Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010391	A. BUILDING: ______ B. WING ______	C 12/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY REHAB AND CARE CENTER	100 ROSEWOOD VILLAGE DRIVE SWANSEA, IL 62220

(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 Investigation: 2149489/IL141604	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210 d) 2) 300.1210 d) 6) Section 300.1210 General Requirements for Nursing and Personal Care 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. 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure an environment free from accident hazards to prevent injuries for 3 of 4 residents (R2, R3, and R4) reviewed for injuries in the sample of 3. This failure resulted in R2 sustaining a laceration to right lower leg that required 14 sutures. Finding include: R2	S9999	**Attachment A** Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010391	A. BUILDING: ______ B. WING ______	C 12/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY REHAB AND CARE CENTER	100 ROSEWOOD VILLAGE DRIVE SWANSEA, IL 62220

(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 R2's Physician Order Sheet, (POS) dated 12/13/21, documents diagnose of ST elevation Myocardial Infarction, Gastro-esophageal Reflux disease, hypertension, and protein-caloric malnutrition. POS dated 12/14/21 documents Physical Therapy to evaluate and treat and Occupational Therapy to evaluate and treat. R2's Nursing Note dated 12/20/21 at 10:01 AM documents "This nurse was called to resident room and observe skin tear to right shin; skin tear assessed by other nursing staff; small amt of blood noted from skin tear; area cleansed, treatment in place; offer PRN pain med, resident refused to take and stated she is not in pain; made aware to (V7) DON (Director of Nursing) and resident's daughter (V6)." R2's Nursing Note dated 12/20/21 at 10:15 AM documents "Site examined. Bleeding had stopped. Skin flap remaining partial, irregular. Unable to reapproximate at this time. CNA reported that while transfer resident's right leg went under the wheelchair and torn on the side where the leg rest are applied to the wheelchair. Sheepskin was applied to the area." R2's Nursing Note dated 12/20/21 at 1:47 PM documents "This nurse help resident out from toilet and notice gross blood in the drsg from skin tear; resident stated she just came from therapy; this nurse change resident drsg and notice increase in bleeding; resident refuse to take pain med and stated she is not in pain; resident also on Eliquis; offered resident to lay her in bed but resident's daughter want resident to eat her lunch first then go to bed; resident did go back to bed after lunch; made aware to (V7) and received order to apply pressure drsg and send resident to ER to eval and treat; apply pressure drsg as per	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010391	A. BUILDING: ______ B. WING ______	C 12/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY REHAB AND CARE CENTER	100 ROSEWOOD VILLAGE DRIVE SWANSEA, IL 62220

(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 order; resident family at bed side; call (local EMS); send resident to ER (local hospital) at Belleville; report given to nurse; vitals BP=124/79, Temp= 97.7; P=80, Resp=20, Oxygen=96 @ RA." R2's Hospital Report dated 12/20/21 documents "1:48 PM (R2) presenting to the ED, (emergency department), c/o, (complaint of), a laceration to (R2) right shin that occurred at 0730 this morning. Patient is at (facility) SNF. (R2) has lived there for the past 1 week. Today RLE (right lower extremity) hit an open bar on the wheelchair and caused the laceration. (R2) is on a blood thinning medication. Laceration repair dated 12/20/21 at 4:31 PM Right lower leg. 3.5 cm (centimeter) x 4.0 cm V shaped laceration. 14 sutures." R2's Minimum Data Set (MDS) dated 12/19/21 documents that R2 has no cognitive impairment. MDS dated 12/19/21 documents that resident requires extensive assistance of two plus persons for transfers. Resident is not steady, only able to stabilize during surface-to-surface transfer. R2's Care plan dated 12/13/21 documents "R2 requires assist with ADL's related to impaired mobility. Interventions: Assist of blank for bathing. Scheduled bathing. Encourage assist with bathing/dressing. PT referral. OT referral. 12/14/21 - (mechanical) lift for transfers. 12/20/21 D/C (mechanical lift)." R2's Physician order dated 12/14/21 and d/c 12/20/21 documents "(mechanical) lift used for transfers. Every shift." On 12/23/21 at 12:12 PM, V1 (Administrator) stated, "(R2's) daughter came into the facility right after the incident occurred. The daughter is very high stung. The CNA was transferring (R2) with a	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010391	A. BUILDING: ______ B. WING ______	C 12/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY REHAB AND CARE CENTER	100 ROSEWOOD VILLAGE DRIVE SWANSEA, IL 62220

