STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015317	A. BUILDING: _____ B. WING _____	C 04/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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 Complaint #2162027/IL132134	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.610a) 300.1010h) 300.1210b) 300.1210d)2) 300.1210d)5) 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 300.1010 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	S9999	**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
	IL6015317	A. BUILDING: _____ B. WING _____	C 04/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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	Continued From page 1 plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 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. 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: 2) All treatments and procedures shall be administered as ordered by the physician. 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. These requirements are not met as evidenced by: Based on observation, interview and record	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015317	A. BUILDING: _____ B. WING _____	C 04/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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	Continued From page 2	S9999		

review the facility failed to provide treatment and services to prevent worsening pressure ulcers for residents. The facility failed to assess, identify, treat and monitor pressure sores. The facility failed to train staff in the provision of pressure ulcer care and prevention. These failures affect 2 of 4 residents (R1, R2) reviewed for pressure ulcers in the sample of four. These failures resulted in R1's pressure wound to R1's left heel progressing from a stage I pressure injury to a wound with visible ligaments and tendons in the wound bed. These failures resulted in R2 developing a stage IV pressure ulcer over the coccyx progressing to the sacral area with tunneling and undermining.

Findings include:

1.) R1's wound assessment dated 1/27/21 documents, "Stage I pressure injury observed to left heel. No signs or symptoms of pain upon palpation. Skin intact, red and non-blanchable. 1.5 cm (centimeter) circular. Skin prep applied to area and heels floated while in bed and hard sole slippers on while (out of bed) for protection and prevention of decline in (pressure injury) condition. (Physician) notified." R1's order dated 1/27/21 documents, "Skin Prep to Left heel every shift. Float heels while in bed and utilize slippers when out of bed." There was no documentation in R1's medical record about R1's left heel pressure area or skin assessment until 3/17/21.

R1's skin assessment dated 3/17/21 documents R1 at high risk for skin alteration. R1's order dated 3/22/21 documents, "Complete a weekly skin check. Report any changes to (physician)." R1's care plan dated 3/27/21 documents, "Stage I

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015317	A. BUILDING: _____ B. WING _____	C 04/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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	Continued From page 3	S9999		

pressure to Left Heel. Float heels when (R1) allows. Lay down between meals and provide treatment to left heel as ordered."

On 3/30/21 at 10:15 AM, R1 was sitting in a reclining wheelchair wearing socks without slippers. R1's right and left heels were observed pressing directly against the footrest straps. On 3/30/21 at 11:35 AM, R1 was sitting at the dining room table, in a reclining chair with socks on, no slippers, and heels pushing against the footrest. On 3/30/21 at 1:25 PM, R1 was lying in bed, sleeping with heels resting on the mattress.

On 3/30/21 at 1:40 PM V3 Certified Nursing Assistant, V4 Licensed Practical Nurse and V5 Licensed Practical Nurse observed R1's left heel wound. The wound was open to deep tissue with white tendons/ligaments showing through and some slough. During the observation the wound was not measured.

On 3/30/21 at 1:45 PM V4 Licensed Practical Nurse stated, "The scab came off. That wound is a stage III or stage IV." On 3/30/21 at 1:55 PM V5 Licensed Practical Nurse stated, it (the wound) is a stage III. "We need to be treating it with something. I know him (R1) as well as anyone and it has gotten worse." When asked why an intervention had not occurred before today, V5 stated, "I don't know." On 3/30/21 at 2:00 PM V2 Director of Nursing stated that the wound doesn't have a treatment order and it has no dressing. There are no skin assessments or measurements for this wound. "I don't feel comfortable saying what stage the wound is, I don't know about wounds."

