PRINTED: 11/03/2022 **FORM APPROVED** Illimois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: _ B. WING IL6009567 10/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD **GARDENVIEW MANOR** DANVILLE, IL 61834 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) S 000 **Initial Comments** S 000 Complaint Investigation 2267660/IL151555 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)2) 300.1210 d)3) 300.1210 d)5) Section 300.610 Resident Care Policies 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

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

each resident's comprehensive resident care

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

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

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

Illinois D	epartment of Public	Health	98 are	e e e e e e e e e e e e e e e e e e e		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		IL6009567	B. WING	·	_	7/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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	resident to meet the	e total nursing and personal				
	care needs of the re	esident.	3%			
		care-giving staff shall review		-		-
	and be knowledgea	ble about his or her residents'				
	respective resident					
	d) Pursuant to	subsection (a), general	1			
	following and shall l	nclude, at a minimum, the be practiced on a 24-hour,				
	seven-day-a-week i	hasis:	_			
		ments and procedures shall		•		
		ordered by the physician.				
	3) Objectiv	e observations of changes in				
	a resident's condition	on, including mental and	1			
	emotional changes, as a means for analyzing and		[
	determining care re	quired and the need for				
额		luation and treatment shall be				
	resident's medical r	aff and recorded in the				
35		ecord. ar program to prevent and				
*		s, heat rashes or other skin	ļ			
		practiced on a 24-hour,	·			
	seven-day-a-week l	pasis so that a resident who				
	enters the facility wi	thout pressure sores does not				
		ores unless the individual's]			
		monstrates that the pressure	 			İ
	sores were unavoid	able. A resident having				•
-85		I receive treatment and				
		healing, prevent infection,				35
	and prevent new pro	essure sores from developing.	li			
	These regulations a	re not met as evidenced by:		19		
	Based on observation	on, interview, and record		Q		
· e:	review, the facility fa	ailed to assess/measure				
	diabetic wounds at I	east weekly (R1); failed to				
	implement resident	centered interventions to				
	prevent worsening of	of a diabetic foot wound (R1);				
1	and failed to follow	wound care physician's orders				*
	for 2 residents (R1,	R2) of three residents				
	reviewed for wound	s in a sample list of six	53			

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٦2 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 IL6009567 B. WING 10/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **GARDENVIEW MANOR** 14792 CATLIN TILTON ROAD **DANVILLE, IL 61834** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 residents. These failures resulted in R1's diabetic ulcer deteriorating and R1 being hospitalized for Osteomyelitis. R1 subsequently underwent Amoutation of the Left Fifth Toe, after return from the hospital the facility continued to fall to assess lower extremity diabetic ulcers and follow wound treatment physician's orders. These continued failures put (R1) at risk for worsening wounds, potential medical complications, and potential further amputation intervention, involving the affected left lower extremity. Findings include: 1. R1's Face Sheet, printed 10/5/22, includes the following diagnoses: Hemiplegia, Hemiparesis, related to Cerebral Infarction, Anxiety, Polyneuropathy, Type II Diabetes, and Muscle Weakness. R1's MDS (Minimum Data Set), dated 9/3/22, documents R1 is cognitively intact and exhibits no behavioral symptoms. R1's care plan, updated 9/6/22, documents, "(R1) has diabetic ulcer of the left plantar lateral foot related to diabetes Goal: (R1's) ulcer will improve by review date. Interventions: Avoid mechanical trauma: Constrictive shoes, Cutting and trimming corns and calluses, Adhesive tapes, Improper shaving, Vigorous massage. Wound/Dressing: see Medication Administration Record /Treatment Administration Record and wound specialist

assessment, dated 5/1/22, documents a new Illinois Department of Public Health

of site."

notes Change dressing and record observations

R1's Wound Physician Assessments document R1 has been treated since 9/8/21 for multiple diabetic and pressure ulcers. R1's wound

