

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003974	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/03/2022
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NAME OF PROVIDER OR SUPPLIER HAMILTON MEMORIAL REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 609 SOUTH MARSHALL MCLEANSBORO, IL 62859
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S 000	Initial Comments First Certification Revisit to Complaint 2250168/IL142168 of January 18, 2022	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1010 h) 300.1210 a) 300.1210 d)3) 300.1210 d)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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident,	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health

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

TITLE

(X8) DATE

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S9999	<p>Continued From page 1</p> <p>injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable.</p> <p>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:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>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</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, and record review the facility failed to provide necessary services that are consistent with professional standards to prevent the development and worsening of pressure ulcers for 2 of 4 residents (R1, R3) reviewed for pressure ulcers in a sample of 4. This failure resulted in R3 developing a stage 3 pressure ulcer to R3's coccyx and a pressure ulcer developing on R1's left heel.</p> <p>Findings include:</p> <p>1.) According to R3's POS (Physician Order Sheet) dated February 1 through February 28, 2022, R3 was admitted to this facility on 12/13/21 with diagnosis of Dementia with Lewy Bodies, Parkinson's Disease, Unsteadiness on feet and Generalized Muscle Weakness, among others. R3's February POS documents in part, "clean buttock w/wound cleanser, pat dry, apply (brand name treatment), and cover with bordered gauze, every night shift for wound. Order status active, Order date 1/15/22, Start date 1/15/22."</p> <p>R3's admission MDS (Minimum Data Set) assessment, dated 12/20/21, shows R3 was assessed as needing extensive assistance of 2 or more staff members for bed mobility, toileting, and personal hygiene. This same assessment also shows R3 is totally dependent on staff for</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>bathing, has bilateral lower extremity weakness and uses a wheelchair to move about.</p> <p>R3's Braden Scale for Predicting Pressure Sore Risk Form dated 1/3/22 documents R3 scored a 13 indicating R3 was at moderate level of risk for developing pressure related complication to R3's skin. Factors listed on this assessment which contributed to R3's risk of pressure sore development included: Very Limited Sensory Perception-responds only to painful stimuli and cannot communicate discomfort or has a sensory impairment which limits the ability to feel pain, Moisture-Occasionally skin is moist and requires extra linen changes, Chairfast Activity level-Ability to walk is severely limited or non-existent, Mobility-Slightly limited, Probably Inadequate Nutrition due to only eats about 1/2 food offered and Friction/Shearing due to requires moderate to maximum assistance with moving,</p> <p>R3's Current Care Plan documents in part, "Focus: R3 has potential for impairment to skin integrity r/t (related to) needing assist with bed mobility. R3 has actual impairment to skin integrity due to pressure ulcer to coccyx. Date initiated: 12/12/2021, Revision on 2/17/2022. R3 will be free from new skin injury through the review date. Date initiated: 12/15/2021. Revision date 12/15/2021 ...R3's pressure ulcer to coccyx will be healed by review date. Date initiated: 2/14/2022.. Interventions: Administer medications as ordered. Monitor/document for side effects and effectiveness. Date Initiated: 12/15/2021, Revision on: 12/15/2021, Administer treatments as ordered and monitor for effectiveness, Date Initiated: 12/15/2021, Revision on: 12/15/2021, Avoid scratching and keep hands and body parts from excessive moisture, Date Initiated: 12/15/2021, Revision on: 12/15/2021, Avoid</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>shearing while repositioning when in bed, Date Initiated: 12/15/2021, Revision on: 12/15/2021, R3 needs assistance to turn/reposition at least every 2 hours, more often as needed or requested, Date Initiated: 12/15/2021, Revision on: 12/15/2021, R3 needs pressure relieving (brand name) cushion to protect the skin while up in chair, Date Initiated: 12/15/2021, Revision on: 02/27/2022, R3 needs pressure relieving (brand name) mattress to protect the skin while in bed, Date Initiated: 12/15/2021, Revision on: 02/27/2022, 8.) Encourage good nutrition and hydration in order to promote healthier skin, Date Initiated: 12/15/2021, Revision on: 12/15/2021. Evaluate wound for: Size, Depth, Margins: peri-wound skin, sinuses, undermining, exudates, edema, granulation, infection, necrosis, eschar, gangrene. Document progress in wound healing on an ongoing basis. Notify physician as indicated. Date initiated: 01/13/2022, Revision on: 1/20/2022.."