The facility policy, "Residents at Risk for Skin Break Down" dated 8/14 documents, "4. Heels

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015317	A. BUILDING: _____ B. WING _____	C 04/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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	Continued From page 4 need to be elevated off of the bed by placing a pillow under resident's calves or by placing heel protectors (boots) on the resident when in bed." The facility policy "Pressure Injury Prevention and Treatment Protocol, revised date 7/16 documents the following: "4. Staff will be trained on pressure injury prevention and safety measures to be taken, including identifying redness that remains when pressure is relieved and proper positioning procedures. H. Weekly individual treatment report will be done and put on clinical chart. J. For those residents that cannot reposition themselves, transfer self out of bed or cannot turn and position themselves in bed, staff will be responsible for. K. Special devices will be used to relieve pressure." On 3/31/21 at 2:30 PM, R1 was sleeping on back with feet laying on pillow. V2 Director of Nursing removed R1's left heel dressing. The wound had more slough since viewed on 3/30/21. White areas of tendons/ligaments were exposed and the one o'clock area above the open area was blackened. R1's order dated 3/30/21 documents, "Clean area to (left) heel with Chlorhexidine, rinse pat dry apply heel Optifoam and wrap with rolled gauze. Change (every day and as needed)." On 3/31/21 at 11:45AM V8 Physician/Medical Director stated that the nurse said that it was just a scab. "I would never use Chlorhexidine on this type of wound. I would refer them to a wound center or general surgery." Chlorhexidine label expiration date 12/21 drug facts document, "Wounds which involve more than the superficial layers of the skin should not be routinely treated."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015317	A. BUILDING: _____ B. WING _____	C 04/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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	Continued From page 5 On 4/1/21 at 4:43AM, V10 Registered Nurse stated, "The wound got bigger because we thought it was just a scab, but it was really a deep wound underneath."On 4/1/21 at 6:40AM V10 Registered Nurse stated, "If we could get some training or a wound consultant that would help decrease our wounds or at least make them better." On 3/31/21 at 11:50 AM V8 Physician/Medical Director stated, "If interventions had been in place, the wounds could have been preventable." a.2.) R2's Care Plans dated 2/28/21 document R2 is at risk for skin breakdown related to impaired mobility, occasional incontinence and recurrent falls due to Parkinson's disease. These care plans document interventions including to monitor for and report any signs of skin breakdown, pressure reducing device in wheelchair and bed, treatment to right heel and pressure injury on coccyx as ordered and air mattress to bed. R2's Wound Management documentation documents the following: 1/16/21 at 8:57pm, an "unspecified ulcer" to R2's coccyx was observed measuring 5cm (centimeters) in length by 4cm in width by 0.1cm depth. This wound is described as epithelial tissue with irregular wound edges and surrounding skin "pink/normal." There is no documentation V8, R2's Physician was notified of this pressure ulcer. 1/21/21 at 10:56am R2's coccyx was observed measuring 12cm (centimeters) in length by 8.5cm in width and unable to measure depth. This wound is described as necrotic tissue with irregular wound edges and surrounding skin with	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015317	A. BUILDING: _____ B. WING _____	C 04/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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	Continued From page 6	S9999		

erythema. "Wound healing status: Declining" with comments, "12 x 8.5 red blanchable intact skin, within this is a black area each side of coccyx butterfly shaped measuring 5.5 x 5.7." R2's Progress Notes document at this time V13, Nurse Practitioner (NP) was notified with new orders received for dressing changes.

R2's Electronic Medical Records document the following Focused Observation assessments related to R2's pressure ulcer to the coccyx/sacrum:
1/16/21 9:01pm New Wound to the Coccyx with measurements 4cm by 3cm depth unable to be measured. No undermining, tunneling or odors and "Partial thickness: Loss of epidermis & into but not through dermis" with the wound bed tissue description of epithelial tissue.
1/25/21 8:53pm Coccyx pressure ulcer measuring 5cm length by 12cm width with "Unstageable: Slough and/or Eschar," 100% covered with Eschar. This assessment documents the pressure ulcer to the coccyx as "stable" but documents the wound progression drainage and wound size as "increasing" with moderate serosanguineous exudate.
1/30/21 8:57pm, Sacrum pressure ulcer measuring 6cm in length by 4cm width, unstageable full thickness wound with 75% granulation and 25% eschar tissue. This assessment documents the wound drainage progression as "increasing" with moderate serosanguineous drainage.
2/1/21 6:56pm, Full Thickness Unstageable Pressure Ulcer to the coccyx measuring 6cm length by 4cm in width with increasing wound drainage and 75% granulation and 25% eschar in the wound bed.
2/8/21 9:03pm, Unstageable Pressure Ulcer to the coccyx with no undermining or tunneling