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
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S9999	Continued From pa	ge 3	S9999	10					
P -1		s identified to R1's left lateral iment was ordered by the		. De	₩ 35				
	documented the me	und Care Physician, easurements of this wound as length by 0.5 Centimeters in neters in depth.	25	- in the state of					
	documents a physic for: "Left distal later cleanser. Pat dry. time to dry. Place X wound. Place sterill Dakin's in wound. F gauze. Apply twice soilage/dislodgeme for wound care." To documented as cortimes from 5/21-5/3 was reviewed with initiated 5/21/22. F treatment is documented to the form 12 scheduled treatment done for 12 scheduled treatment documented as dor in the month of July documented wound measurements from are also no docume from 7/8/22 until 7/2 Wound Care Physic measurements of the standard physical control of the standard physical physical control of the standard physical ph	n 6/3/22 until 6/17/22. There ented wound assessments 22/22. On 7/22/22, V6, cian, documented the his wound as 2.5 Centimeters attimeters in width by 0.3	# # # # # # # # # # # # # # # # # # #						
	While the physician	's order on 7/29/22 and 8/5/22							

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calls for the same dressing as above three times

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IL6009567			B. WING		C 10/17/2022	
AME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
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	that any treatment v 8/1/22 until 8/17/22	documentation on R1's TAR was done to this site from From 8/17/22 through 8/21, tment is not documented as		ş.		54.5
	documents, "(R1) a transferred to (hosp shift. Wants to be s toes. Observed son All proper authoritie kin. (ambulance) he	, dated 8/21/2022 at 3:10PM, lert. Requesting to be lital) for further evaluation this een regarding left foot and he slight discoloration by staff. Is notified along with next of lare and (R1) taken to ance accompanied by	= .			
	On 8/21/22, V6, Wo	ound Care Physician, easurements of this wound as ength by 2.5 Centimeters in eters in depth.	:			
	8/27/22, documents "Osteomyelitis" of the "Left Fifth digit parting to the facility on 8/2 for "Wound Vacuum mm/hg (millimeters)	tal record, dated 8/21/22 to R1 was hospitalized for the left lateral foot resulting in a lamputation." R1 returned R7/22 with a physician's order to continuous therapy at 125 of mercury) Change three landay, Wednesday, and				
. <u>.</u> .	assessment or mea returned on 8/27/22 seen by V6. There wound vacuum was hospital. V6's order for 30 days." As of	does not document a wound surements from the time R1 until 9/5/22, when R1 was is no documentation the applied as ordered by the documents, "Wound Vacuum 10/4/22, there is no wound vacuum was ever	=	24 2 m		

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
GARDEN	IVIEW MANOR		TLIN TILTO! E, IL 61834	N ROAD					
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	month of September treatments for R1 w completed. The treat 9/11/22 was schedu Monday, Wednesda	n 9/12/22 until 10/4/22. In the er, nine scheduled wound vere not documented as atment Order from 9/1/22 to alled to be completed every ay, Friday, and Sunday. From the treatment was scheduled							
	orthopedic surgeon remove R1's suture included in R1's ele	ented consultation with the for instruction as to when to s at the operative site ctronic medical record. There n of a scheduled follow-up se surgeon.							
	take good care of mright heel and the si amputated my toe, wound vacuum on i didn't know how to i couple of times, and supposed to get the day, and I ask. The	PM, R1 stated, "They don't my wounds. I have one on my urgical wound where they I was supposed to have a my surgery wound, but they manage it. They tried it a d then just didn't do it. I'm a dressing changed twice a nurse always tells me they							
	already lost the toe. of my foot. You knot go. I have a twin brow do without me. The care of it. They didn when I needed the swound. They were it asked, and they find weekend. I haven't see the seed of the seekend. I haven't seekend.	I shift, and they don't. I I don't want to lose the rest we this could kill me if it's let other. I don't know what he'd by just seem too busy to take it even bother to find out stitches out of my surgery in for over a month until I ally took them out last seen the surgeon either. I have ttress for a about a month." der, dated 9/14/22.			. 22				

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STATEMENT OF DEFICIENCIES (X1) PR

