

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008759	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/06/2021
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NAME OF PROVIDER OR SUPPLIER SOUTHGATE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST NINTH STREET METROPOLIS, IL 62960
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S 000	Initial Comments Complaint 2151840/IL131908	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1010h) 300.1210b)3) 300.1220b)2) 300.3240a) 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 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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>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.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>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 Regulations were not met as evidenced by:</p> <p>Based on interview and record review the facility</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>failed to reschedule/obtain a follow-up appointment to timely address a post-surgical wound, communicate with the surgeon, evaluate/treat the wound, and seek medical treatment for 1resident (R3) reviewed for wounds.</p> <p>These failures resulted in a hospitalization, another surgery, hardware removal with infection in the screw holes, damage to the bone, a deep right lateral wound infection with osteomyelitis and infected nonunion.</p> <p>The findings include:</p> <p>According to the medical record, R3 is 55 years old, admitted into the facility for rehabilitation on February 9, 2021 from a local hospital after surgery due to a diagnosis of "Displaced Trimalleolar fracture of right lower leg, subsequent encounter for closed fracture..", an unaligned fractured ankle that had been surgically repaired.</p> <p>The Admission MDS (Minimum Data Sets) assessment dated 2/22/2021 documents R3 has a BIMS (brief interview for mental status) score of 9, indicating R3 has moderate cognitive impairment, has no behavioral symptoms that would prevent care being provided, and needs limited assistance of two staff with bed mobility, toilet use, and personal hygiene. This same MDS lists R3 as needing extensive assistance where staff provides weight bearing support of two staff with transfers and dressing; R3 having impairment on one side of his lower extremity, and was not receiving pain medication or hurting in the 5 days prior to the assessment.</p> <p>According to R3's local Hospital Discharge Summary from the January 31, 2021 admission</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>instructions for care for the admission facility said to call the local hospital if R3 had redness, tenderness, or signs of infection (pain, swelling, redness, odor or green/yellow discharge around incision site, and for temperatures above 100.4). The post discharge dressing care on this same document says to leave in place until follow-up with V10 (Surgeon) in 2 weeks.</p> <p>A document entitled "After Visit Summary" from the local hospital for the admission of 1/31/2021 for R3 states "Follow up with surgeon (V10) on 2/16/2021 at 9:00 AM" and lists the name and address of the surgeon.</p> <p>According to R3's Medication Administration Records for February and March 2021, R3 did not receive any pain medication after admission to the nursing facility on 2/9/2021 through 2/18/2021. However, from 2/18/2021 to 3/18/2021, R3 received 15 doses of Acetaminophen 650mg for pain.</p> <p>On 3/24/2021 at 2:37 PM, V3 (Licensed Practical Nurse/LPN) said when R3 was admitted into the facility on 2/9/2021 he had a follow up appointment on 2/16/2021 with V10. She said on 2/16/2021 the weather was so bad the appointment was canceled by V10's office, and the day they called the facility to cancel the appointment they did not provide another follow up appointment and she did not obtain another appointment for R3 at that time. V3 then said R3 became positive for COVID on 2/22/21 and was in quarantine for 14 days, so another appointment with the surgeon was not attempted until 3/4/2021. V3 said she called V10's office and told a scheduler (R3) was supposed to have a follow up appointment on 2/16/2021, but the first appointment available was 3/18/2021. V3 said</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>she asked if they had anything sooner, and the scheduler (V3 did not obtain her name) said no. When asked if she checked R3's surgical site, V3 said she monitored his toes for color but did not look at the surgical site. When asked if she (V3) called the surgeon for further instructions after the follow up visit was canceled V3 replied "no." According to R3's progress notes dated 3/1/2021 from 9:56 AM to 11:05 AM, V5 (Family Member) requested R3 be sent to a local hospital emergency room (ER) due to R3 experiencing a fever, not eating or drinking, low urine output, and increased respirations.</p> <p>R3's Hospital ER record dated 3/1/2021 says V8 (LPN) talked with the ER staff and told them she could not tell them which orthopedic surgeon R3 is to be following up with and feels R3's intake has been less over the last couple of days. He had been having fevers as high as 101.4, swabbed positive for COVID on 2/22/21, and had been having fatigue, generalized weakness, labored breathing and feels like his urine output has decreased. This same ER record lists R3's white count as elevated at 12.7 ug/ml (micrograms per milliliter) and listing a range of 4.8 - 10.8 per ug/ml as being normal. Documentation notes that R3 was sent back to the facility the same day with no further treatment orders.