PRINTED: 12/01/2022 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: **B. WING** IL6005987 11/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 320 SOUTH 2ND STREET MEADOWBROOK SKLD NSG & REHAB **GRAYVILLE, IL 62844** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S 000 **Initial Comments** S 000 Complaint Investigation 2258845/IL153015 S9999 Final Observations S9999 Statement of Licensure Violations: 300.1210 b) 300.1210 d)2) 300.1210 d)5) 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. 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: All treatments and procedures shall 2) be administered as ordered by the physician. 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

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services to promote healing, prevent infection,

and prevent new pressure sores from developing.

pressure sores shall receive treatment and

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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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: B. WING IL6005987 11/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 320 SOUTH 2ND STREET MEADOWBROOK SKLD NSG & REHAB **GRAYVILLE, IL 62844** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PRÉFIX (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 DATE TAG **DEFICIENCY**) S9999 Continued From page 1 S9999 These regulations are not met as evidenced by: Based on observation, interview, and record review, the facility failed to keep wound dressings clean and dry for 1 (R2) of 3 residents reviewed for wound treatments in the sample of 3. Findings include: R2 was admitted to the facility on 6/20/2022 with a diagnosis of Venous Insufficiency (Chronic) (Peripheral), Peripheral Vascular Disease. Chronic Venous Hypertension (Idiopathic) with ulcer and inflammation of bilateral lower extremity. R2's facility document titled, "Minimum Data Set" (MDS) dated 8/30/2022, section C. "Brief Interview for Mental Status" (BIMS) documents a score of 13, indicating R2 is cognitively intact. Section G of the MDS, "Functional Status" documents extensive assistance with physical assist x (times) 2 people with activities of daily living. R2's Nursing Note, dated 8/15/22, documents a referral to (Name of Local Hospital) Wound Services on 8/24/2022 at 2pm d/t (due to) Venous stasis ulcer. A Nursing Note, dated 8/24/22, documents a new order received for Keflex 500mg (milligrams) gid (4 times daily) for 7 days. New treatment order to keep BLE'S (bilateral lower extremeties) wrapped, call (Name of Local Hospital) wound service if wraps slide down, cause increased pain, or drainage through wrap. If cannot reach wound service, remove wraps and cover the wounds with a saline dressing. Use a compression stocking or tubigrip on the leg. Call the wound service as soon as possible for

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

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3 | (X3) DATE SURVEY COMPLETED | | | |
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| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | | | | |
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| S9999 | R2's Wound Clinic document, "Inciden the patient) stated t | ns. Family notified. Has return | S9999 | 14 E | #2 1220 25 | E | | | |
| | and, actually, the nu one accidentally squ V7, Local Wound P | urse got pierced in the eye by uirted her" (documented by | | . S | i. | | | | |
| | documents, "Pt (pai saturated bilateral wankle. Pt also had a This is the 3rd occu | ices, dated 11/2/2022, itent) arrived with extremely raps that were fallen towards maggot in between toes. rrence of maggots with this tered Nurse/RN, Local Wound | | | * * * * * * * * * * * * * * * * * * * | | | | |
| | 10/31/2022, by V9 (Nurse/LPN) being the | ne last treatment for bilateral ented before R2's Wound | | | | | | | |
| | Clinic) stated she no foot wound on 11/2/ between her toes. V the wound clinic her saturated with drain | 05 pm, V5 (LPN/Local Wound officed maggots in R2's right 2022. V5 stated they were in 5 stated when R2 arrived at bilateral leg wraps were age, and her shoes had ced on the bottom of the | ā | | | | | | |
| U F | Wound Clinic) state R2's right foot woun 11/02/2022. V6 state her appointment with | 2:45 am, V6 (RN/Local d she has noticed maggots in d on 8/31/2022, 9/7/2022 and ed on 11/2/2022, R2 came to h her bilateral leg wraps age, and drainage was also | | 33 | | .es | | | |

