

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005391	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/27/2023
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NAME OF PROVIDER OR SUPPLIER BENTON REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 1409 NORTH MAIN STREET BENTON, IL 62812
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S 000	Initial Comments Complaint Investigation: 2350549/IL155578	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210a) 300.1210b) 300.1210d)2)3)5) 300.1810h) 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, injury or change in condition at the time of	S9999	Attachment A Statement of Licensure Violations	

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

TITLE

(X6) DATE

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S9999	<p>Continued From page 1 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>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.</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>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>3) Objective observations of changes in a resident's condition, including mental and</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>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 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>Section 300.1810 Resident Record Requirements</p> <p>h) Treatment sheets shall be maintained recording all resident care procedures ordered by each resident's attending physician. Physician ordered procedures that shall be recorded include, but are not limited to, the prevention and treatment of decubitus ulcers, weight monitoring to determine a resident's weight loss or gain, catheter/ostomy care, blood pressure monitoring, and fluid intake and output.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to identify, monitor, and treat a pressure wound for 1 (R3) of 3 residents reviewed for wounds in the sample of 3. This failure resulted in R3 developing at minimum a Stage II pressure wound to the left buttock after admission with no consistent assessments or</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>treatments documented to determine the actual wound onset.</p> <p>Findings Include:</p> <p>R3's "Profile Face Sheet" documents an "Original Admit Date" to the facility on 12/16/22.</p> <p>R3's "Braden Scale for Predicting Pressure Ulcer Risk" dated 12/18/22 documents a total score of 15, indicating R3 was at high risk. The same document marks "N" for no to the questions of: "Does the resident currently have any unresolved pressure ulcers?" "Have there been any resolved pressure ulcers in the last 90 days?" "Does the resident currently have any unresolved venous or arterial ulcers?" This is the only Braden score documented as being complete during R3's admission at the facility.</p> <p>R3's current and active Plan of Care as provided by the facility documents a "Problem/Need" of, at risk for Pressure Ulcer per Braden Risk Assessment. The "Goal" for this area is for R3 to have no new open areas caused by pressure or friction for the next 90 days.</p> <p>"Approach/Interventions" listed for this problem area include, "Skin risk assessment: Braden Scale weekly x 4 weeks upon admission or readmission and then quarterly." An additional "Approach/Intervention" listed for this same area is, "Assess skin- If open or bruised areas noted, report to MD (medical doctor) and responsible party."</p> <p>R3's most recent comprehensive Minimum Data Set (MDS) Dated 12/23/22 documents in section C0500 a Brief Interview for Mental Status (BIMS) score of 8, indicating moderate cognitive impairment. Section M0150 of the same MDS</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>documents "1" indicating yes to the question, "Is this resident at risk of developing pressure ulcers/injuries?"</p> <p>R3's "Physician Orders" sheets dated for 12/16/22 - 12/31/22 document a treatment of "Weekly Skin Assessments with Note" on Tuesdays during the 2-10 PM shift. This same document has the answer of "Yes" circled by the question, "High Skin Risk." Review of R3's Physician Order's in their entirety, as provided by the facility for December 2022 contain no wound treatment orders.</p> <p>R3's Treatment Administration Record (TAR) dated/labeled for 12/16/22 - 12/31/22 document that the 12/16/22 skin assessment (at the time of R3's original admission date to the facility) was the only skin assessment completed in December 2022. An additional entry noted on this same document under the area of "Treatment" dated 12/22/22 documents, "SSD (Silver Sulfadiazine), Collagen, Cal (Calcium) Alginate & DD (dry dressing) to right inner buttock dly (daily) until healed." No nursing initials are present on this administration record to indicate this treatment was ever completed during December 2022.</p> <p>R3's "Physician's Orders" dated for 1/1/23 - 1/31/23, under the section labeled "Treatment Orders" document the order of weekly skin assessment with note. Review of R3's Physician Order's in their entirety as provided by the facility for January 2023 contain no wound treatment orders.</p> <p>R3's Treatment Administration Record for 1/1/23 - 1/31/23 documents weekly skin assessments were complete on the following days with the corresponding notes: 1/2/23- "Skin good red on</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>coccyx no open areas." 1/9/23- "Red on coccyx tx. (treatment) done." 1/16/23- "No open areas tx. To coccyx cream." 1/23/23- "Red area cream to coccyx area." An additional entry noted on this same document under the area of "Treatment," dated 12/22/22 documents, "SSD, Collagen, Calc. (Calcium) Alg. (Alginate) to right inner buttock daily UH (until healed)." The treatment is documented as being completed daily on the 2-10 PM shift, even on 1/18/23 when R3's Clinical Record reflects he was out of the facility due to being admitted to the local hospital that day.</p> <p>On 1/24/23 at 3:03 PM, V5 (Licensed Practical Nurse, LPN) was observed providing wound care to R3's left buttock, in which a Stage 2 pressure wound was observed. R3's bilateral buttocks were observed as being red in color with no wound observed to R3's right buttock. V5 removed the old dressing in place to the left buttock, and the area was cleansed with Normal Saline. V5 prepared the new dressing by using a bordered gauze placed on a barrier on R3's bed side table, placed a piece of a sheet of collagen directly on the gauze part of the bordered dressing, placed a piece of calcium alginate dressing on top of the collagen piece, and applied SSD cream on top of the calcium alginate. V5 was observed tearing the calcium alginate with her gloved hands and the collagen sheet was observed as crumbling into several pieces when V5 placed it on the gauze pad. The layered dressing was then put in place to R3's left buttock. The collagen and calcium alginate boxes were observed as not being labeled for R3, but rather stock use.</p> <p>On 1/26/23 at 12:15 PM, V3 (Licensed Practical Nurse/LPN) stated she had just inspected R3's buttocks. V3 confirmed the open area to R3's</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>bottom was to his left buttock, and not his right as indicated on the treatment administration record. V3 also confirmed with the current treatment orders wrote on the TAR, she is unsure of the directions the order is giving and cannot verify where the SSD cream was to go, if the collagen was powder or a sheet, directions for dressing the wound, etc.</p> <p>On 1/26/23 at 12:32 PM, V3 confirmed the area to R3's left buttock was currently a stage 2 pressure wound.</p> <p>On 1/26/23 at 1:09 PM, V7 (Registered Nurse) stated that she recalls performing skin assessments on R3 in January. V7 stated at no time did she visualize any open areas. V7 stated the only treatment R3 was receiving was "Silvadene" cream to his buttocks where he was red. V7 cannot say when the dressing treatment was initiated. V7 stated she was not aware of any orders or treatments in place for R3 which utilized collagen, calcium alginate, or any type of dressing.</p> <p>On 1/26/23 at 2:05 PM, V4 (Certified Nurse Assistant) stated she frequently worked with R3. V4 stated she cannot say the exact date the wound to R3's buttock formed, but stated it had "been a while ago, not like this week it had started or anything." V4 stated she knows this because of seeing a dressing in place when providing R3's care.</p> <p>On 1/26/23 at 2:35 PM, V14 (Physician) stated that he would expect skin assessments to be completed on residents as ordered. V14 acknowledged that performing skin assessments can help timely identify, treat, and possibly prevent wound formation.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>On 1/26/23 at 2:47 PM, V15 (Nurse Practitioner) stated that she works with V14 and saw R3 once while he was in the facility. V15 stated that V16 (Wound Physician) provides wound care at the facility, so any wounds that form she (V15) requests to be notified, then makes the referral to V16 for services. V15 stated she has no notes made that she was ever notified of any wounds to R3. V15 stated she was unaware of any SSD, Calcium Alginate, Collagen dressing order R3 had.</p> <p>R3's Clinical Record contains no documentation regarding any open wounds to R3. The left buttock wound onset date, initial size, staging, physician notification, physician wound orders, and R3's response to treatment cannot be determined due to lack of documentation.</p> <p>On 1/26/23 at 12:17 PM, V12 (Regional Quality Assurance Nurse) acknowledged that although requested, she is unable to provide a physician's order for wound treatment, progress note or any documentation indicating the onset date, measurements, or ongoing monitoring for improvement or decline of the wound to R3's buttock.</p> <p>On 1/27/23 8:40 AM, V1 (Administrator) confirmed the facility is unable to provide any reproducible evidence regarding the origination, monitoring, physician notification, physician orders for wound treatment, or description of R3's wound including initial measurements/staging. V1 stated that her expectations for staff would be to complete skin assessments as ordered and provide wound care per facility policies. V1 stated that the facility is going to start training with nursing staff today regarding skin assessments</p>	S9999		

