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 IL6002364 B. WING 08/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1701 NORTH BOWMAN **ARCADIA CARE DANVILLE DANVILLE, IL 61832** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S 000 **Initial Comments** S 000 Complaint Investigations: 2366855/IL163341 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)2) 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. 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 Attachment A plan. Adequate and properly supervised nursing Statement of Licensure Violations care and personal care shall be provided to each resident to meet the total nursing and personal

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

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
IL6002364		B. WING		C 08/23/2023				
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ITE, ZIP CODE				
ARCADIA	ARCADIA CARE DANVILLE 1701 NORTH BOWMAN DANVILLE, IL 61832							
(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 page	1	S9999			-		
ı	care needs of the resi	dent.						
		re-giving staff shall review e about his or her residents' ire plan.						
8	nursing care shall incl	ubsection (a), general ude, at a minimum, the practiced on a 24-hour, sis:						
	All treatments administered as order	and procedures shall be ed by the physician.	88	Aug.				
	These requirements w	vere not met as evidenced		4				
	(R1, R5, R6) of four re wounds in the sample failed to prevent cross wound treatments by	d to complete wound be wound orders, and atments as ordered for three esidents reviewed for list of 22. The facility also contamination during failing to perform hand scissors resulting in R1, R5,				÷		
	Findings include:							
	was concerned R1's k wound treatment not b R1's Minimum Data S documents R1 is cogn surgical wound. R1's 0	22 (R1's Family Member) nee infection is due to R1's being done daily as ordered.			8			

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AND PLAN OF CORRECTION (X1) PROVIDERSOPPLIENCE IDENTIFICATION NUMBER		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		IL6002364	B. WING		C 08/23/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E. ZIP CODE		
			RTH BOWMAN			
ARCADIA	CARE DANVILLE		.E, IL 61832			
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S9999	Continued From page	2	S9999			
	changes in R1's skin physician. This Care I diagnoses include Let Aftercare Following Jordan R1's Care Plan revise on antibiotics for a work R1's Order Summary 7/23/23-8/23/23 docu Bactrim (antibiotic) D3 Tablet 800-160 Mg (mouth twice daily for Daily wound packing 8/10/23-8/20/23). The includes what to pack 8/23/23 when an order	ft Artificial Knee Join and point Replacement Surgery. and 8/14/23 documents R1 is pound infection. Report dated ments the following orders: S (Double Strength) Oral milligrams) give one tablet by 2 weeks for wound infection. To left knee (ordered from the is no order which at the wound with until er was initiated to pack the offerm, covered with a sterile				
	apply an abdominal ginfection daily 7/5/23-treatment and monito signed as administers wound packing treatmadministered on three There are no docume surgical wound in R1 On 8/22/23 at 12:57 admitted to the facility R1 was hospitalized stated R1 has an infe surgical wound due to dressing as ordered.	ds (TARs) document to lauze and monitor site for 8/14/23. The gauze siring for infection are not end on three dates, and ments are not signed as a dates. The dassessments of R1's is medical record. The R1 stated R1 was a part of a signed after for left knee replacement. R1 is staff not changing R1's R1 stated V4 Registered				
75-45	Nurse (RN) only look dressing, V4 did not o	ed at R1's left knee change the dressing when				

