3 has a history of open areas and cellulitis to his feet/legs. Skin must be evaluated twice daily at 7am and 8pm to ensure there isn't worsening of symptoms (swelling, redness, drainage, and odor) increased depth and/or increase in number of open areas. During examination, if abnormal finding is noted, the RN must be notified for further instructions. Measurements and further exams will be completed by the RN trainer weekly." Further	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012058	A. BUILDING: _____ B. WING _____	08/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSHUA MANOR	120 WEST LOCUST STREET HOYLETON, IL 62803

(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
Z9999	Continued From page 4 review of R3's skin assessment sheet documents on 1-4-21, R3 had an open area on his knee. The assessment does not specify if the open area developed to the right or left knee and provides no further information regarding the open area to R3's knee. Review of R3's nursing notes, dated between 1-2021 through 6-2021, does not document an initial nursing assessment was completed for R3's wound to his knee. Information regarding R3's knee does not begin until 1-22-21 and documents in part: "1-22-21: Reopened R knee wound on 1-4-21. Was seen by wound on 1-20-21. Area approx quarter size. Scant seros. sang. drng. noted. Slight warmth to area noted. 1-28-21: Skin assessment completed. Open areas remain to R knee. Area to R knee unchanged. No other open areas observed. 2-25-21: Area to R knee unchanged. Remains quarter sized. No s/s of infection observed. 3-04-21: R knee marked improvement. Cont to see wound. 3-18-21: R knee improving. 4-02-21: R knee slight improvement. 4-14-21: R knee has marked improvement. No other open areas observed. 4-28-21: R knee area nearly healed. Nickel size. No other open areas noted. 5-14-21: R knee improving. Skin assessment complete. No red areas/open areas noted. 6-01-21: R knee nearly healed. Cont to see wound clinic. No new open areas observed." The last entry for R3's nursing notes is dated 6-1-21. Review of R3's clinic progress note, dated 8-9-21, documents he was evaluated for a follow-up to	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012058	A. BUILDING: _____ B. WING _____	08/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSHUA MANOR	120 WEST LOCUST STREET HOYLETON, IL 62803

(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
Z9999	Continued From page 5 his right knee wound. The report documents, "Wound Assessment(s): Wound #7 Right Knee is an acute Stage 4 Pressure Injury Pressure Ulcer and has received a status of Not Healed. Subsequent wound encounter measurements are 1.7cm (centimeters) length x 1.1cm width with no measurable depth, with an area of 1.87 sq cm (square centimeters). Adipose is exposed. Hypergranulation was noted. No tunneling has been noted. No sinus tract has been noted. No undermining has been noted. There is moderate amount of drainage noted which has no odor. The patient reports a wound pain level 0/10. Wound bed has Yes epithelialization, yes pink granulation." Interview with E3/RNT (Registered Nurse Trainer) on 8-11-21 at 1:20 PM, E3 was asked if the wound discovered on 1-4-21 to R3's knee was his right knee and if it is the same wound he currently has? E3 stated, "Yes." In the same interview, E3 confirmed weekly skin assessments with measurements of R3's right knee were not being completed from the time he acquired the wound to present date. Interview with E2/RNT on 8-11-21 at 2:15 PM, E3 was asked when would you expect a skin assessment to be completed after the discovery of a wound? E2 stated, "Within 24 hours during the week and 48 hours over the weekend." When asked for the incident report for R3's injury to his knee that occurred on 1-4-21, E2 stated, "I don't have it." 1b. R2's Individual Service Plan (ISP), dated 8/5/2021, documents R2 functions at the Moderate Range of of Individuals with Intellectual Disabilities. R2's ISP further documents the diagnoses of Deep Vein Thrombosis to bilateral	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012058	A. BUILDING: _____ B. WING _____	08/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSHUA MANOR	120 WEST LOCUST STREET HOYLETON, IL 62803

