FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ C B. WING IL6004402 02/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14688 ILLINOIS HIGHWAY 82 HILLCREST HOME GENESEO, IL 61254 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPIRIATE DATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Facility Reported Incident of 2/1/2021/IL131211 S9999 Final Observations S9999 Statement of Licensure Violations: 300.1210b) 300.1210d)6) 300.1220b)2) 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. Restorative measures shall include, at a minimum, the following procedures: 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: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see Attachment A

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

and assistance to prevent accidents.

that each resident receives adequate supervision

TITLE

Statement of Licensure Violations

(X6) DATE

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_\_\_ C B. WING 02/24/2021 IL6004402 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 14688 ILLINOIS HIGHWAY 82 **HILLCREST HOME** GENESEO, IL 61254 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 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. These requirements were not met as evidenced by: Based on observation, interview and record review, the facility failed to keep a resident's bed away from a heat source and monitor heat surface temperatures to prevent injury for one of three residents (R1) reviewed for supervision in the sample of three. This failure resulted in R1 receiving a burn with blisters to the right knee and requiring medical attention. Findings include: According to the American Burn Association severity determination, dated 5/2017 (ameriburn.org), a "Second degree (partial thickness) burn, skin may be red, blistered. swollen. Very painful." R1's Minimum Data Set assessment (MDS), dated 2/10/21, documents R1's Brief Interview for Mental Status (BIMS) score is a three, indicating

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ C B. WING IL6004402 02/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14688 ILLINOIS HIGHWAY 82 HILLCREST HOME GENESEO, IL 61254 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 2 R1's cognitive status is severely impaired. This MDS also documents R1's bed mobility requires extensive physical assistance of one person. R1's current care plan, dated 2/23/21, documents "Mobility/Transfers: (R1) is in failing health, she likes to spend most of her time in bed." This same care plan documents an intervention, dated 2/17/21, to "Assist (R1) with all bed mobility as needed, since she is getting more and more weak, even if it's just stand by assist. Encourage (R1) to reposition in bed regularly since she is there about the entire day. (R1) has thin skin and her skin could breakdown easily." R1's nursing progress notes, dated 2/18/21 at 3:15 AM, document "Upon bed check at 3:00 AM, V5 (Certified Nursing Assistant) observed two red marks on (R1's) right knee measuring three centimeters by less than one centimeter each. V5 stated that when entering (R1's) room, (R1's) knees were positioned in contact with the heater surface below the window sill. On 2/23/21 at 7:30 PM, V5 (Certified Nursing Assistant) stated "I went in to (R1's) room about 2:30 AM because I had not seen her get up to use the restroom. When I was helping (R1) get out of bed, I felt her legs and they were hot ,so that's when I looked at (R1's) skin. I could see the impression marks from the register on her right knee and two blisters. I called the nurse in and I moved her bed away from the heater. Prior to this incident (R1's) bed was always against the heater. If staff needed to be on both sides of (R1's) bed, you would not be able to access that side without physically moving her bed. When this happened. I felt the heater with my hand and it was hot to touch. I wouldn't want my skin. touching it for sure."

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ C IL6004402 B. WING 02/24/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 14688 ILLINOIS HIGHWAY 82 HILLCREST HOME GENESEO, IL 61254 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 PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 R1's Physician Order sheet, dated 2/23/21, documents an order "To right knee- clean burn area with normal saline, apply Silvadene cream one percent and cover every day shift for wound care until healed." On 2/23/21 at 12:00 PM, R1 was lying in her bed in her room. V6 (Assistant Director of Nursing) peeled back R1's right knee dressing to reveal a clustered reddened area approximately nickel sized with a smaller tan-yellow area in the center. On 2/23/21 at 12:15 PM, V7 (R1's Physician) stated "I came in to see (R1) the day after the incident, on Friday. We felt the radiator (wall heat). It was very hot. I wouldn't want to keep my hand on it for any period of time. Very hot to touch. (R1) initially had a blister on the site but it had released by the time I saw her and just contained the reddened area. The wall heat was very hot when this happened." On 2/23/21 at 12:30 PM, V3 (Maintenance Director) stated "I do not have a log of broiler temps or resident room surface temperatures for the heaters. I don't have anything in place currently to check surface temperatures. Each room could have a different surface temperature. depending on what the heat in the room is set at as well as the outside temperature." On 2/23/21 at 12:40 PM, V2 (Director of Nursing) stated "I am not sure why (R1's) bed was so close to the wall and heater. No explanation for why it was so close." (B)

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