Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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	IL6009831		B. WING			05/05/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY,	, STATE, ZIP CODE			
SWANSE	A REHAB HEALTH C	AKE	RTH SECON A, IL 62226				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMI	X5) IPLETE ATE	
S 000	Initial Comments		S 000				
	2142748/IL133177						
\$9999	Final Observations		S9999				
	Statement of Licens	ure Violations:					
16 is	300.610a) 300.1210b) 300.1210d)5) 300.1220b)3)						
	procedures governir facility. The written be formulated by a F Committee consistir	shall have written policies and ng all services provided by the policies and procedures shall Resident Care Policy ng of at least the					
***	medical advisory co of nursing and other policies shall comply	dvisory physician or the mmittee, and representatives services in the facility. The with the Act and this Part. shall be followed in operating					
e"	Nursing and Persona b) The facility s care and services to practicable physical, well-being of the res	hall provide the necessary attain or maintain the highest mental, and psychological ident, in accordance with					
з Э	plan. Adequate and care and personal caresident to meet the care needs of the remeasures shall inclufollowing procedures	de, at a minimum, the		Attachment A Statement of Licensure Violations	8	j	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 07/19/2021 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: **B. WING** IL6009831 05/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1405 NORTH SECOND STREET SWANSEA REHAB HEALTH CARE SWANSEA, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour. seven-day-a-week basis: 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. Section 300.1220 Supervision of Nursing Services The DON shall supervise and oversee the nursing services of the facility, including: Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders. and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition.

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months.

The plan shall be reviewed at least every three

These Regulations were not met as evidence by:

Based on observation, interview, and record review the facility failed to implement

interventions to address off-loading and treat pressure ulcers as recommended by a physician

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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: _ **B. WING** IL6009831 05/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1405 NORTH SECOND STREET **SWANSEA REHAB HEALTH CARE** SWANSEA, IL 62226 *** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 Continued From page 2 S9999 for two of three residents (R4 and R5) reviewed for pressure ulcers in the sample of 7. This failure resulted in R4 being admitted to the hospital diagnosed with infected sacral pressure ulcer requiring removal of R4's coccyx (tailbone). Findings include: 1. R4's Minimum Data Set (MDS) dated 2/1/21 documents R4 is severely cognitively impaired. R4's MDS documents he has diagnoses of chronic kidney disease, diabetes, peripheral vascular disease, anemia and heart failure. R4's medical record documented R4 had a pressure ulcer develop on his left buttock on 12/15/20. R4's medical record documented his pressure ulcer showed improvement until 2/2/21 at which time, R4's left buttock pressure ulcer deteriorated, and he acquired a new pressure ulcer to his right buttock. R4's Wound Evaluation and Management Summary Form, dated 2/2/21, documents R4's left buttock pressure ulcer deteriorated to 6.5 centimeters (cm) x 4 cm and he had acquired a new shear wound to his right buttock measuring 6 cm x 3 cm. The Wound Consultant physician, V15, continued to recommended calcium alginate with gauze island for the left buttock and calcium alginate with zinc ointment applied once daily for 30 days for the right buttock shear wound. R4's Physician's Order (PO) of 2/2/21 documents cleanse right and left buttocks with wound

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cleanser and apply calcium alginate, and cover with a border gauze. There was no documented order for the zinc ointment to applied to R4's right buttock shear wound as V15 recommended.

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The Wound Evaluation and Management

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was for alginate calcium apply once daily and gauze island daily. The Note documented R4's shear wound to the right buttock measures 3cm x 3 cm with no changes in wound progress. The dressing treatment plan was for alginate calcium

and apply zinc ointment daily. The Note documented R4's shear wound of the right proximal buttock measured 2.0 x 2.5 cm with no change in wound progress The note documented R4's shear wound to sacrum was the same measurement from the previous week and

