

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6006019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 03/24/2023
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NAME OF PROVIDER OR SUPPLIER  MEDINA NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 402 SOUTH CENTER STREET DURAND, IL 61024
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S 000	Initial Comments  Complaint Survey: 2312296/IL157741	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.1210b) 300.120d)6  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 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.  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:  6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.  These Requirements were not met as evidenced by:  Based on observation, interview, and record	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

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</p> <p>review the facility failed to ensure a warm pack was not too hot for a residents skin. This resulted in a resident receiving a second degree burn to his left upper back. This applies to 1 of 3 residents (R1) reviewed for safety.</p> <p>The findings include:</p> <p>On 3/24/23 at 9:30 AM, R1 was fully dressed, laying in bed on his right side. R1 had several blankets, and 3 shirts on. R1 had a dressing on his left upper back that had writing on it indicating the dressing was done on 3/23/23. No drainage was visible through the dressing. The dressing order is for the dressing to be changed every 3 days.</p> <p>On 3/24/23 at 9:30 AM, R1 said he doesn't remember who applied the warm pack that caused the blister, and he doesn't remembering it hurting when it was applied, but it hurt when the blisters broke and it's still tender if it gets bumped.</p> <p>R1's Care Plan shows his diagnoses to include: Hemiplegia and Hemiparesis following a CVA (cerebral vascular accident) affecting the left side, dysphagia (difficulty swallowing food or liquids), weakness, history of falling and lower back pain.</p> <p>On 3/24/23 at 10:00 AM, V4 RN (Registered Nurse) said R1 likes warm packs on him because he is cold all the time. V4 said sometime between the night of 11/8/22 and the early morning of 11/9/22, her "assumption" was that V3 Agency CNA (Certified Nursing Assistant) put a warm pack on R1's back that was too warm and it caused a blister. V4 said the day shift CNA found the blister when she removed the old warm pack and told V4 right away. V4 said it was several</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>different blisters (not one big blister) within the size of the warm pack. V4 said R1 did not complain of pain. V4 said she told V12 (the previous Director of Nursing), the POA (Power of Attorney) and V5 NP (Nurse Practitioner) to get a treatment order for R1's blister. V4 said V12 no longer works at the facility.</p> <p>On 3/24/23 at 9:40 AM, V8 (CNA) said R1 was V3's resident at the time of the incident. V8 said V3 warms the cloth for the warm pack in the microwave and it was too hot and left a blister on R1.</p> <p>On 3/24/23 at 9:45 AM, V9 (CNA) said R1 was V3's resident at the time of the incident. V9 said V3 warms the cloth for the warm pack in the microwave and it was too hot and left a blister on R1.</p> <p>On 3/24/23 at 1:30 PM, V5 NP (Nurse Practitioner) said a blister caused by a warm pack is a second degree burn caused by the warm pack being too hot and on the skin for a prolonged amount of time.</p> <p>An attempt to contact V3 was not successful. V5 no longer is employed at the facility.</p> <p>The 11/9/22 wound assessment shows the initial blistered area measured 15.0 x 9.0 x 0.0 cm (centimeters) and 9.0 x 9.0 x 0.0 cm.</p> <p>R1's 11/9/22 Progress Notes shows R1 received a burn to the left side of his back going down to center of his back. The burn was 2 blisters, the upper left back measured 15.0 x 7.0 cm (centimeters) and the one closer to the middle of R1's back was 7.0 x 7.0 cm. The same Progress Note shows the treatment order is for Silvadene</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>twice daily until resolved, the warm packs for R1 are to be discontinued and staff is to be re-educated on the correct usage of warm packs. The root cause analysis for R1 burn is from the hot packs.</p> <p>R1's MDS (Minimum Data Sheet) shows R1 is cognitively intact, and requires extensive assistance with all of his ADL's (activities of daily living).</p> <p>The Facility Bulletin Board for V1 (Administrator) shows on 11/9/22 NO WARM PACKS TO (R1)-If doing warm packs on other residents in the future, only do from faucet temp, no microwaves.</p> <p>(B)</p>	S9999		