</p> <p>On 3/31/21 at 12:15 PM, V8 said when she called the staff at the emergency room (ER) on 3/1/21 regarding R3's transfer to the ER, she did not recall telling them that R3 had missed his orthopedic follow-up appointment on 2/16/21, and said she told them R3 was non-compliant because he was transferring himself and walking on his ankle when he was supposed to be non-weight bearing.</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>On 3/31/21 at 1:24 PM, V15 (ER Physician) said according to R3's record he was being referred for COVID. There is documentation in the record about the physician's assistant calling the facility and he was told by the nurse at the nursing home that R3 had poor compliance with therapy and she did not know which orthopod R3 was supposed to be followed up by. V15 stated "I would think if someone had missed their follow up appointment, the surgeon would be called to find how he wanted to proceed and I would think he would want a follow-up within the next week."</p> <p>On 3/25/2021 at 11:22 AM, V2 (Director of Nursing) said the nursing staff was given instructions not to bother the surgical dressing on R3's right lower extremity and stated "We were to leave the 'cast' in place until the follow up with V10." V2 said the nursing staff did not have any indication R3 had an infection and when she worked night shift, she evaluated his right lower extremity as best she could and did not note any abnormal findings. When asked about the increase in pain complaints he was having, the elevated temperature and the elevated white blood cell count from the lab at a nearby hospital, she said all of those things could be contributed to other problems he was having at the time like COVID. V2 also said she was not aware he had staples to close the surgical wound as it was not in the documentation from the hospital. When asked if she called the surgeon for further instructions after the follow-up visit was canceled, V2 said no.</p> <p>On 3/24/2021 at 9:25 AM, V5 (Family Member) said after his initial surgery on 2/1/21, R3 went to the surgeon for a follow-up appointment on 3/18/21, which V5 attended. V5 stated R3 was</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>sent directly to the hospital from the surgeon's office because he had an infection in the surgical site. V5 stated the odor was so bad under the cast, R3 had MRSA (methicillin-resistant staphylococcus aureus) in the surgical site and was admitted into the hospital for another surgery. V5 said when she called the facility and talked with V2, she was told the staff could not smell the odor due to wearing the N-95 masks they were wearing and they were not to do anything with the soft cast so they did not do anything with it.</p> <p>On 3/25/2021 at 12:35 PM, V8 (LPN) said she gave R3 pain medication for complaints of pain in his ankle, thought the pain was from him walking on his ankle, and did not examine the surgical site, or call the surgeon for further instructions.</p> <p>On 3/26/21 at 11:14 AM, V11 (LPN) said she gave R3 pain medication, he could not communicate very well, he would say yes or no in response to questions, but could not describe the type of pain he was having or what relieved it. V11 said she was not aware R3 had missed an appointment with the surgeon, and denied observing the surgical site, or calling the surgeon for further instructions.</p> <p>On 3/26/2021 at 12:23 PM, V13 (Certified Nurse Aide/CNA) said she did not see R3's ankle without the boot that was on the ankle and did not observe the surgical site.</p> <p>On 3/25/21 at 12:58 AM, V9 (Nurse of R3's surgeon) said V10 (Surgeon) did surgery on R3's ankle on 2/1/2021. R3 was to have a follow-up appointment within 2 weeks after surgery but did not have a follow up visit until 3/18/2021, 6 weeks past the surgery date due to weather and COVID.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>V9 also said as soon as she saw R3 she could smell the wound and knew it was infected. V9 said the follow up visits being canceled was unintentional but felt the nursing staff at the facility R3 was living at should have at the very least called V10 to determine if there was anything the nursing facility could be doing for the surgical wound in the interim. V9 said R3 had on the original dressing from 2/1/2021 when he arrived at the follow up visit on 3/18/2021. V9 also said R3 had a surgical splint in place, and a dressing over that. V9 said the staples were covered with a dressing as well under the splint and it was a plastic big bulky splint. V9 said when the splint was removed the skin was red, inflamed, hot, and the odor was bad. Some of the staples were removed in the office, the site was re-dressed and he was sent to the local hospital for more surgery. V9 said V10 told her he had to do an irrigation, debridement, staples were removed and an exploration surgery to determine if the infection was in the bone and to determine what condition the hardware was in that was placed in the ankle on 2/1/21. V9 said V10 had to remove part of the hardware out of the fibula, and (R3) had a chronic infection that did not just start on the day he was seen in the office on 3/18/21. V9 also said V10 told her (R3) will be on 6 weeks of antibiotics and will most likely have to have additional surgeries in the future. V9 said she felt like a nursing facility with nursing staff on duty 24 hours a day should at least call to see if there was anything that needed to be done since the follow-up visits were not kept for whatever reason. V9 also said a surgical dressing should not remain on a surgical site for 6 weeks without someone looking at the site.