

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009831	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/01/2021
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NAME OF PROVIDER OR SUPPLIER SWANSEA REHAB HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1405 NORTH SECOND STREET SWANSEA, IL 62226
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S 000	Initial Comments	S 000		
S9999	<p>Complaint Investigation 2143481/IL134071</p> <p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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:</p> <p>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:</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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>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.</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>3) 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. The plan shall be reviewed at least every three months.</p> <p>Based on observation, interview and record review the Facility failed to implement interventions to address off loading and treatment of pressure ulcers for 1 of 4 residents (R3) reviewed for treatment of pressure ulcers in the sample of 4. This failure resulted in R3 developing a stage 4 pressure ulcer on his left lateral heel.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Findings include:</p> <p>R3's Minimum Data Set (MDS) dated 2/2/2021 documents R3 was cognitively intact, is not steady for moving on and off surface to surface transfers (between bed and or wheelchair), R3 does not walk, and is at risk for developing pressure ulcers, but had no pressure ulcers at that time.</p> <p>R3's Physician Order Sheet document a diagnosis of recurrent seizures, post kidney transplant, stroke, history of falls, hyperlipidemia, chronic kidney disease, Gout, depression, left side hemiparesis, Diabetes Mellitus and right leg amputation.</p> <p>R3's Care Plan with a start date of 2/23/2021 document R3 is a full mechanical lift with staff members for transferring. R3's Care Plan dated 2/23/2021 documents "reposition per positioning schedule- See plan of care." (No plan of care was attached). R3's Care Plan does not document any refusal of being turned and/or repositioned.</p> <p>On 5/28/2021 at 1:09 PM, V4, MDS Coordinator, stated, "I am not sure what 'plan of care' means for (R3), I will have to call someone to find out. I am new to this position and will try and find out."</p> <p>On 5/28/2021 at 1:16 PM, V4 stated, "(R3's) plan of care is to be turned and repositioned at least every 2 hours."</p> <p>On 5/27/2021 at 1:42 PM, V1, Administrator, provided a list of residents in the facility with pressure ulcers and R3 was identified as having a facility acquired pressure ulcer to the left lateral</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>heel measuring 1.4 x 1.5 x 0.3 centimeters (cm).</p> <p>R3's Braden Scale for Predicting Pressure Ulcer Risk dated 2/23/21 documents R3 as High Risk for pressure ulcer.</p> <p>R3's Specialty Physician Wound Evaluation and Management Summary, dated 3/16/21, documents no pressure ulcers. Specialty Wound Physician seeing R3 weekly.</p> <p>R3's Specialty Physician Wound Evaluation and Management Summary, dated 4/6/21, documents, "At the request of the referring provider, (V3, Physician), a thorough wound care assessment and evaluation was performed today." (V3 no longer works at the facility and expired on 5/22/2020 and has not been at the facility for a year.) It also documents an initial evaluation of an Unstageable (due to necrosis) of the left, lateral heel measuring 3.5 x 2.5 x 0.3 cm, 30 % slough, etiology pressure, with duration of greater than 5 days. Recommendations: "Reposition per facility protocol, Place padding on or remove metal resting bar on wheelchair, Antibiotic choice: augmentin 875 mg po (by mouth) bid (2 times a day) for 7 days, Xray: foot xray to evaluate for osteomyelitis." Surgical excisional debridement was performed.</p> <p>R3's Specialty Physician Wound Evaluation and Management Summary, dated 4/20/2021, documents, "He has an unstageable DTI (deep tissue injury) of the right, first toe for at least 3 days duration." It also documents a Stage 4 Pressure Wound of the Left, lateral heel, etiology pressure, wound size 3.0 x 2.5 x 0.3 cm, duration greater than 20 days with 20 % slough. Surgical excisional debridement was performed. Initial evaluation of an Unstageable DTI of the right, first</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>toe, etiology pressure, duration greater than 3 days, measuring 1 x 2 x not measureable cm.</p> <p>R3's Specialty Physician Wound Evaluation and Management Summary, dated 4/27/2021, documents a Stage 4 Pressure Wound of the Left, lateral heel, etiology pressure, wound size 1.5 x 2.0 x 0.3 cm, 20 % slough with duration greater than 28 days. Surgical excisional debridement was performed. Unstageable DTI of the right, first toe, etiology pressure, duration greater than 11 days, measuring 1 x 2 x not measureable cm.</p> <p>R3's Specialty Physician Wound Evaluation and Management Summary, dated 5/17/2021, documents, It documents a Stage 4 Pressure Wound of the Left, lateral heel, wound size 1.4 x 1.5 x 0.3 cm, 20 % slough with duration greater than 49 days. Surgical excisional debridement was performed. Recommendations: "X-ray foot to evaluate for osteomyelitis, Antibiotic choice: Augmentin 875 milligrams by mouth two times a day for 7 days. Place padding on or remove metal resting bar on wheelchair. Reposition per facility protocol." Unstageable DTI of the right, first toe, etiology pressure, duration greater than 32 days, measuring 1 x 2 x not measureable cm.</p> <p>R3's Specialty Physician Wound Evaluation and Management Summary dated 5/24/2021, documents a Stage 4 Pressure Wound of the Left, lateral heel, etiology pressure, wound size 1.4 x 1.5 x 0.3 cm, 20 % slough with duration greater than 55 days. Surgical excisional debridement was performed.</p> <p>R3's Medical records, Physician Order Sheets, and Medication Administration Records does not document R3 was taking or was prescribed any</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>antibiotics including Augmentin for the month of May, 2021 as ordered by the wound doctor on 5/17/21.