(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 gait belt in place and (R2) got hung up on (R2's) wheelchair and got a skin tear. (R2) is on blood thinners and (R2) was bleeding and (staff) from Rehab applied some steri-strips and (R2) went out to the hospital. I believe (R2) got sutures. We placed sheepskin over the wheelchair. I talked with the daughter and did follow up with her." On 12/23/21 at 1:15 PM, V3 (Wound Nurse) stated, "The CNA was transferring (R2) from the bed to the wheelchair. (R2's) right leg went under the wheelchair. (R2's) leg got cut on a something where the legs attach to the wheelchair. I tried to use steri-strips, but it kept bleeding. We then sent (R2) to the hospital." On 12/23/21 at 2:15 PM, V8 (Certified Nursing Aide/CNA) stated, "She doesn't remember anything being wrong with the wheelchair. We usually transfer (R2) with two people because (R2) is so skittish." R3 R3's Physician Order Sheet (POS) dated December 21, document, a diagnosis of Alzheimer disease, anemia, anxiety disorder, and contracture right, contracture of left foot. R3's POS documents, "(Skin protectors) to bilateral lower extremities at all times 10/23/21 open ended." No discontinued date was documented. R3's Care Plan with a problem start date of 12/15/17 document R3 is at risk for skin breakdown for Pressure Sore Risk 12/22/21 has a skin tear to right mid-shin while transferring from wheelchair to bed. R3's MDS dated 11/15/2021 document R3 was severely impaired for cognition. Bed mobility extensive assist of 2 plus staff, transfer extensive	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010391	A. BUILDING: ______ B. WING ______	C 12/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY REHAB AND CARE CENTER	100 ROSEWOOD VILLAGE DRIVE SWANSEA, IL 62220

(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	S9999		

assist of two plus staff members and has impairment on both sides of her lower extremities.

R3's Progress Notes dated 12/20/21 at 7:45 PM, "Resident acquired a laceration to right lower leg while x2 assist transfer to the bed after supper. Cleansed the area with wound cleanser, applied Calcium Alginate and a dry dressing. Resting in bed with eyes closed. No Signs or symptoms of infection noted. Will continue to observe."

R3's Incident Report dated 12/20/2021 at 7:30 PM, "Skin tear was investigated. (Skin protectors) not present during transfer. Staff to be counseled regarding resident not wearing (skin protectors)."

On 12/23/2021 at 2:24 PM, V2 (Director of Nursing) stated "(R3) is to have R3's (skin protectors) on (R3's) lower extremities on at all times. The Certified Nursing assistant were in a hurry and they were not paying attention to (R3's) care and I wrote them up for it. It was (V5)."

On 12/23/2021 at 3:00 PM, V5 (CNA) stated, "I was taking care of (R3) and I remember when (R3) got the skin tear a few days ago. I did not check anything and (R3) was calm and everything during the transfer but I saw the skin tear on (R3's) leg you could not miss it; I immediately went and got the nurse. (R3) caught (R3's) leg on something."

R4
R4's POS document unspecified dementia without behavioral disturbances, and heart failure.

R4's MDS dated 11/3/21 document R4 was

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010391	A. BUILDING: ______ B. WING ______	C 12/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY REHAB AND CARE CENTER	100 ROSEWOOD VILLAGE DRIVE SWANSEA, IL 62220

(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 severely impaired for cognition of decision of daily living, bed mobility extensive assist with two plus staff, for bed mobility and transfer. R4 was no steady from moving from seated to standing position and only able to stabilize with staff assistance. R4's Incident Report dated 11/5/21 at 12:53 PM, "Resident sat up in bed and hit right eyebrow on mechanical scale" Intervention: Resident hospice and being weighed daily still as previously ordered. Spoke to hospice regarding changing resident to monthly, Investigation with staff, 2 staff present during weight check. Resident was told by staff to lay still but sat up in bed when the mechanical bar was down, resulted in resident hitting head on bar." R4's Progress Notes dated 11/5/21 at 12:59 PM, "Resident was being weighed with mechanical scale and resident was lowered down and after CNA detached mechanical pad resident sat up in bed and hit right eyebrow on mechanical scale; area purple in color 3 centimeters in length, call placed to notify Power of Attorney, no concerns noted at this time." R4's Care Plan with a Problem start date of 3/13/19 document "on 11/5/21 has a bruise to the right eyebrow after weight obtained via mechanical lift scale, resident sat up in bed and hit (R4's) face on mechanical scale. No complaint of pain, has discolored area to right eye." On 12/23/21 V2 (Director of Nursing/DON) stated, "I would expect staff to be alert and assure that (R4) did not hit (R4's) head with the mechanical scale and everything was clear. There were 2 staff members present but (R4)	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010391	A. BUILDING: ______ B. WING ______	C 12/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY REHAB AND CARE CENTER	100 ROSEWOOD VILLAGE DRIVE SWANSEA, IL 62220

(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 was confused and would not always listen to commands. I would expect staff to be aware of (R4's) behaviors and try to the best of their abilities keep (R4) safe." On 12/28/21 at 8:42 AM, V10 (CNA) stated, "We were weighing (R4) with (mechanical lift). We weren't moving (R4) or anything. When we lowered (R4) down to the bed, (R4) trying to sit up. We were trying to get (R4) unhooked from (mechanical lift) when (R4) sat up and hit the side of head on the (mechanical lift). I don't remember who was helping me but there was two of us. I reported it to the nurse." Facility policy revised 1/18 documents "(Facility) will take every precaution to prevent the occurrence of accidents. When an incident/accident does occur, the facility will document it on the Incident Accident Report form and in the Nurse's Notes. An incident may be defined as, but is not limited to falls, resident injuries of known or unknown origin, or any occurrence of an unusual nature that requires investigation." "B"	S9999		