FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6006266 10/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 117 SOUTH I STREET MONMOUTH NURSING HOME MONMOUTH, IL 61462 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) soool S 000 **Initial Comments** Annual Licensure and Certification 89999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)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 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 Attachment A care and personal care shall be provided to each Statement of Licensure Violations

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care needs of the resident.

resident to meet the total nursing and personal

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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: _ IL6006266 10/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 117 SOUTH I STREET MONMOUTH NURSING HOME MONMOUTH, IL 61462 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 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: 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 requiremnts are not met as evidenced by: Based on observation, interview and record review the facility failed to assess, monitor and treat a reddened Coccyx area for a Resident at risk for skin breakdown, that worsened and became an Unstageable House Acquired Pressure Ulcer for one of two residents (R37) reviewed for Pressure Ulcers in a sample of 19. This failure resulted in the worsening of a house acquired Pressure Ulcer that required surgical debridement for R37. Findings include: Facility Pressure Ulcer/Pressure Injury Prevention Policy, revised 3/2021, documents: identify whether the resident is at risk for developing or has a Pressure Ulcer/PU or Pressure Injury/PI upon admission; evaluate resident specific risk factors and changes in the resident's condition

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: _ IL6006266 B. WING 10/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 117 SOUTH I STREET MONMOUTH NURSING HOME MONMOUTH, IL 61462 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 2 that may impact the development and/or healing of a Pressure Ulcer; implement, monitor and modify interventions to attempt to stabilize, reduce or remove underlying risk factors; a Standardized Pressure Ulcer Risk Assessment (Braden Scale) will be used to identify residents who are at risk for the development of pressure ulcers and will be completed upon admission. weekly, for four weeks, and quarterly; an individual plan of prevention will be developed to meet the needs of the resident, including the consideration of mechanical support surfaces. nutrition, hydration, positioning, mobility, continence, skin conditions and overall clinical condition, as well as risk factors; the goal is for the resident to be free of preventable pressure ulcers; interventions for prevention of pressure ulcers will individualized to meet the specific needs of the resident; Braden Scale Mild Risk score (15-18) and Braden Scale Moderate Risk Score (13-14) requires frequent turning, manage moisture with prompt incontinence care and preventative skin care products, manage nutrition with Registered Dietician to access for additional interventions and weight monitoring, utilize positioning, using positioning devices such as wedges and pressure redistribution support surface in bed and chair; and utilize moisturizers to prevent extremely dry skin, consult with a Registered Dietician and consider supplementation as indicated by the assessment of the Registered Dietician. R37's Census Report, dated 10/6/22, documents that R37's original admission date to the Facility was 5/22/22, and that R37 returned back to the Facility, from the local hospital on 6/1/22.

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R37's Nursing Progress Notes, dated 6/1/22 at 3:45 pm, documents that R37 returned from the

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: _ B. WING IL6006266 10/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 117 SOUTH I STREET MONMOUTH NURSING HOME MONMOUTH, IL 61462 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 4 S9999 centimeters/cm by 1.6 cm, with no depth (not open), and R37 had no pain. The Wound Evaluation documents a collagen and foam dressing were initiated and that R37's Care Plan update was "Not Applicable (N/A) update not needed." R37's Wound Weekly Evaluation, dated 8/2/22, documents "shearing" to the Right Buttock that was house acquired on 7/25/22, measuring 6.0 cm by 7.0 cm, with no depth.* The Wound Evaluation documents that the wound was debrided and a new Physician Order for dressing changes (Calcium Alginate) was added and that R37 has no pain. The Wound Evaluation documents that no changes were made to R37's Care Plan. R37's Wound Weekly Evaluation, dated 8/22/22, documents that R37's Coccyx (also referred to as Right Buttock) was declining to an Unstageable Pressure Ulcer, measuring 9.0 cm by 10.0 cm by 5.0 cm., with tunneling/undermining from 12:00 to 2:00 o'clock that measures 4.0 cm. The Wound Evaluation documents: slough tissue (yellow, tan, white or stringy) and brown and purulent drainage and a "putrid odor." R37's Wound Weekly Evaluation, dated 9/13/22, documents that R37's wound on Buttocks (also referred to as coccyx wound) was an Unstageable Pressure Ulcer, measuring 8.0 cm by 5.0 cm by 5.0 cm., with tunneling/undermining from 1:00 o'clock that measures 7.6 cm. R37's Pressure Ulcer Weekly Wound Evaluation, 9/30/22, documents an Unstageable Pressure Ulcer to the Coccyx, with Slough and Eschar tissue, and a "putrid odor. The Coccyx wound measures 7.5 cm by 4.5 cm by 5.0 cm in depth

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. D	and 6.0 cm tunneling at 11:00 o'clock and 7.0 cm at 1:00 o'clock. The Wound Evaluation documents that the wound is worsening and that R37 has mild pain. The Wound Evaluation also documents that no changes were made to R37's Care Plan.		_S	€0 (X)						
**	performing pressur Coccyx/Right Butto dressing (dated 10/ with a brownish col dressing change of approximately 11:00 moderate amount copening the approx	am, V3 (Registered ector of Nursing) was e ulcer care to R37's ck. The contaminated 4/22) was moderately soiled or. R37's Pressure Ulcer eservation shows tunneling at 0 to 1:00 o'clock and a of drainage and pressure ulcer imate size of a golf ball. No with R37's peri-wound.				13 13 13 14 14 14 14 14 14 14 14 14 14 14 14 14				
	verified that R37's R acquired and that a monitoring of R37's completed per the R	pm, V2 (Director of Nursing) Pressure Ulcer was house ppropriate interventions and Pressure Ulcer were not Facility Policy and R37 does Wound Doctor here at the		@ (X)						
	Specialist) stated, " Nurse that makes re Physician Orders. I electronic pressure have not seen R37" on it, I am going sol usually only go the semonth. (R37's) pre referral to a Wound debridement. It also probably also needs	am, V8 (Wound and Product am a Wound Consultant ecommendations for just reviewed (R37's) ulcer notes on my computer. It is pressure ulcer or laid eyes ely on documentation. It is facility about once a ssure ulcer probably needs a Clinic and also another to had a foul odor, so it is a culture with the laboratory.		± 65; 65; 6	S					

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