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STATE FORM

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		СОМРІ	COMPLETED	
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IL60023 6 4		B. WING			-		
		<u></u>	<u>. </u>		1 007.	23/2023	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE			
ARCADIA	CARE DANVILLE		TH BOWMAN				
	 	DANVILLE	, IL 61832				
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S9999	Continued From page	3	S9999				
	R1 asked for it to be o	changed and told R1 V4 was	Ī				
	not a nurse. R1 was l	ying in bed with an elastic	i				
	wrap covering R1's le	ft knee.					
		M V3 Licensed Practical					
	Nurse (LPN) removed						
	dressing from R1's left knee. There was an open,		*				
	red, moist wound approximately the size of a marble at the base of R1's left knee. V3 stated						
	the surgeon made R1's wound slightly larger. V3 cleansed the wound and obtained scissors from		ŀ				
	V3's pocket. V3 placed the scissors on R1's						
	overbed table and then without disinfecting the			N			
	scissors, used the sci	ssors to cut the iodoform.					
	V3 packed the iodoform directly into R1's wound, covered with a bordered gauze dressing and						
						1	
		ap to R1's left knee. At 2:32					
-00-		ound should be assessed					
		rse who administers R1's documented under the	#				
		electronic medical record.					
		essments in R1's medical		30			
	record and confirmed there are no documented assessments of R1's wound, V3 stated the						
	wound started as a pir	nhole at the base of R1's	ļ				
	surgical wound. V3 confirmed V3 did not disinfect V3's scissors prior to administering R1's wound		1				
	treatment.			353			
32	0-000000 144.51	MANAGE 115 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				<u> </u>	
	On 8/23/23 at 11:31 AM V14 Certified Nursing Assistant stated last week R1 asked V4 RN to change R1's wound dressing. V4 told R1 V4 did not have the supplies to do the treatment. Left						
	not have the supplies to do the treatment, left R1's room, and never returned to change R1's						
	dressing. V14 stated F						
	supposed to be change						
*		•					
2.) R5's MDS dated 7/10/23 documents R5 is							
		Care Plan dated 7/21/23					
	documents R5 has a v	wound to the left lower					

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FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING__ IL6002364 08/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1701 NORTH BOWMAN **ARCADIA CARE DANVILLE** DANVILLE, IL 61832

DANVILLE, IL 61832								
(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	Intervention to administer treatments as ordered. R5's Order Summary Report dated 7/1/23-8/23/23 documents an order dated 8/21/23 to apply calcium alginate to the left leg wound, cover with bordered gauze, and secure with a gauze/stretch wrap. This report documents an order dated 7/28/23-8/5/23 for Levofloxacin (antibiotic) 750 mg by mouth daily for a wound infection. R5's Wound Evaluation & Management Summary dated 7/19/23, recorded by V31 Wound Physician documents R5's full thickness, non-pressure wound of the left, lower, lateral leg measured 3 centimeters (cm) long by 2.5 cm wide by 0.2 cm deep. The wound was due to trauma/injury and is improving/healing. R5's Wound Evaluation & Management Summary dated 7/29/23 by V31 documents R5's wound declined, measured 3.5 cm by 2 cm by 0.4 cm, and had purulent green colored drainage (pus). This wound was "exacerbated due to infection". R5's Wound Evaluation & Management Summary dated 8/16/23 recorded by V30 Nurse Practitioner documents R5's wound measured 3 cm by 2.5 cm by 0.2 cm and a treatment order to apply Calcium Alginate daily.	S9999						
1	R5's August 2023 TAR does not document R5's Calcium Alginate treatment was transcribed onto the TAR prior to 8/20/23, and this order is only documented as administered on 8/20/23 and 8/21/23. On 8/22/23 at 3:22 PM R5 stated R5 has a wound to the leg which started as a blister, V31 evaluated the wound and lanced it. R5 stated R5 had an infection in the wound and received							

PRINTED: 11/01/2023 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: ___ B. WNG IL6002364 08/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1701 NORTH BOWMAN **ARCADIA CARE DANVILLE DANVILLE, IL 61832** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 5 S9999 antibiotics. On 8/23/23 at 12:56 PM V21 Licensed Practical Nurse (LPN)/Wound Nurse touched the treatment cart outside of R5's room and obtained wound care supplies. Scissors were on top of the treatment cart. Without performing hand hygiene, V21 applied gloves and entered R5's room. V21 used an alcohol prep pad to wipe the blades of the scissors and placed the scissors on the overbed table in R5's room. V21 had not disinfected the overbed table prior, V21 removed R5's dressing to the left outer calf which had minimal drainage. V21 changed V21's gloves and cleansed the wound. V21 changed gloves and used the scissors on R5's overbed table to cut the calcium alginate and placed it directly onto R5's wound. V21 cut a piece of an abdominal pad dressing secured with tape to cover R5's wound. V21 placed the scissors on top of the treatment cart and washed V21's hands. V21 did not perform hand hygiene between changing gloves and when moving from soiled to clean areas during the treatment. V21 then pushed the treatment cart to R6's room. On 8/23/23 at 12:01 PM V2 Director of Nursing (DON) stated the facility has V31's notes by the following day after V31 rounds. V2 stated V31 also gives V31's order changes verbally when rounding. V21 rounded with V30 Nurse Practitioner on 8/16/23. V2 stated the order for Calcium Alginate was transcribed incorrectly and did not prompt treatment administration on the TAR until V3 corrected the order entry on 8/19/23.

