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: _ C IL6003024 08/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3470 NORTH ALPINE ROAD **FAIRHAVEN CHRISTIAN RET CENTER** ROCKFORD, IL. 61114 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) **Initial Comments** S 000 S 000 Complaint Investigation #2216727/IL150463 S9999 S9999 Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)2)5) Section 300.610 Resident Care Policies 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

care needs of the resident.

plan. Adequate and properly supervised nursing care and personal care shall be provided to each

resident to meet the total nursing and personal

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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: __ C B. WING IL6003024 08/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3470 NORTH ALPINE ROAD FAIRHAVEN CHRISTIAN RET CENTER ROCKFORD, IL 61114 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 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. 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 These regulations were not met as evidenced by: Based on observation, interview, and record review the facility failed to identify pressure wounds prior to becoming advanced stages, failed to implement pressure relieving interventions, and failed to start new treatment orders timely for 2 of 3 residents (R1, R3) reviewed for pressure in the sample of 11. These failures resulted in R1 obtaining a new stage 4 pressure wound. The findings include: 1. R1's face sheet showed she was admitted to the facility on 1/14/2022 with diagnoses to include right shoulder pain, nutritional deficiency, vitamin C deficiency, anemia, edema, and Alzheimer's disease. R1's facility assessment dated 7/18/22

Illinois Department of Public Health

showed she has moderate cognitive impairment

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 IL6003024 08/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3470 NORTH ALPINE ROAD **FAIRHAVEN CHRISTIAN RET CENTER** ROCKFORD, IL 61114 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG. TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 2 S9999 and requires extensive assistance of 2 staff for bed mobility and is totally dependent for transfers. R1's physician order sheet showed an order dated 4/8/2022 for "Low air mattress to bed since patient is bedbound..." R1's care plan with problem start date of 1/21/2022 showed, "I am at risk for pressure ulcers due to my nutrition and hydration may vary. It can be hard for me to move around by myself... CNA's (Certified Nursing Assistants) to provide a skin assessment daily with ADL (activities of daily living) assist. Pay particular attention to the bony prominences.... Report any signs of skin breakdown (sore, tender, red, or broken areas)..." The care plan did not include R1 having an actual pressure ulcer with treatment orders. R1's facility Wound Management Detail Report printed 8/26/2022 showed R1 had an area to R1's right buttock identified on 4/1/2022 which was documented as healed on 4/27/2022. This same document showed this area was identified as open again as a stage 4 pressure ulcer with moderate serous yellow drainage on 7/12/2022 measuring 2.7 cm x 0.6 cm x 0.2 cm. R1's Wound Nurse Practitioner wound assessment note dated 7/5/2022 showed a new stage 4 pressure wound was identified on 7/3/2022 to R1's sacrum/coccyx with 100% yellow slough tissue. This same assessment showed new wound care orders to "Cleanse with wound cleanser or saline. Calazone to peri wound. medicated Ointment (chemical debridement) on 2x2 gauze moistened with saline... change 3 times weekly..." This new treatment order was not entered until 7/14/2022 (7 days after the order was received).

PRINTED: 09/21/2022 FORM APPROVED

Illinois D	Department of Public	Health	30 3 3	· · · · · · · ·	FORIN	APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6003024	B. WING			C 26/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE			
EVIBRIV	VEN CHRISTIAN RET	3470 NO	ORTH ALPINE F				
- FAIIVIIA	/EN CHRISTIAN RET	ROCKF	ORD, IL 61114				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE ICIENCY)	(X5) COMPLETE DATE	
S9999	Continued From pa	ige 3	S9999		: :		
	July 2022 showed a "cleanse wound wit	ministration Record (TAR) for an order dated 4/11/2022 to th saline or wound cleanser, ed dressing, change twice		¥0	35		
,	weekly" This treat of 7/14/2022 and th order was documer	tment had a discontinue date ne July 2022 TAR showed this nted as completed 7/5/2022, //22 instead of R1's new wound	1			- 0	
	care orders from 7/9 including debridement occur 3 times per w	15/2022 being put into place ent of the pressure ulcer to week. The same TAR showed the 7/15/2022 not being		Ü			
	completed but did n not completed. The first time the 7/5/20	not include the reason it was e July 2022 TAR showed the 22 wound care order was 7/19/2022 (14 days after the			9.1		
	Discussion: Importa to help with wound I recommend increas	Practitioner wound ated 7/26/2022 showed, " ance of reduction of pressure healing: Pressure relief sing to low air loss Wound w air loss mattress to bed"					
	R1's Wound Nurse assessment note da waffle on bed Rec		. [
ř	Nurse) said they do care nurse here to comeone rounds practitioner who is in there is a new woun initial assessment in	B PM, V4 (Treatment Floor not have an official wound do the weekly assessments is with the wound nurse in the facility once a week. If and identified we would do the in the progress notes, update is wound nurse practitioner to					