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015317	A. BUILDING: _____ B. WING _____	C 04/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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	Continued From page 7	S9999		

present covered by 100% eschar tissue measuring 6cm length and 5 cm width. This assessment documents this wound is "declining" and wound progression necrosis documented as "increasing" with large amount of serosanguineous exudate with "odor."
There is no documentation in R2's focused observation assessments documented above that V8 was notified of R2's declining coccyx/sacral pressure ulcer wound progression. There are no additional "Focused Observations" assessments for R2's pressure ulcer to the sacral area after 2/8/21.

R2's Skin Integrity Event dated 1/21/21 at 4:59am documents R2 has a right heel 2cm circular Stage I Pressure Ulcer and V8 was notified.
There are no additional Skin Integrity Event assessments/measurements of R2's right heel Pressure Ulcer.
There is no documentation of Focused Observation assessments/measurements of R2's right heel pressure ulcer that was identified on 1/21/21. R2's Progress Notes do not document weekly monitoring/measurements/assessments for R2's right heel pressure ulcer after it was identified/documented on 1/21/21 at 5:03am measuring 2cm (centimeters) circular.

R2's Progress Notes dated as follows documents:
1/16/21 at 9:03pm, R2 has a Stage 2 wound to R2's coccyx and that the area was cleansed (unknown cleansing solution) and a foam dressing was applied. There is no documentation R2's Physician was notified of this new pressure ulcer.
1/21/21 at 8:53am, R2's coccyx wound contained "slough" dark wound edges with redness. V13, Nurse Practitioner (NP) was notified with new orders for Keflex 500mg