</p> <p>R3's February 2022 TAR (Treatment Administration Record) documents in part, "Clean buttock with wound cleanser, pat dry, apply (brand name treatment), and cover with bordered gauze. Every night shift for wound. Start date 1/15/2022, D/C (discontinue date) 2/14/2022." R3's TAR does document this treatment was conducted nightly by staff.</p> <p>R3's weekly skin assessment, dated 1/30/2022, shows R3's skin was assessed and found no skin changes or new areas of skin impairment were noted.</p> <p>R3's Progress Notes dated 2/3/22 at 6:12 pm by V2 documents, "spoke to POA (power of attorney) r/t (related to) positive covid test. Resident moved to isolation r/t covid."</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>On 3/2/2022 at 12:30pm, V2 (Director of Nursing) R3 was diagnosed with Covid-19 infection and moved to the facility's Covid Isolation Unit for 10 days and did not return back to R3's regular room until 2/13/2022.</p> <p>A Daily Skilled Note dated 2/05/2022 at 10:37pm and entered into R3's EHR (Electronic Health Record) by V20 (Registered Nurse) under the category "Skin Condition-include rash, itching, bruises, skin tears, cuts, surgical incisions, pressure ulcers... etc" in the box designated for describing any skin issues it listed the word "buttocks" and gives no further information.</p> <p>R3's weekly skin assessment, dated 2/06/2022, shows R3's skin was assessed and found R3 had "buttocks excoriation" and indicated R3's care plan was not reviewed and not updated. Entered into R3's EHR by V23 (Registered Nurse).</p> <p>A Daily Skilled Note dated 2/08/2022 at 4:55pm and entered into R3's EHR by V17 (Licensed Practical Nurse) under the category "Skin Condition-include rash, itching, bruises, skin tears, cutes, surgical incisions, pressure ulcers... etc" in the box designated for describing any skin issues it lists the word "none" and gives no further information.</p> <p>R3's weekly skin assessment, dated 2/09/2022, shows R3's skin was assessed and found R3 had "Coccyx-Partial Thickness Pressure Wound, Left Knee Abrasion, Face-Bruising around R (Right) eye" and indicated R3's care plan was reviewed but not updated. Entered into R3's EHR by V18 (Registered Nurse).</p> <p>On 2/09/2022, R3 was seen by V5 (Doctor) for a</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>monthly nursing home visit. V5's Nursing home visit note does not mention V5 assessing R3's partial thickness pressure wound and gives no information about the wound.</p> <p>A Daily Skilled Note dated 2/10/2022 at 11:02am and entered into R3's EHR by V21 (Licensed Practical Nurse) under the category "Skin Condition-include rash, itching, bruises, skin tears, cuts, surgical incisions, pressure ulcers... etc" in the box designated for describing any skin issues it listed the words "buttocks, right forehead, discoloration arms" and gives no further information.</p> <p>A Progress Note dated 2/11/2022 at 2:06pm and entered into R3's EHR by V24 (Activity Director) under "Note Text" documents "Quarterly Activity Note: (R3) is low functioning cognitively...has significant vision loss...limited mobility...activity level has not changed..."</p> <p>Two Progress Notes both dated 2/13/2022 one at 10:02am and the other at 2:50pm and entered into R3's EHR by V22 (Licensed Practical Nurse) under "Note Text" documented "(R3) has the following skin issues: NONE."</p> <p>A Progress Note dated 2/14/2022 at 4:03pm and entered into R3's EHR by V4 (Assistant Director of Nursing/Treatment Nurse/Registered Nurse) under "Note Text" documented "Res (Resident) has stage III Coccyx 1.3cm (Centimeter) X 0.6cm X 0.2cm. (Family member name) aware. (V5) (Doctor) notified and dietician notified. Tx (Treatment) started for hydrogel and calcium alginate with bordered gauze. Air Mattress applied to bed and (brand name) cushion applied to W/C (wheelchair)."</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>The Facility could not provide any documentation of measurements, descriptions, staging or worksheets on the wound to R3's coccyx prior to 2/14/2022 when R3's wound was documented as a Stage III pressure ulcer, nor could this information be found in R3's Electronic Health Record.