</p> <p>A history and physical emergency room document for R3 from a local hospital for an</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>admission date of 3/18/2021 states under history of present illness "Because of COVID breakdown in the nursing home, he was not taken to orthopedic appointment. He was taken to orthopedic appointment today and he was found to have infection at the surgical site and was admitted." This same document lists under assessment and plan "Right leg wound/ Cellulitis."</p> <p>An Orthopedic consult document written by V10 from an admission into the hospital on 3/18/2021 states "Plan is for I/D (incision and drainage) of right ankle today ... Patient presented to our clinic 7 weeks post op (post-operative) from a right ankle ORIF (open reduction internal fixation). He had been in a nursing care facility since discharge and remained in his post op dressing. He had not had staples or sutures removed from the ankle. Once the dressing was taken down, we found a wound infection with significant induration and inability to even see the staples, we checked the skin and were able to find a few staples and sutures on the medial (inner) side were removed."</p> <p>R3's surgical note written 3/19/21 by V10, states "Post operative diagnosis: Deep right lateral wound infection with osteomyelitis and infected nonunion. (R3) presented to the office still in his postoperative splint with lateral wound infection with cellulitis and some drainage and purulence with radiographic evidence of at least a couple of screws being loose suggesting infection at the bone level. Surgery is indicated to evaluate the severity of the infection, relieve any deep space infection, and debride any infected or devitalized tissue to facilitate healing with IV antibiotics or oral antibiotics and reduce the risk of spreading of the infection and associated morbidity. The</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>surgical note continues to say R3's staples were overgrown with edematous inflamed tissue. There were 2 areas of some granulation tissue, one proximal and one central in the wound. The central area had purulent drainage with deep pressure. Multiple screws were loose. Most of the screw holes had lytic infection, damage to the bone especially at the fracture site and two of the distal holes ...The patient's fracture had not healed. It was grossly mobile but well aligned."</p> <p>A Rehabilitation Services Consultation report dated 3/22/21 states Patient currently being managed for deep right lateral wound infection with osteomyelitis and infected nonunion. A lab result on this same hospital document lists "Light growth Methicillin-resistant staphylococcus aureus."</p> <p>A hospital discharge summary dated 3/23/21 lists R3's primary diagnosis as "Right leg cellulitis, Right ankle hardware associated MRSA infection s/p hardware removal." Under hospital course states "Orthopedics incision and drainage right lateral ankle wound including skin, subcutaneous tissue, muscle and bone with removal of hardware involving all of the lateral malleolus, plate and screws as well as multiple buried skin staples, wound grew MRSA, ID (infectious disease) was consulted and recommended Daptomycin until 4/30/21."</p> <p>On 3/30/2021 at 2:21 PM, V10 said the splint that was placed on R3 the date of the original surgery on 2/1/21 could have been removed by the facility if the ace wrap was removed. V10 said a wrap was placed over a hard-plastic splint that had a dressing under it covering the staples from surgery. He said it would not have been easy to replace after removing it, but it could have been.</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>V10 also said he strongly suspects the infection R3 had, was related to the staples from the original surgery not being removed for 7 weeks, and that the infection was more likely than not caused from that. V10 verified no one had contacted him regarding the follow up appointment being put off so long, and he felt like they should have at least called for additional instructions for the surgical wound, and the hardware in R3's ankle had to be removed.</p> <p>On 3/31/21 at 11:49 AM, V14 (R3's Primary Care Physician) said he was not aware of R3 missing his follow-up appointment with the orthopedic surgeon on 2/16/21, or that no one had observed R3's surgical site for 6 weeks.</p> <p>On 3/26/2021 at 11:43 AM, when asked if the nursing staff should have suspected R3 had an infection with a documented increase in pain, the fever, and an elevated white blood count at the hospital emergency room visit on 3/1/21, V2 verified the nurses at the facility should have contacted the surgeons office when the follow-up appointment did not occur as scheduled, and that once R3 became positive for COVID, she felt the nursing staff put their focus on that and not on the surgical wound on his ankle.</p> <p>On 3/31/21 at 12:22 PM, V5 said R3 was transferred to the hospital from V10's office on 3/18/21. R3 received surgery on 3/19/21. R3 was in that hospital until 3/24/2021 when he was transferred to another hospital for two days and was then transferred to another nursing home. She said he must be at this facility for 6 weeks bed ridden to receive antibiotics due to having MRSA in his surgical wound. V5 said the plan at this point is for R3 to go through another surgery to have the plate and screws reinserted and</p>	S9999		
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S9999	Continued From page 11 another 6 weeks of being bed ridden after that. V5 said R3's ankle was still fractured and not healed due to the infection in the bone, and the bone must heal prior to the screws being replaced. V5 also said the nursing facility R3 is at now is on lock down due to COVID, so she is having to face time R3. V5 added that R3 has had a Traumatic Brain Injury in the past, has child-like behaviors and his communication skills are not very good. (A)	S9999		