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015317	A. BUILDING: _____ B. WING _____	C 04/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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	Continued From page 8 (milligrams) twice daily for 14 days and to apply a debriding medication to R2's coccyx and cover with a foam dressing twice daily "until slough and necrotic tissue resolve then re-evaluate." 1/23/21 9:03pm, R2's wound with small amount of serous drainage. 1/24/21 at 9:43pm, R2's wound with moderate amount of serosanguinous drainage. There is no documentation V7, R2's Physician or V13, NP were notified of the new or increase in wound drainage from R2's coccyx wound on 1/23/21 or 1/24/21. 1/28/21 at 2:40am, V7 and V13 were notified of R2's coccyx wound culture done at the emergency room (on 1/27/21) showed R2's wound contained "Gram + (positive) cocci." There is no documentation of this culture in R2's Electronic Medical Record or follow up on sensitivity of this culture. 1/30/21 and 2/1/21 document R2's "coccyx" wound continued with a moderate amount of serosanguinous exudate. There is no additional documentation in R2's Progress Notes documenting R2's coccyx/sacral pressure ulcer drainage until 2/6/21 at 9:08pm documenting R2's "wound on coccyx assessed. area has large amount of serosanguinous drainage. Area cleansed and dried. Treatment changed to alginate and (foam) dressing bid (twice daily.)" There is no documentation of which physician/NP was notified.and what they were notified of. 3/2/21 at 5:18pm, "(V8) acknowledged note about resident (R2) being seen at wound center for wound on coccyx, will consult with wound consultant to assess." documented on a fax coverheet dated 3/2/21. There is no documentation R2 has been seen at the wound center or that a wound consultant has assessed R2's pressure wounds as of 3/31/21. 3/15/21 at 8:17pm, "Dressing changed to coccyx decub (decubitus ulcer) per MD (physician) order.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015317	A. BUILDING: _____ B. WING _____	C 04/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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	Continued From page 9 Measuring approximated. 4" (inches) x 3" (inches) and depth uneven deepest measuring 1 1/2" (inch). Minimal drainage noted." R2's Treatment Administration Record (TAR) dated February 2021 documents R2's treatment orders and documentation of treatment administration. This TAR documents "Cleanse wound to bottom, pack area with (Dakin's 0.125%) saturated gauze cover with (foam) dressing" twice daily and as needed. There is no documentation of specific wound cleanser to be used. This TAR documents this treatment was not administered on 2/19/21 at 1:36pm due to "done this am (morning) per prior shift" and not done on 2/25/21 at 3:27pm due to "charted late Treatment not done." This TAR also documents R2's treatment was not administered on 2/25/21 at 10:05pm with "Drug/Item unavailable." R2's TAR dated March 2021 documents R2's treatment orders and documentation of treatment administration. This TAR documents "Cleanse wound to bottom, pack area with (Dakin's 0.125%) saturated gauze cover with (foam) dressing" twice daily and as needed. There is no documentation of specific wound cleanser to be used. This TAR documents an order to apply skin prep to right heel every shift. This TAR documents this treatment was not administered on the following dates/reasons: Wound to "bottom" treatment: 3/4/21 at 4:15pm "Drug/Item unavailable," 3/12/21 2:48pm, "not done by previous nurse," 3/13/21 1:04pm, "(R2) up in chair," 3/13/21 at 5:49pm, "Changed at end of first shift," 3/25/21 3:56pm, "(R2) unavailable," 3/26/21 at 3:35pm, "1st shift tx (treatment)," 3/29/21 10:59am, "wound nurse to eval (evaluate)." Right heel skin prep treatment: 3/12/21 2:48pm, "not done by previous nurse." There is no documentation V8, R2's Physician	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015317	A. BUILDING: _____ B. WING _____	C 04/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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	Continued From page 10	S9999		

was notified of R2's treatments to R2's pressure ulcers were not completed as ordered on these dates above.

On 3/31/21 at 9:15am, R2 was in R2's room positioned sitting in R2's reclining chair. R2's mechanical lift sling and a bed pillow was under R2. R2's bilateral feet were bare, with R2's heels pressing directly against the footrest of the reclining chair.

On 3/31/21 at 9:50am, V14, Registered Nurse (RN) completed R2's dressing change to R2's sacrum pressure ulcer. R2 was in R2's bed with an incontinence brief and thick fabric incontinence pad noted under R2 over top R2's pressure relieving mattress. V14 removed R2's old dressing that contained a moderate amount of serosanguineous exudate exposing R2's large open sacrum/coccyx pressure ulcer that extended over R2's sacrum upward, toward R2's upper body. This pressure ulcer had tunneling upward toward R2's upper body as well as undermining noted around the rest of the wound. The edges of R2's wound were rolled in with the peri-wound dark in color. V14 took the gauze squares saturated with Chlorhexidine Gluconate 4% Solution (bottle labeled "FOR EXTERNAL USE ONLY") and pushed up in to and around the inside of R2's deep pressure ulcer to clean the wound. R2's wound began to bleed and when the Chlorhexidine soaked gauze was removed from the wound there was blood and drainage noted on the gauze. V14 then took gauze soaked with Normal Saline 0.9% solution and patted inside and up in R2's coccyx/sacral pressure ulcer. V14 then applied an unknown number of square gauze pads soaked with Dakin's solution and packed them in to R2's wound. V14 stated V14 "believes" the wounds are measured weekly, but