</p> <p>On 5/27/2021 at 1:45 PM, R3 stated, "I lost my leg back in January. I was having some stomach pain they sent me out to the hospital. The hospital did a MRI on me and told me that they had to cut off my leg because it was so infected. I am having some of the same issues on my good leg now. They do not have any regular staff now and they use all agency. The staff on the weekends do not change my dressing and that scares me because I do not want to lose both legs. I told (V5, Licensed Practical Nurse) that they were not changing my bandages and putting medicine on it. (V5) is really good about changing my bandages. Sometimes when she comes in she can tell they did not change my bandages."</p> <p>On 5/28/2021 at 11:03 AM, V5, Licensed Practical Nurse (LPN) stated, "When I work I am always changing(R3's) dressings and when I come in after the week-ends (R3) tells me that his dressing did not get changed. When I change the gauze the dates are off and the dressing have not been changed and sometimes they do not even date the bandages. But (R3) he knows they haven't been changed and it makes me sad and he tells me they did not get changed."</p> <p>On 5/28/2021 at 3:23 PM, R3 was lying in bed with his pressure relieving boots on and his heels were not being floated. The boots were directly making contact with the bed.</p> <p>On 5/28/2021 from 8:15 AM- 11:02 AM based on 15 minute or less observation intervals, R3 remained in his wheelchair without benefit of</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>repositioning or off loading. R3 was sitting in his room in his wheelchair with his back to the door. His chin was to his chest, his head was down and his eyes were closed. He had a bib wrapped around his neck from breakfast still on him. His right leg was extended and was in a pressure reduction boot which was resting directly on a metal rest pedal for the wheelchair.</p> <p>On 5/28/2021 at 10:15 AM, V6, Certified Nursing Assistant (CNA), stated, "(R3) is alert and orientated, we do not turn and reposition him he just tells us when he wants to lay down. If a resident refuses any care we let the charge nurse know."</p> <p>On 5/28/2021 at 10:18 AM, V10, CNA, stated, "I am agency. I personally have not had any issues with (R3) refusing care or anything. If I have a resident that refuses care I let the charge nurse know."</p> <p>On 5/28/2021 at 10:20 AM, V11, CNA, stated, "I work for agency, too, and I have not had any issues with (R3). He can tell you what he wants, is soft spoken. He has never refused care for me."</p> <p>On 5/28/2021 at 10:22 AM, V12, CNA, stated, "I am agency. I go and look at the book at the nurses station to find out what everyone's activities of daily living are and what kind of help they need. I have not had any issues with (R3) refusing care."</p> <p>On 5/28/2021 at 2:31 PM, V7, CNA, stated "I am agency. I can tell you who on the 200 hall needs to be repositioned every 2 hours. I have not had any issues with (R3) refusing any care."</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>On 5/28/2021 at 2:33 PM, V8, CNA, stated, "I am agency. I go and look in the books at the nurse's station to see what residents need. (R3) is total care and needs assistance with almost everything. I have not had any issues with him refusing care."</p> <p>On 5/28/2021 at 2:35 PM, V9, CNA, stated she was agency and she goes around and checks on resident's needs. V9 stated she does not have any problems with (R3) and he was alert and able to tell you his needs.</p> <p>On 5/28/2021 at 2:43 PM, V13, LPN, stated, "I have not had any reports of (R3) refusing care."</p> <p>On 5/28/2021 at 2:49 PM, V5 stated, "I have not had any issues with (R3) refusing care and or not wanting anything done because of his foot. He lost the one leg and does not want to lose both legs."</p> <p>R3's Nursing Notes dated 5/22/2021 at 1:30 PM, "Went into resident's room to change dressing 2 CNA's were in there with me. Resident is telling CNA that if this nurse does not come and change his dressing he is reporting me to the Administrator."</p> <p>During this survey, no Director of Nursing or Assistant Director of Nursing was available to interview. All nursing staff working the floor did not know when R3 first developed his pressure ulcer and or how long they pressure ulcers had been there and or what stages it was found and or discovered.</p> <p>R3's Medical records were reviewed and there was no documentation of when R3's pressure ulcer was first discovered.</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>On 5/28/2021 at 4:01 PM, V15, Wound Doctor, stated, "I was originally taking care of (R3) about 2 years ago and then another provider came into the Facility and I was not treating (R3) anymore until recently. He was not my patient when he went out to the hospital and had to have his leg amputated. I can't tell you when his wounds first appeared. I started seeing him after he came back from the hospital. (R3) has a lot of health issues and when osteomyelitis takes over it becomes a challenge. I would expect (R3) to wear his boot at all times but it should be off loaded at least every 2 hours and not sitting directly on the wheelchair and/or bed. There should be something in place so there is not direct contact with the wound."</p> <p>The Facility's Pressure Ulcer Policy with a revision date of 1/2018 documents, "It is the policy of the facility to ensure a proper treatment program has been instituted and is being closely monitored to promote the healing of any pressure ulcer. Upon notification of skin breakdown the Quality Assurance form for Newly Acquired Skin Conditions will be completed and forwarded to the Director of Nursing."</p> <p>The Facility's Pressure Sore Prevention Guidelines with a revision date of 1/2018 document, "It is the Facility's policy to provide adequate interventions for the prevention of pressure ulcers for residents who identified as High or MODERATE risk for skin breakdown as determined by the Braden Score." For those residents identified as "high risk, the facility's documented the intervention as "Turn and reposition every two hours." Comments, "Turning and positioning may be more often than every 2 hours for high risk, if indicated."</p>	S9999		
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