

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015622	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/22/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER EVENGLOW INN	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 EVENGLOW LANE PONTIAC, IL 61764
--	--

(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
S 000	Initial Comments Complaint #2361273/IL156438	S 000		
S9999	Final Observations Statement of Licensure Violation: 330.710a) 330.1110 330.1120a) Section 330.710 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 with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part. Section 330.1110 Medical Care Policies The facility shall notify the physician of any accident, injury, or unusual change in a resident's condition. Section 330.1120 Personal Care a) Each resident shall have proper daily personal attention and care including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician. These requirements are not met as evidenced by: Based on observation, interview and record review, the facility failed to complete wound	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015622	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EVENGLOW INN	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 EVENGLOW LANE PONTIAC, IL 61764
---	--

(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	<p>Continued From page 1</p> <p>treatments as ordered by the physician, complete weekly wound assessment according to the facility Wound Care Policy, and update the physician on changes in condition for two of three residents (R2, R3) reviewed for wound care on the sample list of three. These failures resulted in R2 developing an avoidable unstageable pressure ulcer to the top of the right foot.</p> <p>Findings Include:</p> <p>The facility Wound Care Policy dated 2014 documents the facility will provide a physiological environment conducive to wound healing, protect the wound from further injury, and prevent infection. The wound will be assessed weekly and as needed and the wound location, size, drainage, odor, etc will be documented in the clinical record. The physician will be notified of any changes and the treatment sheet will be updated.</p> <p>1.) R2's February 2023 Physician Orders document the following wound treatment orders: 2/10/23 - 2/21/23 Right heel: cleanse wound per facility protocol and apply calcium alginate to wound, cut to fit wound margins, and apply a thick absorbent pad, then wrap with rolled gauze and secure with tape daily. 2/10/23 - 2/21/23 Right Dorsum foot: cleanse wound per facility protocol. Skin prep wound edges and apply barrier cream to wound edges, then apply a non-bordered super absorbent dressing, then wrap with rolled gauze and secure with tape daily. 2/21/23 Right heel and Right Dorsum foot: cleanse wound per facility protocol and apply petroleum soaked gauze, non-adherent dressing and thick absorbent pad to wounds and secure with rolled gauze daily.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015622	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EVENGLOW INN	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 EVENGLOW LANE PONTIAC, IL 61764
---	--

(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	<p>Continued From page 2</p> <p>2/22/23 Right heel: cleanse wound per facility protocol and apply calcium alginate to wound, cut to fit wound margins, and apply a thick absorbent pad, then wrap with rolled gauze and secure with tape daily.</p> <p>2/22/23 Right Dorsum foot: cleanse wound per facility protocol. Skin prep wound edges and apply barrier cream to wound edges, then apply a non-bordered super absorbent dressing, then wrap with rolled gauze and secure with tape daily.</p> <p>On 2/21/23 at 10:40 am, V8 LPN with assistance from V9 Hospice CNA (Certified Nursing Assistant) and V5 CNA removed R2's dressing to the right foot which consisted of a gauze wrap, thick adherent pad, petroleum gauze to the upper foot/dorsa wound and calcium alginate to the heel wound to reveal an approximate 7 cm (centimeter) by 1.5 cm wound to the upper foot/dorsa with a white tube like substance running the length of the wound, and an approximate 3 cm by 2 cm full thickness wound with yellow slough throughout the wound bed. At this time, V8 stated the white tube like substance was R2's tendon. V8 completed the treatment using the petroleum soaked gauze to both wounds as ordered but stated V8 is not sure why R2 had the petroleum gauze on the dorsa wound with the previous dressing since the order was just received today {2/21/23}. V8 also stated the dorsa wound started out very small but has increased in size over the last several months despite receiving nutritional supplements and several different types of dressings.</p> <p>On 2/21/23 at 3:04 pm, V2 LPN (Licensed Practical Nurse)/Program Director stated Hospice had given us an order for just a dry dressing on the dorsal foot wound and when you would take it</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015622	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/22/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER EVENGLOW INN	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 EVENGLOW LANE PONTIAC, IL 61764
---	--

(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	<p>Continued From page 3</p> <p>off, the wound would just bleed so yesterday, 2/20/22 "I {V2} put the petroleum gauze on it {the wound}" along with the non-adherent dressing and thick absorbent pad instead. V2 stated V2 did not call hospice prior to applying an unordered dressing but called them on 2/21/23 and got the order changed. V2 is unsure who gave the order but it was a man.</p> <p>R2's right dorsal foot wound assessments in R2's medical record document the following: 12/26/22 - stage 4 ulcer measuring 4 cm by 2.5 cm by 0.1 cm. 1/9/23 - stage 4 ulcer measuring 5 cm by 1.5 cm by 0.2 cm 1/23/23 - stage 4 ulcer measuring 6 cm by 2 cm by 0.1 cm 2/3/23 - stage 4 ulcer measuring 7 cm by 1.5 cm by 0.1 cm 2/13/23 - unstageable ulcer measuring 7 cm by 1.5 cm by unstageable due to "new areas of black noted." 2/20/23 - unstageable ulcer presenting as a stage 4 measuring 7.3 cm by 1.8 cm by 0.5 cm</p> <p>On 2/21/23 at 3:21 pm, V2 LPN/Program Director stated wounds are to be measured weekly and explained "I {V2} know it's not perfect. We {facility} thought hospice was measuring them {wounds} and when we found out they weren't, we started doing them more frequently."</p> <p>On 2/22/23 at 8:40 am, V11 Hospice RN (Registered Nurse)/Case Manager stated stated hospice gets their wound care orders from the wound nurse after sending in updates on the wound and it's condition. V11 explained that the dorsal wound started very small from pressure/rubbing of the heel wound dressing being wrapped around the foot and being in a</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015622	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EVENGLOW INN	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 EVENGLOW LANE PONTIAC, IL 61764
---	--