</p> <p>On 3/1/2022 at 11:30am, V4 (Assistant Director of Nursing/Treatment Nurse/Registered Nurse) said all mattresses at the facility are considered pressure relieving mattresses but an air mattress and (brand name) wheelchair cushion is not applied to resident's bed and wheelchair until their pressure ulcers worsen to a stage 3 and this is why she applied the air mattress topper to R3's bed and cushion to R3's wheelchair. V4 said she was not aware of R3's admission care plan dated 12/20/2021 showing R3 should have already had an air mattress and (brand name) cushion on her bed and wheelchair with an initiation date of 12/15/2021. V4 said she and the facility's administration did expect R3's weekly skin assessments to accurately show R3's skin condition at the time of assessment and documentation but admitted that some of R3's skin assessments performed since R3 was admitted to this facility were not very accurate. V4 said all nursing staff received in-service training completed by 2/04/2022 on accuracy of skin assessments, care plan interventions and reviewed the facility's pressure ulcer policy, which included immediate reporting of skin issues. V4 verified the term air mattress used at this facility does not refer to an air-filled mattress but instead refers to an air-filled mattress topper that is similar to a mattress pad with air pockets in it. V4 said the amount of air in the pockets can be adjusted to meet the patients' needs. V4 explained a (brand name) wheelchair cushion is</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>air filled with several little air pockets that goes in the seat of a wheelchair to relieve pressure on a person's buttocks and coccyx.</p> <p>On 3/2/2022 at 12:30pm, V2 (Director of Nursing) said R3 should have already had an air mattress topper on R3's bed and (brand name) cushion in R3's wheelchair since 12/15/2021 but they must have gotten removed at some point and not reapplied. V2 said she did not know if this happened when R3 was transferred back to the facility's Covid-19 Isolation unit on 2/3/2022. V2 said she completed re-education of the nursing staff on 02/04/2022 regarding accuracy of skin assessments, care plan up-dating, following the facility's pressure ulcer policy and immediate reporting of skin issues found. V2 said she was disappointed to learn R3's skin assessments and progress notes showed R3 developed skin issues that were not immediately reported, and the staff had not followed the facility's pressure ulcer policy. V2 said she feels the problem falls with the facility having several nursing staff members that are only part-time or work for agency and they do not do as good of a job as the facility's full-time staff, but she would be doing further re-training with the nursing staff.</p> <p>On 2/16/2022, R3 was seen by V5 (Doctor) for a nursing home visit. V5's Nursing home visit note does not mention V5 assessing R3's newly discovered stage III pressure ulcer and gives no information about the wound.</p> <p>On 3/02/2022 at 12:30pm, V2 (Director of Nursing) said she just spoke with V5 (Doctor) earlier that day and told him he must start including information about resident's skin conditions in his nursing home visit notes. V5 (Doctor) was not available for interview during this</p>	S9999		

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S9999	<p>Continued From page 9 survey.</p> <p>On 3/02/2022 at 10:20am, V7, V15, V13 and V11 (All Certified Nursing Assistants) said they all knew R3 is to have an air mattress topper on the bed and did not know when the mattress topper was removed from R3's bed. All said they believed it happened when R3 was transferred to the Covid unit for isolation on 2/3/2022, but none could remember for sure.</p> <p>On 3/02/2022 at 2:00pm, V19 (Licensed Practical Nurse) and V20 (Registered Nurse) said the facility just came out of a covid outbreak and all staff have worked hard to provide care for the residents, however it is possible for nurses to be in a hurry and miss documenting skin issues on skin assessments.</p> <p>2.) According to R1's POS (Physician Order Sheet) dated February 1 through February 28, 2022, R1 was admitted to this facility on 1/17/2022 with diagnosis of Displaced Fracture of Base of Neck of Left Femur, Dementia, Diabetes type 2, Legal Blindness, Polyneuropathy, Generalized Muscle Weakness and Difficulty walking among many others. R1's admission MDS assessment dated 1/24/2022, shows R1 was assessed as needing extensive assistance of 2 or more staff members for bed mobility, toileting, and all personal hygiene. This same assessment shows R1 is totally dependent on staff for bathing, has left lower extremely impairment and uses a wheelchair or a walker (with extensive assistance) to move about.</p> <p>A Weekly Skin Assessment dated 2/07/2022 and entered into R1's EHR (Electronic Health Record) by V18 (Registered Nurse) documented R1 had no new areas of skin impairment and lists</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>discoloration to back of left hand and bilateral forearms.</p> <p>A Health Status Note dated 2/07/2022 at 1:27pm entered into R1's EHR by V19 (Licensed Practical Nurse) documented R1 tested positive for Covid and was transferred to the facility's covid unit for 10 days of isolation.</p> <p>A Weekly Skin Assessment dated 2/14/2022 at 11:30pm and entered into R1's EHR by V4 (Assistant Director of Nursing/Treatment Nurse/Registered Nurse) documented R1 had no changes to R1's skin and lists left hand and bilateral forearm bruising as the only areas of skin impairment.</p> <p>A Daily Skilled Note dated 02/15/2022 at 2:46pm and entered into R1's EHR by V17 (Licensed Practical Nurse) under "Skin Condition-include rash, itching, bruises, skin tears, cuts, surgical incisions, pressure ulcers... etc" in the box designated for describing any skin issues it lists "N" for none.