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S9999	<p>Continued From page 8 and wound care.</p> <p>The facility policy titled, "Skin Condition Monitoring" with a revised date of "1/18" stated, "It is the policy of this facility to provide proper monitoring, treatment, and documentation of any resident with skin abnormalities1. Upon notification of a skin lesion, or other skin abnormality, the Nurse will assess and document the findings in the nurses notes and complete the QA (Quality Assurance) form for Newly Acquired Skin Condition. The Nurse will then implement the following procedure: a. Notify the physician and obtain treatment order. B. The treatment order will include: 1. Type of treatment. 2. Location of area to be treated. 3. Frequency of how often treatment is to be performed. 4. How area is to be cleaned. 5. Stop date, if needed. 3. Any skin abnormality will have a specific treatment order until area is resolved4. Documentation of the skin abnormality must occur upon identification and at least weekly thereafter until the area is healed. Documentation of the area must include the following: a. Characteristic 1. Size, 2. Shape, 3. Depth, 4. Odor, 5. Color, 6. Presence of granulation tissue or necrotic tissue. B. Treatment and response to treatment. Observe and measure pressure ulcers at regular intervals."</p> <p>The facility policy titled, "Pressure Sore Prevention Guidelines" with a revised date of "1/18" stated, "It is the facility's policy to provide adequate interventions for the prevention of pressure ulcers for residents who are identified as HIGH or MODERATE risk for skin breakdown as determined by the Braden ScaleAny resident scoring a High or Moderate risk for skin breakdown will have scheduled skin checks on the Treatment Record. Skin checks will be</p>	S9999		

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