(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	<p>Continued From page 4</p> <p>rope like condition wrapped around the foot/ankle instead of being flat and spread out, and the wound "has gone bad, increasing in size tremendously and has deteriorated." V11 stated "the wound could have been prevented but now that it's there, is not healing and keeps deteriorating due to poor circulation and poor nutrition." V11 stated the current treatment ordered is for skin prep and barrier cream to wound edges with a non-bordered absorbent dressing and the heel is to have calcium alginate cut to wound size and a thick absorbent pad secured with a gauze wrap. V11 stated V11 did not give an order to change the dressing to the petroleum gauze dressing and doesn't know where it came from because there was not any male staff working on 2/21/23 to give the order. V11 explained "we {hospice} don't want any moisture to the wound because we are trying to get it to dry up" so putting a moist dressing on the wound goes against what hospice is trying to do. V11 stated the facility should have called hospice before applying the unordered dressing on 2/20/23. V11 explained, back when the facility was using ointments on the wound, it was making the wound soft and mushy and that is when the dressings were sticking to the wound, causing the wound to bleed and making it larger, that's why hospice changed the treatment order to current treatment; dry dressings.</p> <p>On 2/22/23 at 9:43 am, V12 Hospice Administrator stated V2 called V12 around 4:30 pm on 2/21/23 and said that V2 had talked with V10 Hospice LPN earlier during V10's visit to get the wound dressing order changed and V10 told V2 the hospice APN (Advanced Practice Nurse) would not change R2's treatment order so V2 was wanting V12 to reach out to a different APN to get the order changed. V12 explained V12</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015622	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/22/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER EVENGLOW INN	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 EVENGLOW LANE PONTIAC, IL 61764
--	--

(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	<p>Continued From page 5</p> <p>called a wound update to another hospice APN and that APN would not change R2's treatment order either, so R2 is to have the dry dressing on the dorsum foot and calcium alginate to the heel. V12 stated hospice gets their wound care orders from a wound consulting company, and that they don't actually give the wound care orders themselves. V12 also stated the facility should have never have put a different type of dressing on without an order from hospice since hospice is coordinating the care for R2, including treatment for R2's pressure ulcers to the right foot.</p> <p>2.) R3's February 2023 Physician Orders documents an order for Metronidazol {Antibiotic} powder to open wound on right lower leg, cover with petroleum gauze and gauze wrap daily.</p> <p>R3's medical record does not contain any wound assessments.</p> <p>On 2/21/23 at 10:55 am, V8 LPN (Licensed Practical Nurse) entered R3's room to complete the ordered wound treatment. R3 was lying in bed and pulled up R3's pant leg to reveal a round area, outline purple in color, with normal skin tone and intact skin in the center of circle and outside of the circle, but no dressing on the leg. V8 stated, "oh, it's healed. (R3) had a tumor removed and a skin graft done awhile back." V8 did not complete the ordered treatment.</p> <p>On 2/21/23 at 3:21 pm, V2 LPN/Program Director stated wounds are to be measured weekly.</p> <p>R3's February 2023 TAR (Treatment Administration Record) documents R3's treatment was not completed on 2/21/23 by V13 RN (Registered Nurse), who was scheduled the evening shift, either.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015622	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EVENGLOW INN	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 EVENGLOW LANE PONTIAC, IL 61764
---	--

(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	<p>Continued From page 6</p> <p>On 2/22/23 at 8:07 am, R3 was lying in bed without a dressing to the right lower leg.</p> <p>R3's Progress Notes dated 2/21/23 by V13 RN documents wound healed, no open areas remain, OTA (open to air) at this time. There is no documentation that R3's physician was notified of the wound being healed or that the treatment was not completed as ordered.</p> <p>On 2/22/23 at 11:24 am, V13 RN confirmed V13 did not completed the treatment as ordered and explained the "wound wasn't opened so the powder wasn't needed." V13 stated R3's physician's was not notified of the wound being healed or the treatment not being completed.</p> <p>The facility Notification for Change in a Resident's Condition documents the policy that the attending physician be notified promptly of any change in the resident's condition. A change in condition may include, but is not limited to the need to alter the resident's treatment. A description of the change in condition will be documented on the Nurse's Report and in the Nurse's Notes and the nurse will promptly notify the resident's attending physician of the change.</p> <p>(B)</p>	S9999		