</p> <p>A Health Status Note dated 02/16/2022 at 7:18pm and entered into R1's EHR by V20 (Registered Nurse) documents "Discoloration, approximately 2cm (Centimeters), observed to left heel. Heels floated, air mattress intact. No c/o (complaints) pain to area. ADON (Assistant Director of Nursing) notified, MD (Medical Doctor) notified. Tx (Treatment) with (brand name treatment)."</p> <p>A Daily Skilled Note dated 02/17/2022 at 11:46am and entered into R1's EHR by V17 (Licensed Practical Nurse) under "Skin Condition-include rash, itching, bruises, skin tears, cuts, surgical incisions, pressure ulcers... etc" in the box designated for describing any skin issues it lists</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER HAMILTON MEMORIAL REHAB & HCC		STREET ADDRESS, CITY, STATE, ZIP CODE 609 SOUTH MARSHALL MCLEANSBORO, IL 62859		
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S9999	<p>Continued From page 11</p> <p>the word "NONE".</p> <p>A Health Status Note dated 02/17/2022 at 11:00am and entered into R1's EHR by V4 (Assistant Director of Nursing/Treatment Nurse/Registered Nurse) documented "(V5/Doctor) and dietician notified of SDTI (Severe Deep Tissue Injury) to left heel. Dietician also notified of recent weight loss. Air mattress was already present on res. (Resident's) bed, well inflated."</p> <p>ASkin and Wound Evaluation dated 2/17/2022 at 11:37am and entered into R1's EHR by unknown staff documented R1's wound is caused by pressure, stage DTI (Deep Tissue Injury) is newly discovered on this date, is in house acquired, measures 2.8cm (Centimeter) X 2.5cm, location left heel. Under the heading "Notifications:" none of the boxes are checked for Doctor, Family, Dietician or Therapy department.</p> <p>ADaily Skilled Note dated 2/18/2022 at 11:46am and entered into R1's EHR by V17 (Licensed Practical Nurse) under "Skin Condition-include rash, itching, bruises, skin tears, cuts, surgical incisions, pressure ulcers... etc" in the box designated for describing any skin issues it lists the word "NONE".</p> <p>ADaily Skilled Note dated 2/20/2022 at 3:34pm and entered into R1's EHR by V9 (Licensed Practical Nurse) under "Skin Condition-include rash, itching, bruises, skin tears, cuts, surgical incisions, pressure ulcers... etc" in the box designated for describing any skin issues it lists the word "NONE".</p> <p>ASkin and Wound Evaluation dated 2/22/2022 at 2:14pm and entered into R1's EHR by unknown</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003974	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/03/2022
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S9999	<p>Continued From page 12</p> <p>staff documented R1's wound is caused by pressure, stage DTI (Deep Tissue Injury) is newly discovered on this date, is in house acquired, measures 3.4cm (Centimeter) X 2.1cm, location left heel. Under the heading "Notifications:" none of the boxes are checked for Doctor, Family, Dietician or Therapy department.</p> <p>On 3/1/2022 at 11:30am, V4 (Assistant Director of Nursing/Treatment Nurse/Registered Nurse) said she was not aware of R1's EHR (Electronic Health Record) documentation not being done accurately until now. V4 said the nursing staff will receive more training. V4 said she was the treatment nurse for the facility and is responsible for the accuracy of the weekly wound assessments and notifying the physician when no improvement in the wound has occurred within a two-week period. V4 said she had been working a lot as a floor nurse due to covid outbreak in the facility and has had a difficult time keeping up with the wound assessments and has needed the other nurses to assist her.</p> <p>On 3/2/2022 at 12:30pm, V2 (Director of Nursing) reviewed R1's EHR and said she was disappointed to learn about R1's documentation and would be re-training the nursing staff again.</p> <p>On 3/20/2022 at 12:30pm, V2 (Director of Nursing) said the facility's therapy department had not been asked to consult for pressure ulcer management. Physical Therapy was not available for interview during this survey.</p> <p>A facility policy titled Wound Care System Requirements (revision date of 3/2021) documents in part..."A pressure ulcer/pressure injury worksheet will be completed each time an in house acquired pressure ulcer/pressure injury</p>	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003974	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/03/2022
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S9999	<p>Continued From page 13</p> <p>is identified," ..." The physician will be notified of the finding from the Pressure Ulcer Pressure Injury Worksheet," ..." Ulcer and skin conditions are assessed and documented weekly," ..." Collaborate with therapy to initiate therapeutic interventions to prevent occurrence or progression of the pressure ulcer/wound," and "Treatments are to be completed as ordered and are changed if no progress is noted within two weeks."</p> <p>"B"</p>	S9999		
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