STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:		(X3) DATE SURVEY COMPLETED	
IL6008866			B. WING			
NAME OF I	PROVIDER OR SUPPLIER		42	STATE, ZIP CODE		ú.
ST ANTH	IONY'S NSG & REHA	BCIR	H STREET LAND, IL 61	201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULID BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000	0		
3 5,	Annual Licensure a	and Certification Survey				<u>50</u>
S9999	Final Observations		S9999	E 2		.5
11	Statement of Licen	sure Violations	=	# ₃		
¥ 800	300.1210b)		= -	il i	,	78
15 15	300.1210c)2) 300.1210d)5) 300.3210t) 300.3220f)	# :				4
	Section 300.1210 (Nursing and Perso	General Requirements for nal Care	€ %	(=)		
# / ·	care and services to practicable physical well-being of the releach resident's complant. Adequate and care and personal resident to meet the care needs of the releach process.	shall provide the necessary of attain or maintain the highest of attain or maintain the highest of the provided in accordance with a sident, in accordance with a prehensive resident care of properly supervised nursing care shall be provided to each the total nursing and personal esident. Restorative lude, at a minimum, the eas:		******		33
	c) Each direct and be knowledged respective resident	care-giving staff shall review able about his or her residents' care plan.	37			i

seven-day-a-week basis:

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

2) All treatments and procedures shall be administered as ordered by the physician.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour,

TITLE

Attachment A Statement of Licensure Violations

(X6) DATE

(X3) DATE SURVEY COMPLETED

(X2) MULTIPLE CONSTRUCTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

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

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
	IL6008866 B. WING				12/16/2022		
ST ANTHONY'S NSG & REHAB CTR 767 30TH			DDRESS, CITY, STATE, ZIP CODE H STREET SLAND, IL 61201				
(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 SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE COMPLETE		
S9999	Continued From pa	ge 1	S9999	To the second se	22		
	pressure sores, hea breakdown shall be	ogram to prevent and treat at rashes or other skin practiced on a 24-hour, basis so that a resident who	Si S		1		
· ·	enters the facility wi develop pressure se clinical condition de sores were unavoid pressure sores sha	Ithout pressure sores does not ores unless the individual's monstrates that the pressure lable. A resident having Il receive treatment and	96				
		e healing, prevent infection, essure sores from developing.			= #		
	t) The facility on subjected to phy	shall ensure that residents are ysical, verbal, sexual or e, neglect, exploitation, or	0				
25	Section 300.3220 M	Medical Care	**		*()		
2 (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	administered as ord physician orders sh director of nursing of within 24 hours after	nent and procedures shall be dered by a physician. All new all be reviewed by the facility's or charge nurse designee or such orders have been cility compliance with such 104(b) of the Act)			13.		
E#	These Regulations by:	were not met as evidenced		g			
	review the facility fa ordered by the phys	on, interview and record niled to perform wound care as sician for two residents (R49 for pressure ulcers.		\$ \(\alpha\)			
Para Para		in causing R49's right outer ed and lose viable tissue					

M7EJ11

(X3) DATE SURVEY

(X2) MULTIPLE CONSTRUCTION

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		IL6008866	B. WING		12/1	6/2022	
ST ANTHONY'S NSG & REHAR CTR 767 30TH			ADDRESS, CITY, STATE, ZIP CODE TH STREET SLAND, IL 61201				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETE		
\$9999	Continued From pa	•	S9999				
	7.74	ecords document R49 was neling sacral wound and a ound on 10/28/22.	£		T (48)	.=	
8. 8	2022 documents: F Jelly Impregnated (apply to the right or day every Monday, cover with (rolled g On 12/14/22 at 9:00	O A.M. V5 (Wound Doctor)			,		
73	The wound bed of and there was notice the dressing. V5 standards and stuff on the dressing wanted to keep." V Dressing that I took	ing on R1's right outer ankle. The ankle began seeping blood ceable scabs/skin debris on ated "Someone put the wrong kle, see this bleeding? All the g is all good tissue that we 5 stated "It was a Telfa t off, and that shouldn't have t type of dressing is used		e iz e co	= 1		
	when we want the o specifically told the (R49) because the	dressing to stick to tissue. I se nurses to not use Telfa on n we must heal the damage we essing. It is a vicious circle."	9	*	III N 89 08	700 400	
	dated December 2 Chloride Dressing) Dakin's 25% Moiste (Sodium Chloride I Change as needed	nent Administration Record) 022 documents "(Sodium may use plain packing or ened (rolled gauze) when 07 pressing) not available. I when soiled or displaced. pressure wound for 30 days	fa -		228		
	(Sodium Chloride I daily and cover with This entry on R49's	Dressing) packed into wound in silicone gauze bordered." Treatment on the TAR was PM. All administration boxes	ā			÷.	

M7EJ11

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: IL6008866 B. WING 12/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 767 30TH STREET ST ANTHONY'S NSG & REHAB CTR **ROCK ISLAND, IL 61201** SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (X5)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 3 S9999 are marked out. On 12/14/22 at 11:30 AM, V11 (LPN/Wound Nurse) stated "The order with the (Sodium Chloride Dressing) and Dakin's solution for (R49) is for his sacral wound and that should be getting done every day. The order should read daily and as needed until healed. V11 confirmed that the treatment had not been signed off as completed for the entire month of December (12/1/2022-12/14/2022). R49's TAR dated November 2022 documents "Collagen-Antimicrobial Sheet apply to right ankle topically three times a week on Monday. Wednesday, and Fridays for pressure wound. The November Treatment Administration Record was timed for 9:00AM and 6:00PM on Monday, Wednesday, and Fridays. On 12/14/22 at 11:30 AM, V11 (LPN/Wound Nurse) stated "No they should not have been done twice a day every three days, I don't know why it is on there (Treatment Administration Records) like that." 2. R70's "Wound Evaluation and Management Summary" dated 11/30/22 documents R70 has a wound to his left posterior thigh measuring 1.2 centimeters (cm) x 15.0 cm x 0.1 cm. On 12/14/22 it documents the wound measurement at 1.9 cm x 10 cm x 0.1 cm. R70's physician order sheet (POS) and TAR dated 11/18/22 documents "Collagenase Powder: Apply to left posterior thigh topically one time a day for wound healing collagen powder, mix with hydrogel, apply to wound bed, cover with dry dressing."

Illinois Department of Public Health

On 12/15/22 at 11:43 AM, V5, Wound Doctor, stated "There was no change in R70's wound over the last few weeks. I don't think not changing his bandage a few days made a difference on the progression of his wound healing. It's better for the patient to get the wound treatments as

M7EJ11

(X3) DATE SURVEY

(X1) PROVIDER/SUPPLIER/CLIA

(X2) MULTIPLE CONSTRUCTION

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		A. BUILDING:			12/16/2022	
1∟6008866			B. WING					
	PROVIDER OR SUPPLIER ONY'S NSG & REHA	B CTR	767 30TH	DRESS, CITY, S I STREET LAND, IL 612	STATE, ZIP CODE			O.
(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 DATE
S9999	Continued From particles of the complete of the outcomplete of the control of the	0)'s diagnosis a ion't think it wo me of the woun 15 PM, V1, Adn und treatments ery day as orde ng for a policy t	uld have d healing." ministrator, s should have ered by the that states they	S9999				
	3 3 2	(B)			*. 22 5		8.	
전 전			2	5.	(8)			.2
	6 S				1.5		00	4
8	to set of Dublic Health			THE STATE OF THE S	()	- 10 E2 10		