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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NAME OF 8	PROVIDER OR SUPPLIER	STREET AD		STATE, ZIP CODE		
GARDEN	IVIEW MANOR		TLIN TILTON E, IL 61834	N ROAD		
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S9999	On 10/5/22 at 10:15 (RN), completed Rolooked pale. There on R1's left lateral f leathery, necrotic, ti	5AM, V5, Registered Nurse l's dressings. R1's left foot was a half dollar sized wound oot covered with black, ssue. At this time, R1 stated,	S9999			#
- #	told them I wanted when they amputate R1's medical record	d does not include	.			
	treated by a wound medical record doe	has been assessed or physician since 9/12/22. R1's s not document R1's current een communicated to a note that time.	1.2			
	changing the wound We gave (V6) 30-day services were termine	d, "We are in the process of d care provider we work with. ay notice, and (V6) thought his nated immediately. We are hat clarified and expect (V6)	s	# # # # # # # # # # # # # # # # # # #	0	
×	definitely should has urgeon ordered. (Find protected because because of the parafoot was a factor in (R1's) wound treatment they are not (R1) is the knee amputation. Neuropathy, poor of the also should horthopedic surgeon.	AM, V6 stated, "(R1) we had the wound vacuum the R1) must have (R1's) heels (R1's) left ankle turns outward alysis. Pressure to that outer the worsening of that wound nents must be followed and if at very high risk of a below in related to his Diabetes, reculation, and Osteomyelitis. Have been follow-up with the I would agree (R1) is alert re of his wound care needs."				#3 # #8

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 10/17/2022 IL6009567 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD GARDENVIEW MANOR DANVILLE, IL 61834 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 Continued From page 7 S9999 On 10/12/22 at 2:14PM, V8, Orthopedic Surgeon, stated, "I saw (R1) yesterday. I ordered the wound vacuum following the amputation of (R1's) left fifth toe in late August. The rationale was to improve circulation to (R1's) left foot. We would have reached out to the nursing home had we known the orders were not being followed. Usually, the nursing home will tell us they have on site wound care doctors and are able to manage the wound on site, so if we don't hear we assume everything is fine, and the expected care is in place, and the patient is being followed by the wound doctor. I was not at all pleased with the condition of (R1's) surgical wound. I did a debridement, but I did discuss with (R1) that due to his Diabetes, Neuropathy, and paralysis, there is a fairly good chance he won't heal, and the next step would be amputation of (R1's) foot. The other choice would be to have palliative care. What that would mean is that if (R1) did not experience infection and wound care was being administered, we would treat him symptomatically. (R1) is a very alert and aware patient, and it was hard for him to hear that." 2. R2's Physician Order Sheet (POS), dated October 2022, documents an order to clean scrotum and apply to the right and anterior scrotal wounds layers (crusting method) no sting skin prep followed by stoma powder, repeat three times, place scrotum in pillowcase sling, every morning and as needed. The same POS documents an order to clean wound on right scrotum with wound cleanser and apply triple antibiotics ointment and cover with dressing three times per day. R2's Treatment Administration Record (TAR) for

September 2022 documents a total of 34 wound treatments were not completed. R2's TAR for

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STATEMENT OF DEFICIENCIES (X1) PR

STATEMENT OF DEFICIENCIES (X1) PI AND PLAN OF CORRECTION ID		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
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GARDEN	IVIEW MANOR	•	TLIN TILTON E, IL 61834	ROAD	;*	8		
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S9999	treatments were no 3:00 PM, V2, Direct facility has had issu being completed. V missing documenta October Treatment wound treatments a	ments a total four of wound to completed. On 10/6/22 at tor of Nursing, confirmed the les with wound treatments 2 confirmed there was attion on R2's September and Administration Records for his and it appears those to completed, but should have	S9999					
**************************************	2/2022, states "Poli conditions increase integrity and pressu and identified. Imple measures and/or appressions."	d Prevention Program, dated cy: A resident whose clinical the risk for impaired skin are ulcers are being assessed ementation of preventative oppopriate treatment s are put in place according to	2	2.				
	2/2022, states "Poli	Wound Treatment, dated cy: As ordered by the der's designee wound care will lents needing one."	e.		2			
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