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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: B. WING IL6005987 11/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 320 SOUTH 2ND STREET **MEADOWBROOK SKLD NSG & REHAB** GRAYVILLE, IL 62844 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 TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 visible on the bottom of the inside of her shoes as well. V6 stated the bilateral leg wraps were not in place when R2 arrived to the wound clinic. V6 stated they were down by the ankles. On 11/09/2022 at 2:30 pm, V7 (Local Wound Physician) stated R2 has shown up to the clinic with maggots in her foot wounds on three different occasions. V7 stated that he does not believe this has caused R2 any harm but is concerned about the cleanliness of the facility. the fact that she has shown up here on three different occasions with maggets in her wounds and her dressings have been saturated. V7 stated one of the nurses got squirted with one of the maggots while changing R2's dressing resulting in this nurse having to flush her eye out and get sent to the Comp Center for further evaluation. V7 stated the facility has been made aware of R2 having maggots in her foot wounds. On 11/07/2022 at 11:30 am, this surveyor observed R2's bilateral leg wraps. The left wrap was down by the left ankle, the right lower leg wrap has drainage leaking through and a foul odor was noted. A fly was noted to the top of R2's left foot on her big toe and another one on R2's privacy curtain. No maggots were observed between her right or left toes at this time. R2 stated she visits the wound clinic once a week, and the facility is suppose to change her leg dressings two times a week, but it doesn't always get done that often. R2 stated she has seen maggots between her toes on two different occasions when she was at the wound clinic, R2 stated flies are bad in her room between 5-6 pm almost every day. On 11/07/2022 at 2:10 pm, this surveyor

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observed V2 (Director of Nursing/DON) perform

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15. 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 B. WING IL6005987 11/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **320 SOUTH 2ND STREET** MEADOWBROOK SKLD NSG & REHAB **GRAYVILLE, IL 62844** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 4 R2's bilateral foot wound treatments with V4's (CNA) assistance. R2's right top of foot and inner ankle had extreme redness with swelling noted on top of the right foot, left inner ankle wounds had redness noted, and slight swelling noted to the top of her left foot. R2 tolerated procedure fairly. R2's Wound Clinic notes, dated 11/9/2022, document, "Pt arrived to our office with wraps slid down and not in proper place. Right wrap completely saturated with drainage and/or water on lower half" (V10, RN/Local Wound Clinic). R2's Treatment Administration Record documents 11/7/2022 by V2 (DON) being the last treatment of bilateral foot wounds documented before R2's Wound Clinic appointment on 11/9/2022. On 11/10/2022, at 1:20 pm, V1 (Administrator) stated she was made aware a maggot was found on R2's foot wound at the wound clinic, but she has never observed any on her foot wounds at the facility. V1 stated R2 has never complained to her about maggots being in her foot wounds. V1 stated R2's bilateral lower leg dressings have been known to drain heavily with drainage. V1 stated if R2's bilateral lower leg dressings were saturated, she would change them right away. and would expect her staff to change them right away as well. V1 stated she believes R2's bilateral lower leg dressings get checked once a shift. R2's Treatment Administration Record documents

Illinois Department of Public Health

the months (9/22, 10/22, & 11/22) that right/left ankle wound treatments should get changed two times a week (Monday, Friday) and as needed if they become soiled. R2 gets bilateral foot wound dressings changed at the wound clinic once a

Illinois Department of Public Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | LE CONSTRUCTION | (X3) DATE COMP | (X3) DATE SURVEY COMPLETED C 11/10/2022 | | | | | | | |
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| | week. | | | | | | | | | | | | |
| | R2's Treatment Administration Record documents, "Keep bilateral lower extremities wrapped, call Wound Clinic if wraps slide down, causes increase pain or drainage through wrap" with a start date of 8/24/2022 and discontinued date of 10/26/2022. | | | e * | | | | | | | | | |
| 15 | | | | | | 12. | | | | | | | |
| | | | ia. | W.5. | | Qs | | | | | | | |
| | | notes dated 10/26/2022 wraps clean and dry. | | | | | | | | | | | |
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