PRINTED: 09/21/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6003024 08/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3470 NORTH ALPINE ROAD **FAIRHAVEN CHRISTIAN RET CENTER** ROCKFORD, IL 61114 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 get orders, and when she comes in the next time she would assess the wound. On 8/26/22 at 10:17 AM, V12 (Unit Clerk) said all the mattresses in the facility are considered pressure relieving. V12 said R1 has one of the bubble-like mattresses. V12 said she calls it a waffle mattress but it is an overlay not actually a mattress. On 8/26/2022 at 1:00 PM, V17 (Infection Control Nurse) said R1 has an alternating pressure mattress overlay. V17 said she is not aware if a low air loss mattress and an alternating pressure mattress overlay are the same thing. V17 said R1 had a previous pressure area that was healed and then it reopened a few months later. V17 said R1 is documented on more frequently because she is bed bound and at increased risk for pressure ulcers. V17 said the staff document on R1 hourly due to her increased risk for pressure ulcers and falls. V17 said she is unsure if the wound should have been identified before progressing to a stage 4 because they can progress quickly for someone with a history of pressure ulcers. V17 said one of the floor nurses rounds with the wound nurse practitioner and follow up on the nurse practitioners recommendations and orders. On 8/26/2022 at 1:48 PM, V18 (Wound Nurse Practitioner) said she rounds at the facility every week and a staff member from the facility rounds with her. V18 said she writes new orders when she is rounding. V18 said when she assessed the wound it was a stage 4. The facility's policy and procedure updated 8/3/2016 titled Pressure Injury Care showed. "Goal: To provide care and services to promote

Illinois Department of Public Health

PRINTED: 09/21/2022 FORM APPROVED

Illinois D	epartment of Public	<u>Health</u>		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	FORM	APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	·	IL6003024	8. WING			C /26/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY.	STATE, ZIP CODE		
FAIRHAV	EN CHRISTIAN RET	CENTER 3470 NO	RTH ALPINE RD, IL 6111	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From page 5		S9999			
	healing of those that preventative measure implementation of incremove or modify a the comprehensive	nterventions individualized to resident's risk as identified on assessment Individual be documented on the			: %:	
	7/26/2016 titled Pre "To promote healthy injuries will be care temporary care plan injury All pressure residents physician obtained for the Wo follow up care if app	and procedure updated ssure Injury Policy showed, viskin New pressure planned by the nurse using a upon discovery of the injuries will be reported to the for treatment and order und Care Nurse to provide dicable The resident care sheet will reflect treatment				
	the facility on 4/12/2 chronic lymphocytic Urinary Tract Infection neoplasm of head, f. hypertension. R3's f. 6/7/2022 showed sh	howed she was admitted to 2 with diagnoses to include leukemia of B Cell Type, on, depression, malignant ace and neck, edema, and acility assessment dated e has moderate cognitive sires assistance of 1 staff res.			· 198	(8)
	showed, "Hospice C sores on her heels to shower this morning measures about 2.0 brownish scab cover	ss note dated 7/22/2022 NA reported resident having hat she noticed during her Left heel open area cm x 2.5 cm, with some ring part of the open area.				

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:** A. BUILDING: _ COMPLETED C IL6003024 B. WING 08/26/2022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3470 NORTH ALPINE ROAD FAIRHAVEN CHRISTIAN RET CENTER ROCKFORD, IL 61114 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 1.0 cm. No drainage noted..." R3's wound nurse practitioner wound assessment dated 7/26/2022 showed R3 had two new wounds. The same assessment showed. "... Pressure Ulcer of Left Heel, Unstageable, Pressure Ulcer of Right Heel, Stage 2... Heel Protectors to feet at all times..." R3's wound nurse practitioner wound assessment dated 8/16/2022 showed, "... Discussion: Importance of reduction of pressure to help with wound healing: heel pressure ulcers. Heel protectors applied during visit since patient did not have protectors on..." R3's complete care plan was reviewed with no care plan addressing R3's risk for developing pressure or R3 having actual pressure ulcers present. On 8/25/22 at 11:50 AM, V5 RN (Registered Nurse) said R3 has open areas to both of her heels and wears bilateral heel protectors. On 8/25/2022 at 1:35 PM, R3 was sitting up in her wheelchair in her room. V4 LPN (Licensed Professional Nurse) was providing wound care for R3's bilateral heel wounds. V4 said R3's right heel is pretty well healed at this time but her left heel remains with an open sore. On 8/26/2022 at 9:47 AM, R3 was sitting up in her wheelchair with her feet resting on the foot board of her wheelchair without her heel protectors on. R3's heel protector boots were on the chair in the corner.

Illinois Department of Public Health

On 8/26/2021 at 10:21 AM, V14 CNA said she was not sure if R3 was supposed to have heel protectors on or not because she is an agency 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 A. BUILDING: C B. WING_ IL6003024 08/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

FAIRHAVEN CHRISTIAN RET CENTER 3470 NORTH ALPINE ROAD ROCKFORD, IL 61114						
(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 E DATE		
S9999	Continued From page 7	S9999				
	CNA. V14 went to the nursing station and consulted with V13 LPN. V14 returned and said R3 is supposed to have heel protectors on.					
	(B)					
10			= ×	27		
		}				
2		30				
2.						
	2 J		7			
			in			
			*			
			4			
	K:			25		
# (X		0.				
N.	TO THE PARTY OF TH					
	tment of Public Health					

Illinois Department of Public Health

STATE FORM