PRINTED: 11/29/2023 **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 IL6001457 09/22/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 302 WEST BURWASH ACCOLADE HEALTHCARE OF SAVOY **SAVOY, IL 61874** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (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) \$ 000 Initial Comments S 000 Complaint Investigation: 2367462/IL164133 \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210a) 300,1210b) 300.1210c) 300.1210d)2)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** Comprehensive Resident Care Plan. A facility, with the participation of the resident and

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

the resident's guardian or representative, as

comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental

applicable, must develop and implement a

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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 IL6001457 B. WING 09/22/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 302 WEST BURWASH **ACCOLADE HEALTHCARE OF SAVOY SAVOY, IL 61874** 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) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 1 S9999 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. (Section 3-202.2a of the Act) 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. Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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 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

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
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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	
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, 8	STATE, ZIP CODE		
ACCOL 4	DE HEALTHCARE OF	SAVOY 302 WEST	BURWASH			:
7000	DE HEAEIHOARE, OF	SAVOY, IL	61874			
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S9999	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		S9999			
	Heel Unstageable F	R3's facility acquired Left Pressure Ulcer as measuring cm wide by unable to				
	5.5 cm long by 5.4 t	on wide by unable to				

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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: C B. WING IL6001457 09/22/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **302 WEST BURWASH** ACCOLADE HEALTHCARE OF SAVOY **SAVOY, IL 61874** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) \$9999 Continued From page 4 S9999 determine depth due to necrotic tissue. This same progress note documents this same pressure ulcer initial onset date of 9/12/23. R3's Facility Wound Assessment Details Report documents the following: 9/21/23 documents R3's facility acquired Left Lateral Foot Stage 4 Pressure Ulcer as measuring 9.0 cm long by 1.5 cm wide by unable to determine depth due to necrotic tissue. 9/21/23 documents R3's facility acquired Right Lateral Ankle Stage 4 Pressure Ulcer as measuring 6.3 cm long by 2.5 cm wide by 0.2 cm deep. 9/21/23 documents R3's facility acquired Right Lateral Lower Leg Stage 3 Pressure Ulcer as measuring 5.2 centimeters (cm) long by 2.0 cm wide by 0.25 cm deep. 9/21/23 documents R3's facility acquired Left Anterior Ankle Unstageable Pressure Ulcer as measuring 0.7 cm long by 3.5 cm wide by unable to determine depth due to necrotic tissue. 9/21/23 documents R3's facility acquired Left Heel Unstageable Pressure Ulcer as measuring 3.8 cm long by 2.4 cm twice by unable to determine depth due to necrotic tissue. On 9/21/23 continual observations were made from 8:51 AM-11:50 AM of R3 laying on R3's back in bed with legs crossed, knees out to each side and feet drawn up between thighs. R3's head of bed was elevated at 45 degrees. R3 was not wearing heel protectors. R3's bed did not have any pillows. R3's bilateral feet were pressing directly into R3's inner thighs and calves. No observations were made during this timeframe of staff assisting R3 with repositioning or offloading R3's facility acquired pressure ulcers.

On 9/21/23 at 11:55 AM V8 Licensed Practical

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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	
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	Vinis	IL6001457	B. WING	B. WING		22/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 8	STATE, ZIP CODE		
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\$9999	changes for R3's faincluding Left Later Ulcer, Right Lateral Ulcer, Right Lateral Ulcer, Right Lateral Ulcer, Left Anterior Injury (DTPI), Left I Ulcer. R3's prior dre legs/feet were not consume outer dressin with a dirt brown consource. V9 RN remone time, then clear re-dressed each woor using hand sanit R3's pressure ulcer less severe wound RN started with moder and red with moder drainage. R3's facilit Lower Leg Stage 3 open, dark red tissu yellow/pink drainag wound's prior undata adhered to open wound stempt to soak the minutes. R3's facilit Unstageable Press	7	S9999	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		

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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 IL6001457 09/22/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 302 WEST BURWASH ACCOLADE HEALTHCARE OF SAVOY **SAVOY, IL 61874** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (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 TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 pressure ulcer with minimal clear drainage. R3's facility acquired Left Heel Unstageable Pressure Ulcer observed as having a dry black surface with slightly reddened periwound and no visible drainage. On 9/21/23 at 1:25 PM V9 Registered Nurse (RN) stated R3 should always have his heel protectors on for pressure prevention. V9 stated "I have just started in this position and have only worked at this facility for a couple of weeks. I only see one heel protector in (R3's) room. It is sitting on (R3's) bedside dresser completely out of his reach. I don't know why (R3) doesn't have those on. (R3) really needs them. (R3) crosses his legs (with legs crossed, knees out to each side and feet drawn up between thighs) which forces his feet to press on his thighs and calves. (R3) has multiple significant pressure ulcers on his lower legs and both feet. A few of the wounds did get larger but they all look better each time I see them." V9 RN stated not performing hand hygiene and the cross contamination of open wounds could lead to an infection in R3's pressure ulcer wounds." On 9/22/23 at 1:30 PM V27 Wound Physician stated "I started at this facility approximately 10 weeks ago. I have been seeing (R3's) wounds since that time. (R3) has seven or eight total pressure ulcers in addition to a couple of Vascular ulcers. (R3's) wounds have been improving since I have taken over, but I am surprised (R3) has lived this long due to the condition of his wounds. Prior to me seeing (R3's) wounds they (wounds) had been deteriorating and with no one in charge of the wound program it was a recipe for disaster. I wouldn't say (R3's) pressure ulcers were unavoidable due to (R3) has shown healing

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properties in these wounds since I took over. I

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	would be more incli	ned to say that the previous				
		g for (R3) as they should have				
		een times I have seen (R3's)				
	heel protectors not	on and there have been times				
		I believe the Left Anterior				
		Pressure Injury (DTPI) was				
		applying the heel protector sused the strap to rub against				
	the top of his Left A	nkle. (R3's) bilateral hips and				
	knees are very conf	tracted. I believe (R3's) knees				
	are measuring at 135 degrees flexion contraction. (R3) always needs those heel protectors on at all					
		excuse for (R3) going long m. I can see that they might				
		owers or something like that				
		e only reason. If they are				
	soiled, then get ther	m laundered and while (R3) is				
		er pair. This isn't critical				
		ust basic care that was not				
		e dressings should always be one would know how long that				
		ad been on. If (R3's) dressing				
	to Right Lateral Low	er Leg took that much work to				
	soak it off of the pressure ulcer, then it has been					
	on much longer tha	n what I had ordered."				
	The facility policy tit	led 'Wound Ulcer Treatment'				
		uments put on gloves, loosen				
		ressing. Dispose of dressing				
	and gloves. Wash I	hands. Put on clean gloves.				
		before applying. Apply				
	individual dressings	and ointments as directed.				
	The facility policy fit	led 'Wound Treatments dated				
*.		mobility guidelines to turn				
	resident every two h	nours and provide appropriate				
	pressure reducing of	levices. When treating a				
		e pressure injuries, treat the				
	most contaminated	ulcer last.				
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