

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013353	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/28/2022
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NAME OF PROVIDER OR SUPPLIER ALDEN TOWN MANOR REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 6120 WEST OGDEN CICERO, IL 60804
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S 000	Initial Comments Complaint Investigations: 2295080/IL148501 Facility Reported Incidents Investigation FRI of 06.16.22/IL148841 FRI of 05.14.22/IL148758	S 000		
S9999	Final Observations Statment of Licesnsure Violations: 300.1210 b) 300.1210d)2) 300.1210d)6) 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. 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.	S9999	<p>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>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</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interviews and record reviews, this facility failed to ensure safe coffee temperatures prior to serving coffee to one resident (R3) out of three residents reviewed for safety and supervision in the sample of 5. This failure resulted in (R3) sustaining a second degree burn after attempting to consume coffee that was too hot.</p> <p>The findings include:</p> <p>Review of the medical record notes R3 with diagnoses including: chronic obstructive pulmonary disease, diabetes, dependent on oxygen, abnormalities of gait and mobility, anemia, and asthma.</p> <p>On 7/25/22 at 12:33pm, V6 (wound care nurse) stated that V6 was informed on 6/13/22 that R3 had a coffee burn. V6 stated that R3 expressed he dropped the coffee, it was hotter than what he thought, and spilled coffee on abdomen and thigh. V6 stated that R3 had a burst blister on the right side of his abdomen. The blister on right thigh appeared after V6 assessed R3.</p> <p>On 7/26/22 at 1:30pm, R3 stated that R3 asked V7 LPN (licensed practical nurse) for some coffee. R3 stated that V7 heated the coffee and placed it on a desk at nurses' station. R3 stated</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>that when he picked up the cup, the cup was too hot, and he spilled it on himself. R3 stated that burn was painful. R3 denied V7 checked the temperature of the coffee before handing to R3. R3 stated that V7 made the mistake of putting the coffee in a small plastic cup instead of a proper cup.</p> <p>On 7/27/22 at 9:12am, V7 LPN stated that R3 requested coffee. V7 stated that she checked the dining room and there was still some coffee left. V7 stated that she put the coffee in a Styrofoam cup and heated the coffee in the microwave for 30-35 seconds. V7 denied putting the coffee in a plastic cup. V7 stated that she put a spoon in the coffee and tasted it then she gave the coffee to R3. V7 stated that R3 dropped the cup on his lap. V7 stated that she took R3 to his room to remove wet clothing. V7 stated that his skin was reddened, no blistering present. V7 stated that she rechecked R3 two hours later and there was a blister on R3's abdomen. V7 stated that V7 called R3's physician and obtained order for silver sulfadiazine cream (topical antibiotic used in partial thickness and full thickness burns). V7 stated that at about the same time, V6 (wound care nurse) came on the nursing unit and V7 informed V6 of the physician orders. V7 stated that V6 obtained different treatment orders to discontinue the silver sulfadiazine and treat wounds with xeroform dressings.</p> <p>Review of R3's BIMS (brief interview of mental status) score, dated 7/8/22, notes R3's score is 10 out of 15. R3 is able to make needs known.</p> <p>Review of R3's POS (physician order sheet) notes the following orders: On 6/12/22 at 2:43pm, collagenase ointment, apply to right side abdomen topically every day</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>shift for skin condition. Order to start on 6/13/22. On 6/13/22 at 1:26pm, document each shift on R3's skin condition. Right side abdomen/open blister.</p> <p>On 6/13/22 at 1:40pm, V6 (wound care nurse) entered an order for silver sulfadiazine cream, apply to right side of abdomen topically every day shift for skin condition. Cleanse with normal saline, pat dry, apply silver sulfadiazine/oil emulsion dressing/cover with dry dressing. Order to start on 6/15/22.</p> <p>On 6/15/22 at 1:23pm, bismuth tribromoph-petrolatum gauze, apply to right anterior thigh and right side abdomen topically every day shift for skin condition. Cleanse area with normal saline, pat dry, apply gauze, cover with dry dressing. Order to start on 6/15/22.</p> <p>There are no burn treatment orders found in R3's medical record between 6/11 at 9:30pm and 6/12 at 2:43pm.</p> <p>Review of R3's MAR (medication administration record), dated June 2022, notes: R3's skin, right side of abdomen, was not checked until night shift (7:00pm-7:00am) on 6/13/22. R3 did not receive any treatment for burns until 6/13 when R3 was assessed by V6 (wound care nurse)</p> <p>Review of R3's medical record, notes: On 6/11/22 at 9:30pm, V7 LPN (licensed practical nurse) noted: R3 sitting at nurses' station talking to V7, asking for coffee. V7 heated his coffee and checked to see if it was too hot, R3 saying it's not too hot let me taste it, when R3 picked the coffee cup up R3 spilled it in his lap, V7 removed his pants and shirt, no blisters seen at this time. R3's physician notified at 7:35am. On 6/13/22, V6 (wound care nurse) noted: R3</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>assessed per nurse request. Area to the right side of abdomen observed with an open blister, measuring 6cm (centimeters) x 5cm, area with dermis exposed, pale in color with minimal redness. Area without signs of infection. R3's physician made aware, orders in place and carried out.</p> <p>On 6/15/22 , V6 noted: during assessment R3's right thigh observed with open blister. Orders received and carried out.</p> <p>Review of the wound specialist's notes: On 6/14/22, right anterior thigh wound measures 3cm x 7cm x 0.2cm, light clear drainage noted. Right lower abdomen wound measures 6cm x 5cm x 0.2cm, light clear drainage noted. On 6/21/22, right anterior thigh wound measures 3cm x 6.5cm x 0.1cm, light clear drainage noted. Right lower abdomen wound measures 5.5cm x 5cm x 0.1cm, light clear drainage noted. On 6/28/22, right anterior thigh wound measures 3cm x 6cm x 0.1cm. Wound debrided at bedside. Post debridement: 3cm x 6cm x 0.2cm, 50% slough, 50% epithelial tissue, light clear drainage noted. Right lower abdomen wound resolved. On 7/5/22, right anterior thigh wound measures 1cm x 2.5cm x 0.2cm, 50% slough, 50% epithelial tissue, light clear drainage noted. On 7/12/22, right anterior thigh wound measures 1cm x 2cm x 0.2cm, 50% slough, 50% epithelial tissue, light clear drainage noted. Wound debrided at bedside. Post debridement: 1cm x 2cm x 0.3cm. On 7/19/22, right anterior thigh wound resolved.</p> <p>(B)</p>	S9999		