(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
Z9999	Continued From page 6 lower extremities, Venous Stasis Ulcer Left Lower extremity, Thrombectomy, Peripheral artery stent, and a history of Cellulitis bilateral lower extremities. Review of R2's Skin Assessment sheets, beginning 5/20/2021-6/7/2021, documents on 6/12/2021 at 7:00 AM, "Spot on Right Leg." During telephone interview on 8/12/2021 at 8:00 AM, E4/Direct Support Personal (DSP) stated, "I did document the spot on 6/12/2021 of (R2's) open spot on the Skin Assessment form, it was on his left leg." E4/DSP was asked if an RN notification was made at that time or if an injury report was completed? E4 stated "No, it was probably made verbally, I thought someone else had completed the injury report form, I was told it was identified earlier over the weekend." There is no documentation within R2's or R3's record of an incident report being completed upon the discovery of their wounds. 2. Review of R2's Skin Assessment sheets, dated between 5-20-21 through 8-11-21, documents, "(R2) has a history of open areas to his lower legs. Skin must be evaluated twice daily at 7 AM and 8PM to ensure there isn't worsening of symptoms (swelling, redness, drainage, and odor) increased depth and/or increase in number of open areas. Initial the appropriate box indicating that exam was complete, mark an x in column for "No new swelling, redness, drainage, or odor" or an x in column for "New swelling, redness, drainage, or odor". During examination, if abnormal finding is noted, the RN must be notified for further instructions. Measurements and further exams will be completed by RN trainer weekly."	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012058	A. BUILDING: _____ B. WING _____	08/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSHUA MANOR	120 WEST LOCUST STREET HOYLETON, IL 62803

(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
Z9999	Continued From page 7 Further review of R2's documentation on the Skin Assessment sheet documents: 6-8-21 through 6-11-21, prior to the wound being identified on 6-12-21, which documented, "Spot on Right Leg, " there are no documented assessments. 5-20-21 through 6-7-21, 6-30-21 through 8-11-21: R2's skin assessments were completed only once daily. 6-29-21, 6-30-21, 7-23-21 through 7-25-21 and 8-1-21: No skin assessments were documented. 7-6-21 and 8-5-21 were the only 2 days an assessment was completed twice a day. All assessments that were documented were checked with an "x" indicating, "No new swelling, redness, drainage, or odor." All entries for R2's skin assessments do not include an initial assessment describing the status and appearance of the wound, nor is there measurements of the wound or any follow-up skin assessments. On 6/14/2021 at 5:28 PM, an incident report was completed on (R2) by E7/DSP and documents, "After dinner resident (R2) came up to staff telling them he wanted to show them a spot on his leg. Both staff went to his room to look at his leg. Staff immediately notified nurse (E2). Area on leg looks swollen, but not warm to touch. Open wound around the size of a quarter. Area is red around wound and blackish around skin. Very sore while walking and to touch." Further review of the incident report does not have any instructions provided to staff by E2/RN on 6/14/2021 until 6/15/2021 which E2/RN documents, "Picked area to chronic ulcer on Left Lower Extremity (LLE). Scant drainage and redness observed. to follow up with wound. Gave instructions to watch for	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012058	A. BUILDING: _____ B. WING _____	08/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSHUA MANOR	120 WEST LOCUST STREET HOYLETON, IL 62803

(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
Z9999	Continued From page 8 signs and symptoms of infection." There are no measurements of the wound documented. In an interview with E2/RN on 8-11-21 at 1:15 PM, E2 clarified her documentation in R2's incident report, dated 6-14-21, stated, "to follow up with wound," meant R2 will be taken to the wound clinic for evaluation. There is no evidence of a thorough initial skin assessment and no evidence of documentation of weekly skin assessments to include measurements of the wound for both R2 and R3. Review of the Registered Nurse Call log, dated 6/25/2021, documents, "R2 was sent to the emergency room for a sore spot on his leg at 7:29 PM." Review of R2's ER (Emergency Room) after visit summary, dated 6/25/2021, documents, "Diagnoses: Chronic pain of left lower extremity, Venous Stasis ulcer of left calf, unspecified ulcer stage, unspecified whether varicose veins present." Further review of R2's ER summary report documents R2 returned back to the facility on 6/25/2021 at at 10:08 PM, and documents, "Schedule an appointment with (Z1) Primary Physician as soon as possible for a visit in 2 days around 6/27/2021." Review of R2's medical record does not document an appointment was made with Z1 as ordered by the Emergency Room Physician. Review of R2's wound clinic note, dated 7/2/2021, documents, Chief Complaint "My left leg" Objective: Wound assessment: "Wound #10 left Medial Leg-lower is a chronic Full Thickness Venous Ulcer and has received a status of Not Healed. Initial wound encounter measurements	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012058	A. BUILDING: _____ B. WING _____	08/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSHUA MANOR	120 WEST LOCUST STREET HOYLETON, IL 62803

