

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000962	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/28/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER BIG MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LONGMOOR SAVANNA, IL 61074
---	---

(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 Annual Certification Survey	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210d)3),4)A),5)</p> <p>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.</p> <p>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 notification.</p> <p>Section 300.1210 General Requirements for</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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: IL6000962	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BIG MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LONGMOOR SAVANNA, IL 61074
--	---

(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>Nursing and Personal Care</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>3) Objective observations of changes in a resident's condition, including mental and 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>4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:</p> <p>A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.</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>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure a pressure ulcer was identified prior to becoming a stage 3 and failed to ensure treatment orders were in</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000962	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BIG MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LONGMOOR SAVANNA, IL 61074
--	---

(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>place upon discovery of the pressure injury. This applies to 1 of 3 residents (R67) reviewed for pressure wounds in the sample of 20. This failure resulted in R67's pressure ulcer declining from a stage 3 to unstageable.</p> <p>The findings include:</p> <p>R67's Face Sheet shows her diagnoses to include type 2 diabetes mellitus, obesity, atrial fibrillation, depression, irritant contact dermatitis, and seborrheic dermatitis. The same document shows R67's admission date was 11/9/22.</p> <p>On 2/16/23 at 10:50 AM, R67 was sitting in her recliner with the leg rest down. A dressing to the right ankle and the left calf was visible. R67 said, she likes to stay in her recliner, and will put a pillow under her calves when the leg rest is up. R67 said they do the dressing at night and doesn't care to have it done during the day.</p> <p>The 12/16/22 Weekly Pressure Injury Record shows a stage 3 Pressure Ulcer to the back of R67's left calf, measuring 2.0 x 1.0 x 0.1cm (centimeters). The same document shows the wound bed is 100% slough (dead tissue). The onset date of the wound is documented as 12/16/22.</p> <p>R67's December/2022 TAR (Treatment Administration Record) does not show any dressing change orders for the stage 3 pressure wound to the left calf.</p> <p>R67's January/2023 TAR does not show any dressing change orders for the stage 3 pressure wound to the left calf until 1/24/23, 38 days after the onset of the stage 3 pressure ulcer discovery.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000962	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BIG MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LONGMOOR SAVANNA, IL 61074
--	---

(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>The 1/23/23 Weekly Pressure Injury Record shows the pressure wound to the left calf declined to 4.0 x 4.0 x UTD (Unable to Determine Depth). The wound would now be classified as an unstageable pressure ulcer with the wound bed 100% covered by slough.</p> <p>On 2/28/23 at 11:35 AM, V2 (Director of Nursing/DON) said, she looked and can't find where treatment was being done on R67's stage 3 pressure wound to her left calf between the onset date of 12/16/22 and 1/24/23 when the Physician ordered the dressing change. V2 said, her expectation is that when a wound is discovered the floor Nurse, and the Wound Nurse are notified. V2 said the Physician should be notified so orders can start as soon as possible to start the healing process, otherwise the wound could get worse. V2 said that order should be placed on the TAR so the Floor Nurse knows the dressing change needs to be done, otherwise the treatment won't get done, and the wound could get worse. V2 said she doesn't know why the delay in treatment happened. V2 said, V3 (Wound care Coordinator) is out of the Country. V2 said, the Floor Nurse does the dressing change based on the TAR day to day.</p> <p>On 2/28/23 at 12:22 PM, V2 said, the facility has a Certified Wound Nurse that comes in 1x a month and V3 rounds with her. V2 said the Certified Wound Nurse was due to come in on 12/18/22 but didn't because she was on a leave of absence. V2 said, all wounds should be found before a stage 3 pressure ulcer.</p> <p>On 2/28/23 at 11:52 AM, V7 (Registered Nurse/RN) said, she knows if a dressing change needs to be done by looking at the TAR. V7 said, she wouldn't know otherwise. V7 said, a</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000962	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BIG MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LONGMOOR SAVANNA, IL 61074
--	---

(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>pressure wound should be found before a stage 3.</p> <p>V3 (Wound care Coordinator) was not available for interview due to being out of the Country.</p> <p>An attempt was made to contact the facility's Medical Director with a message left and a phone number to call, but the call was not returned.</p> <p>R67's shower sheets were requested for 12/14/22-12/18/22, but the facility only could find 12/8/22.</p> <p>R67's 12/5/22 Braden Scale for Predicting Pressure Ulcer Risk shows a score of 17, which means R67 is at a mild risk for pressure ulcers.</p> <p>R67's 12/29/22 Braden Scale for Predicting Pressure Ulcer Risk shows a score of 16, even after the discovery of a stage 3 pressure ulcer on her left calf.</p> <p>R67's Physician Order Sheet shows, on 1/24/23 the dressing change order is to the back of the left calf, cluster wound: cleanse area, apply (wound cleanser) to wound bed, cover with ABD (Abdominal Dressing), (gauze wrapping) and tape QD (every day) until resolved.</p> <p>R67's Progress notes make no mention of a pressure ulcer discovery on 12/16/22.</p> <p>The undated Pressure Ulcer Prevention Program shows the facility will ensure that a resident that enters the facility without a pressure sore does not develop pressure sores...The facility will promote the healing of pressure ulcers that are present...and the facility will prevent the development of additional pressure ulcers. The</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000962	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BIG MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LONGMOOR SAVANNA, IL 61074
--	---

(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 5 Wound care Coordinator's responsibility is to confer with the residents attending Physician regarding treatment recommendations made by the Wound Care Nurse; documents and transcribes all new Physician orders received. "B"	S9999		