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3.) R6's Care Plan revised 7/31/23 documents R6 has a wound infection of the left great toe and is receiving antibiotic therapy. This Care Plan documents R6 has a diagnosis of Diabetes

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
!L6002364		B. WING		C 08/23/2023		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
ARCADIA	CARE DANVILLE	1701 NORT DANVILLE	H BOWMAN			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
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	Mellitus.					
	to the left great toe and bordered dressing one Administer Bactrim (a Strength) 800-160 mg infection for 14 days bagain on 7/28/23. Administer of the infection I R6's July and August administer bleach-soadaily from 7/6/23-7/20 Betadine-soaked gauz 7/20/23-8/16/23 for the	ng: Apply Collagen powder d cover with gauze be daily, initiated on 8/16/23. Intibiotic) DS (Double by mouth twice daily for toe beginning on 7/6/23 and inister Ceftriaxone amuscularly daily for 14 beginning on 7/10/23. 2023 TARs document to ked gauze treatments twice /23 and administer be treatments twice daily be left great toe wound. In at do not document these	特			
	R6's diabetic left great cm by 1.3 cm by 0.3 c tissue, antibiotics were infection). On 7/19/23 measured 1.5 by 1 by tissue. On 7/29/23 the wound cellulitis, was e infection, and measure cm with 40 % necrotic	the following: On 7/5/23 toe wound measured 1.5 m with 30% necrotic (dead) cordered for cellulitis (skin the wound was larger and 0.3 cm with 30% necrotic wound had recurrent peri				
		re dated as reported on avy Morganella morganii"				
	On 8/23/23 at 1:13 PM	V21 pushed the treatment				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
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NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	ATE, ZIP CODE			
ARCADIA	CARE DANVILLE		RTH BOWMAN				
	·	DANVILL	E, IL 61832				
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S99 9 9	Continued From page	7	S9999			ň	
	hand hygiene, applied dressing on R6's left, circular, red, moist wo V21 changed gloves, wipe the scissors which treatment cart and laid cart. V21 then used the abdominal pad dressi wound and applied the secured with tape. V2 for anything else to be Wound Physician told	ound to the top of R6's toe. used an alcohol prep pad to					
=	stated V21 has not recon hand hygiene/infective wound treatments. V2 hands were considere R5's and R6's wound consider V21's hands touching the treatmen V21 confirmed V21 disprior to or during the value of the top of the value of value of the value of	it cart and wound supplies. d not perform hand hygiene vound treatments and did					
z.	when administered. A wipes are used to disi V2 confirmed an alcoh disinfectant and scisso prior to cutting wound wound assessments a assessments section of medical record.	it the treatments on the TAR t 2:40 PM V2 stated bleach nfect multi-use equipment.					

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. WNG IL6002364 08/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1701 NORTH BOWMAN ARCADIA CARE DANVILLE **DANVILLE, IL 61832** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 8 stated V31 changed R6's treatment from Collagen powder to Betadine-soaked gauze. V31 stated poor hand hygiene and not disinfecting scissors during wound treatments, as well as not changing dressings as often as ordered are risk factors increase the risk for developing wound infections. V31 stated V31 had concerns that dressings ordered to be changed twice daily are only getting changed once daily. The facility's Dressing Change policy dated August 2023 documents wound supplies may be placed on an overbed table after the table has been disinfected, wash hands prior to treatment administration, wash hands or use an alcohol-based hand rub to decontaminate hands when changing gloves after removing a soiled dressing, administer the wound treatment per physician's orders, sanitize scissors after use, and document on the TAR. This policy does not document to disinfect scissors prior to cutting wound dressings/supplies. The facility's Skin Condition Assessment & Monitoring- Pressure and Non-Pressure policy dated March 2023 documents "Pressure and other ulcers (diabetic, arterial, venous) will be assessed and measured at least weekly by licensed nurses and documented in the resident's clinical record. Non-pressure skin conditions (bruises/contusions, abrasions, lacerations, rashes, skin tears, surgical, wounds, etc. (etcetera)) will be assessed for healing progress and signs of complications or infection weekly."