

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008130	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2021
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NAME OF PROVIDER OR SUPPLIER GENERATIONS AT ROCK ISLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 2545 24TH STREET ROCK ISLAND, IL 61201
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(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	S 000		
	Annual Licensure and Certification Survey			
S9999	Final Observations	S9999		
	Statement of Licensure Violations			
	300.1210b) 300.1220b)3)			
	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.			
	Section 300.1220 Supervision of Nursing Services			
	b) The DON shall supervise and oversee the nursing services of the facility, including:			
	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			
			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>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>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure an indwelling urinary catheter was secured with adequate slack to prevent tension during incontinence care for one (R41) of three residents reviewed for incontinence care out of a sample of 47. This failure resulted in R41 experiencing skin breakdown around the penis and subsequent ventral penile tearing resulting in permanent ventral penile erosion.</p> <p>Findings include:</p> <p>Facility Catheter Care policy revised 5/17 documents, "To cleanse perineum. 5. After cleaning is complete. 7. Secure the catheter to the thigh and or lower abdomen in men to facilitate flow of urine and prevent excessive tension on the catheter. 9. Observe condition of resident's skin and report any significant findings to nurse."</p> <p>According to an article published in Advances in Urology (Vaidyanathan et al, 2010) titled Severe Ventral Erosion of Penis Caused by Indwelling Urethral Catheter and Inflation of Foley Balloon in Urethra - Need to Create List of "Never Events in Spinal Cord Injury" in order to Prevent These Complications from Happening in Paraplegic and Tetraplegic Patients, "Severe ventral erosion of glans penis and shaft of penis caused by indwelling urethral catheter, and incorrect placement of (Indwelling urinary) catheter in</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>urethra are preventable complications."</p> <p>R41's medical record documents R41 was admitted to the facility on 3/3/2020 with a primary diagnosis of Type II Diabetes and Chronic Kidney Disease with dialysis.</p> <p>R41's medical record dated 6/15/20 documents "(Indwelling urinary) catheter placed this afternoon without difficulty. Draining medium yellow urine."</p> <p>R41's Care Plan dated 12/1/20 through 4/15/21 documents "Problem start date: 10/23/20 through 4/13/21 - resolved. I have ventral erosion to my penis." R41's care plan dated 12/1/20 through 4/15/21 does not include additional interventions addressing R41's penile erosion after 10/23/20.</p> <p>On 04/13/21 at 01:24 PM R41 stated, "A few months ago two CNAs (Certified Nursing Assistants) took my pants off a little too fast and ripped the catheter through my penis. I don't have the catheter anymore. I tried to use the urinal, but urine comes out the side of my penis and gets everywhere, so now I have to go in my (adult brief). I've tried urinating in the toilet, but I have the same issue of urine going everywhere."</p> <p>On 04/15/21 at 09:05 AM V2 (Director of Nursing/DON) stated, "(R41) reported to me that some CNAs were pulling down his pants to get him cleaned up and ripped his penile erosion more. He didn't complain of pain and there was no blood."</p> <p>R41's medical record Nursing Progress note dated 10/22/20 at 11:12 AM, documents, "CNA requested this nurse in the room, this nurse assessed (R41) and noted that his penis was</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>flayed from the meatus to the shaft. No bleeding present. (urinary) catheter in place and stabilized and in place. No signs or symptoms of distress (R41) complains of minor pain during catheter care. No evidence of acute trauma. Nurse Practitioner (APN) notified and assessed area. Order given by APN to send (R41) to emergency room."</p> <p>R41's hospital record dated 10/22/20 documents, "Would advise the nursing home to provide enough slack on the (indwelling urinary) catheter to prevent against further injury to the urethra."</p> <p>R41's medical record Nursing Progress note dated 10/23/20 at 1:21 AM, documents "This writer performed first aid on the resident's penis shaft. The resident's split shaft was leaking blood. I used normal saline to wash away the dried blood and iodine to sterilize. Upon finishing it appeared that it was no longer actively bleeding. I will continue to monitor."</p> <p>On 4/15/21 at 3:12 PM, V11 (CNA) stated, "I was working both days the incidents took place. The catheter tearing into his penis happened twice that I know of. I don't remember the exact dates. The first time it happened, (R41) told me the previous CNAs ripped his catheter into his penis during care. I looked and the catheter had torn into his penis. It was wedged between the skin. I immediately reported it to the nurse and (R41) was sent to the hospital. The second time it happened, I was changing him and saw blood in his depends. The catheter had cut down into his penis. I immediately told the nurse and I remember the nurse had to perform first aid to stop the bleeding on his penis and she stated she thought he would need stitches."</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>On 4/15/21 at 12:25 PM, R41's incontinence care was observed. During this time, R41's penis was flayed open starting at the external urethral opening through the frenulum of the prepuce to midway down the shaft exposing the urethra approximately 5.0 cm from head to toe direction.</p> <p>R41's wound management record dated 10/23/20 documents, "Wound: Penile - severe ventral erosion. 11/23/20 at 12:10 PM Length head to toe direction 1.5 centimeters(cm) and width hip to hip direction 0.5 cm wound healing status stable."</p> <p>R41's wound management record documents, "Wound: Penile - severe ventral erosion. 11/5/2020 at 3:23 PM Length head to toe direction 1.5 cm and width hip to hip direction 0.4 cm wound healing status stable. 11/27/2020 at 11:14 AM length head to toe direction 5.0 cm and width hip to hip direction 1.5 cm. wound healing status declining."</p> <p>R41's wound management record documents, "Wound: Penile - severe ventral erosion. 1/12/21 at 11:00 AM Length head to toe direction 5.0 cm and width hip to hip direction 1.5 cm wound healing status stable."</p> <p>On 4/14/21 at 1:30 PM, V5 (Wound Nurse) stated, "(R41)'s ventral penile erosion shows up on the wound management, but it's been discontinued. We discontinued his treatments because the wound has healed. The erosion will always be open now. It won't heal back together."</p> <p style="text-align: center;">(A)</p>	S9999		