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER EAREHAB HEALTH C	ARE 1405 NOI	DDRESS, CITY, S RTH SECONI A, IL 62226	STATE, ZIP CODE D STREET			
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S9999	dressing treatment buttock shear woun	s in wound progress. The plan for the right proximal and R4's sacrum shear hate calcium with silver apply	S9999				
73.	and sacrum: cleans Calmoseptin and ca and sacrum cover we daily and as needed recommendation for for R4's right proxim	r calcium alginate with silver nal buttock shear wound, and d did not get transcribed to			n .		
	report from 3/23/21 of the left buttock do cm x 4.0 cm. The D documented R4 showith gauze island appointment applied twi documented there we R4's shear wound occumented the wound were now on measuring 6 cm by R4's shear wound to measured 6 cm x 3 Note documented a left, proximal buttock The Note documented plan was alginate care	bund Evaluation Management documents R4's shear wound eteriorated and measured 4.6 ressing Treatment plan puld receive alginate calcium oplied twice daily and zinc ce daily. The summary note was no change in progress to f the right buttock. The wound a proximal and right buttock e continuous wound 2 cm. The Note documented of the sacrum deteriorated and cm with 20 % slough. The new shear wound to R4's k measuring 1.5cm x 0.5 cm. ed the dressing treatment alcium and gauze island with zinc ointment applied					
	summary form dated	ion and Management d 3/31/21 documented R4's eft buttock improved					

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"Patient does not like or want to be turned. As a result, there is deterioration of sacral wound due to pressure of being in one position for prolonged periods of time." The Note documented V15's treatment plan was alginate calcium with silver applied twice daily with gauze island. The Note documented R4 had improvement to the shear wound of his left proximal buttock with decreased measurement of 1.3 cm x 0.5 cm. R4's PO dated 3/31/21 documents pressure preventing cushion for R4's chair and a low air

loss mattress. The PO documents Santyl and Calcium Alginate to sacrum, and calcium alginate to right and left buttock. This PO does not document the V15's for calcium alginate with silver to be applied to R4's sacrum twice daily and V15 did not recommend Santyl.

When surveyor requested R4's March 2021 Treatment Administration Records, the facility could not provide these. There was no documentation in R4's medical record to determine if R4 received any pressure ulcer treatments in March 2021.

R4's Wound Evaluations and Management Summary, dated 4/6/21, documents R4's shear wound of left buttock deteriorated to 10 cm x 4 cm with 40% slough. The Summary documented the treatment plan as Alginate calcium applied twice daily with gauze island and zinc ointment

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STATEMENT OF DEFICIENCIES (X1) PR

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S9999	Continued From page 7		S9999			
1000	applied twice daily.	The summary documented		(3)	15	
	the R4's shear wou	nd of the right buttock had				
		easured 9.5 cm x 8.0 cm. The				187
		/15's treatment plan as		U.		
		ply twice daily with zinc]
(9)	document applied tw	ice daily. The Summary				
		easured 7.5 cm x 5.0 cm x 2				
		n. The recommendation made				
	was again low air lo	ss mattress; off-load wound				
	and reposition per fa	acility protocol. The summary				
i	documented a new	shear wound to R4's left hip				
	measuring 1 cm x 3	cm. The dressing treatment		*		
	plan was for hydrog	el and gauze island. The				1 1
		id not want any labs at that				i
	time.			Ø W		
	R4's POS dated 4/6	/21 documents low air loss				
		wounds. There was no PO				1
		gel to address R4's new left				
0	hip pressure ulcer.	3		150	3	
	// //					
	R4's April 2021 TAR	s documented an order for				
	the hydrogel, dated	4/8/21. The TAR did not				l ľ
		eceiving Calcium Alginate with				ĺ
	silver to his sacrum	pressure dicer.				ľ
	There were no wour	nd consultant notes from 4/6				
	through 4/20/21. Th			- E		
	measurements durin	ng this time documented in				
	R4's medical record.	•				1,
	NAME AND THE PROPERTY OF THE PARTY OF THE PA					
	V17's Nurse Practition	oner Note dated 4/20/21			100	- 1
	an outside was all	R4's family, wants R4 to see		8		
	to an outside provide	ovider and R4 refused to go er. He confirmed what the				
	nurse said that his h	ottom causes him pain.	,			
	Thirse sale triat ills Di	onom causes min pam.				
	R4 POS dated 4/20/	21 documents R4 does not				
	want outside wound	services reconsult the facility				55

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