(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
Z9999	Continued From page 9 are 4.5 centimeters (cm) length x 4.5cm width x 0.2cm depth, with an area of 20.25sq cm and a volume of 4.05 cubic cm. Adipose is exposed. No tunneling has been noted. No sinus tract has been noted. No undermining has been noted There is a moderate amount of serosanguineous drainage noted which has no odor. The patient reports a wound pain of 7/10. Wound bed has slough. The temperature of the periwound skin is warm. Periwound skin presents with signs and symptoms of infection. Medication prescribed: Bactrim DS 800 milligrams (mg)-160mg 1 tablet twice daily for 10 days for wound to left leg." Observation of R2's wound on 8/11/2021 at 6:55 AM during dressing change, R2 presents with a left lower leg venous stasis ulcer, measuring approximately a quarter size in diameter. Appearance is as followed: purple and red discoloration with a moderate amount of edema and a moderate amount of serosanguineous drainage noted. Review of R2's MAR (Medication Administration Record) for 7-2021 documents dressing change orders as follows: 7-3-21 through 7-12-21: Dressing change to lower leg, Calcium Alginate, cut dressing to overlap wound by 1/2 inch. Apply to wound bed, cover with 4x4 and rolled gauze. Change daily. 7-13-21: Dressing to left lower leg, apply Medihoney to wound, cover with 4x4 and clean once daily. The MAR is initialed that the dressing changes were completed, however, there is no description of the appearance of the wound itself or the procedure for which the dressing changes were carried out located in R2's clinical record.	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012058	A. BUILDING: _____ B. WING _____	08/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSHUA MANOR	120 WEST LOCUST STREET HOYLETON, IL 62803

(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
Z9999	Continued From page 10 During interview with E2/Registered Nurse (RN) on 8/11/2021 at 1:25 PM, E2 stated, "I did not receive any notification of an open area on (R2's) legs on 6/12/2021. I did receive a call from the staff about R2's sore spot on his left leg on 6/14/2021. I came in and looked at it on 6/15/2021 and the area on his left leg that was black was scabbed, it had a small amount of drainage and redness. I gave instructions to watch for signs and symptoms of infection." E2 was asked if (R2's) Physician was notified of the spot on his left leg? E2 stated, "I know I called the Physician (Z1)and scheduled an appointment with the wound clinic, however I do not have any documentation of the notification being made." E2 was then asked if a follow up appointment with the Primary Physician (Z1) was made for R2 as soon as possible around 6/27/2021 after his Emergency Room visit on 6/25/2021 as instructed? E2 stated, "No." E2 was asked if she herself had assessed R2's leg within 24 hours of the Emergency Room visit on 6/25/2021? E2 stated, "No, I did not see him until 6/30/2021." E2 was asked if she completed an assessment of the wound on 6/30/2021? E2 stated, "No, I did not." E2 was asked if any orders were received from the Physician for dressing changes once (R2's) open area was reported to her on 6/14/2021 until R2 was seen at the wound clinic on 7/2/2021, E2 stated, "No." During interview with E1 (Administrator) on 8/11/2021 at 11:30 AM, E1 was asked if she expected the staff to be documenting the skin assessments twice a day on R2 and reporting new open areas to the Physician? E1 stated, "Yes." E2 was asked if she expected E2/RN to complete an assessment within 24 hours after the emergency room visit on 6/25/2021? E1 stated, "If the policy says an assessment is to be done	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012058	A. BUILDING: _____ B. WING _____	08/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSHUA MANOR	120 WEST LOCUST STREET HOYLETON, IL 62803

(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
Z9999	Continued From page 11 within 24 hours-yes, I would expect an assessment to be done." Telephone interview with Z1/PCP (Primary Care Provider) on 8-12-21 at 1:00 PM, Z1 stated, "I was notified on 6-14-21 of R2's stasis ulcer re-opening. I gave orders for the wound clinic." Z1 was informed the wound clinic appointment was not scheduled until 7-2-21, and R2 had been evaluated in the ER on 6-25-21 for worsening of the wound. Z1 then stated, "I would've expected the facility to contact me about the delay in the wound clinic referral had I known, I would've seen him, so there wouldn't have been a delay in treatment. They need to have a plan in place for someone to be seen sooner if the provider is not available." (B)	Z9999		