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015317	A. BUILDING: _____ B. WING _____	C 04/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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	Continued From page 11 V14 was unsure because V14 is only employed at the facility part time. V14 was unsure if there was a treatment for R2's heels and stated V14 would have to look. R2's right inner heel was noted to have a small circular "scabbed" area still present to R2's right heel. R2's left heel was slightly red. R2's left second toe had a dark red area to the top bend of the toe over the joint. V14 stated V14 was unsure about the area to R2's top of left second toe, but confirmed it was un-blanchable. At 10:25am, V14 stated R2 is supposed to receive skin protectant to the right heel each shift. R2's Physician's Orders dated March 2021 document to apply skin prep to the right heel every shift. On 3/31/2021 at 11:50am, V8, R2's Physician stated V8 "would never" order Chlorhexidine to be used to clean an open wound and that Chlorhexidine is designed "more for closed skin" use. V8 stated if V8 is notified of worsening of a resident's wounds, V8 would order for the resident to be seen by the wound clinic or general surgery. V8 stated if the facility would have implemented the interventions as ordered by V8 as well as the interventions identified by the facility for pressure ulcer prevention/healing, R2's Unstageable Pressure Ulcer to the coccyx could have been prevented. V8 stated the facility leaving a mechanical lift sling under R2 or placing a fabric incontinence pad between R2 and R2's pressure relieving air mattress creates a barrier in between the resident and pressure relieving properties of the air mattress. V8 stated the incontinence pad placed between R2 and the pressure relieving mattress would "negate benefits" the air mattress would give in aiding in healing of R2's pressure ulcer wound. V8 stated V8 was unaware of the severity of R2's coccyx/sacral wound.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015317	A. BUILDING: _____ B. WING _____	C 04/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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	Continued From page 12 On 4/1/21 at 2:53pm, V2, Director of Nursing (DON) stated that V16, Wound Consultant had not been coming to the facility "since COVID (Human Coronavirus)" V16 had not been seeing residents at the facility due to the facility not wanting consultants/outside entities entering the building. V2 stated the nurses are responsible for completing dressing changes as ordered and notifying the physician as needed regarding changes of wounds and/or refusals of treatments. V2 stated V2 and V15, Licensed Practical Nurse have been working together to oversee the wounds in the facility. V2 also stated the facility's treatment orders should include the specific wound cleanser the physician would like to use. The facility's Residents at Risk for Skin Break Down policy dated August 2014 documents resident's at risk for skin break down will be noted as such in the care plan. Residents will have specific interventions established. There should be a cushion in their wheelchair if designated as needing this support. The facility's undated guidance sheet documents "Pressure ulcers can develop within 2 to 6 hours. Therefore, the key to preventing pressure ulcers is to accurately identify at risk individuals quickly so that preventative measures may be implemented." The facility's Pressure Injury Prevention and Treatment Protocol dated July 2016 documents the objective and purpose of the protocol is to ensure measures are taken to prevent skin breakdown and to provide guidelines for treatment of any pressure injury that might develop. Staff will be trained on pressure injury prevention and safety measures to be taken,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015317	A. BUILDING: _____ B. WING _____	C 04/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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	Continued From page 13 including redness that remains when pressure is relieved and proper positioning procedures. Monthly goal charting will address progress or lack or progress toward the goal of high and moderate risk residents. Then a resident develops a pressure injury in the facility, the following will occur: Assess the pressure injury for specifics including location, size, wound bed, drainage, odor, tunneling, undermining, wound edges/surrounding tissue. Determine the injury's current stage of development. Notify the physician of assessment and obtain orders for treatment of pressure injury or if pressure injury is showing no improvement. A weekly individual treatment report will be done and put on the resident's clinical chart. Special devices will be used to relieve pressure. All treatments and charting of pressure injuries will be done by licensed staff. The facility's Wound Dressing Change (Clean) policy dated December 2004 documents the staff are to document the wound size, site, depth, color and drainage weekly and as needed. This policy documents the staff are also to document the "progress of healing (or lack of progress)." (A)	S9999		