

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/25/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BRAUNS TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1115 EAST WASHINGTON STREET GREENVILLE, IL 62246
---	--

(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
Z 000	COMMENTS	Z 000		
Z9999	<p>FINDINGS</p> <p>Statement of Licensure Violations:</p> <p>350.620a) 350.1210b)2) 350.1220j) 350.1230c) 350.1230d)1) 350.1230d)2) 350.3220f)</p> <p>Section 350.620 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.</p> <p>Section 350.1210 Health Services</p> <p>b) The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following:</p> <p>2) Nursing services to provide immediate supervision of the health needs of each resident by a registered professional nurse or a licensed practical nurse.</p>	Z9999	<p>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: IL6012090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER BRAUNS TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1115 EAST WASHINGTON STREET GREENVILLE, IL 62246
--	--

(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
Z9999	<p>Continued From page 1</p> <p>Section 350.1220 Physician Services</p> <p>j) The facility shall notify the resident's physician of any accident, injury, or 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.</p> <p>Section 350.1230 Nursing Services</p> <p>c) A registered nurse shall participate, as appropriate, in planning and implementing the training of facility personnel.</p> <p>d) Direct care personnel shall be trained in, but are not limited to, the following:</p> <p>1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical, nursing or psychosocial intervention.</p> <p>2) Basic skills required to meet the health needs and problems of the residents.</p> <p>Section 350.3220 Medical and Personal Care Program</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or registered nurse staff within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)</p> <p>These requirements are not met as evidenced by:</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2023
NAME OF PROVIDER OR SUPPLIER BRAUNS TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 EAST WASHINGTON STREET GREENVILLE, IL 62246		
(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
Z9999	<p>Continued From page 2</p> <p>Based on observation, record review and interview, the facility's nursing staff failed to provide timely healthcare services in accordance with an individual's needs to prevent skin breakdown to healed pressure ulcers and prevent further injury from developing once a pressure ulcer was discovered to have developed and a pressure ulcer was discovered to have re-opened, impacting one of one individual in the sample, (R2) by not:</p> <p>1. Implementing measures to prevent skin breakdown to R2's wound to:</p> <p>a) The coccyx that was healed on 3-9-23, b) The right heel that was healed on 3-23-23 and c) The left heel, which developed the week of 4/3/23-4/7/23.</p> <p>-Conducting an initial nursing assessment for an individual with a known history of skin breakdown, when a wound to the coccyx was discovered to have re-opened on 4-7-23.</p> <p>-Notifying the physician of R2's wound re-opening to the coccyx.</p> <p>-Monitoring and thoroughly documenting the status of a wound.</p> <p>-Developing a nursing care plan for R2's wounds to define a treatment plan to prevent new and worsening of pressure areas.</p> <p>-Providing DSP (Direct Support Personnel) training to facility and daytraining staff on preventative measures for wound management.</p> <p>-Ensuring their pressure ulcer prevention and treatment guidance was followed.</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/25/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BRAUNS TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1115 EAST WASHINGTON STREET GREENVILLE, IL 62246
---	--

(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
Z9999	<p>Continued From page 3</p> <p>2. Providing DSP and daytraining staff interventions to properly cleanse an indwelling foley catheter for R2.</p> <p>Findings include:</p> <p>The facility's guidance on pressure ulcer prevention and treatment dated 3-6-19, documents in part:</p> <ul style="list-style-type: none"> -RN (Registered Nurse) to complete as needed nursing assessment and complete a nursing care plan for any persons at risk or have evidence of pressure ulcers and notify the MD (Medical Doctor). -Nurse to obtain MD orders for any necessary therapy evaluations for treatment or equipment to ensure the individual's needs are met and maximizing the individual's abilities to self-reposition. -DSP to provide pressure relief for persons not independent with position changes as instructed and document repositioning. -All medications given per authorized DSP or licensed nurse as ordered by physician. -DSP provide active observation for changes in skin integrity or infection, provide care, and report to RN if observed. Signs of infection: Redness, heat or warm to touch, swelling, drainage, or pain. -DSP to provide simple dressing changes as ordered as trained by the nurse if needed. -Nurse to provide additional staff training for prevention of pressure ulcer care for individuals if needed. -Nurses to provide complex dressing changes as ordered. -Nurse to monitor and assess pressure ulcer for healing and document wounds including wound measurements, description of the wound base, and surrounding skin at least weekly. 	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRAUNS TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1115 EAST WASHINGTON STREET GREENVILLE, IL 62246
---	--

(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
Z9999	<p>Continued From page 4</p> <p>-Nurse to report changes to the MD. -Nurses to address nutritional needs, monitor vitals, labs or other necessary health assessments to ensure optimal healing.</p> <p>The facility's policy regarding nursing services of 8-2022 documents in part the RNT (Registered Nurse Trainer) shall act as the primary resource of healthcare and provide education to direct care personnel and individuals. The RNT is to monitor, direct, guide and evaluates the outcomes of the delegated tasks or activity and the RNT will maintain accountability for the tasks, responsibilities of the total patient care, delegated to authorized direct care staff.</p> <p>1. The ISP (Individual Support Plan) dated 2-28-23, identifies R2 as functioning in the Profound Range of Intellectual Disabilities with additional diagnoses of Anemia and Osteoporosis. The ISP documents R2's adaptive equipment includes a high/low hospital bed, use of a mechanical lift and slings, shower chair and wheelchair and states, "I am in a wheelchair fulltime in order to avoid falls. Positioning schedule: Reposition in chair or bed as needed or every 2 hours."</p> <p>R2's Individual Risk Assessment Tool dated 2-28-23, includes R2 has issues with or history of skin breakdown and pressure sores. In the follow-up section of the risk assessment tool, documents R2's skin will be monitored daily by staff.</p> <p>Review of R2's clinical health record includes two nursing notes between 9-2022 and 4-2023 and documents: -9/2022: R2 allowed a body assessment to be done. No distinguished marks noted during</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER BRAUNS TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1115 EAST WASHINGTON STREET GREENVILLE, IL 62246
--	--

(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
Z9999	<p>Continued From page 5</p> <p>assessment. Area to her buttocks is improving. T/P (Turn and Reposition) every 1-2 hours. No moaning or other signs of pain, discomfort or concerns noted.</p> <p>-3/2/23: R2 was seen at the wound clinic for an open friction area to the coccyx and her right heel. The heel wound had closed resembling a blood blister. Coccyx treatment: Hydrophilic dressing to wound daily covered with antimicrobial foam. Right heel: Hydrophilic dressing to wound covered with foam and secured with antimicrobial roll dressing and cohesive bandage.</p> <p>Review of R2's wound care office notes for 3-2023 includes the following:</p> <p>-3/2/23: Coccyx: Hydrophilic dressing to wound daily, covered with bordered foam dressing. Right Heel: Hydrophilic dressing to wound bed daily, covered with foam and secure with woven gauze and cohesive bandage.</p> <p>-3/9/23: Healed coccyx wound out. Hydrophilic dressing to heel covered with foam. Antimicrobial dressing and cohesive bandage, change dressing daily.</p> <p>-3/16/23: Hydrophilic dressing to wound bed covered with 4x4, antimicrobial dressing and cohesive bandage, change dressing daily.</p> <p>-3/23/23: Wound is healed. Keep it protected. No follow-up appointment needed.</p> <p>Observation on 4-11-23 between 11:00 AM-12:00 PM at daytraining, R2 was sitting in her wheelchair at the dining room table wearing shoes on both her feet. Her feet were in a dependent position resting on the foot rests of R2's wheelchair.</p> <p>Interview with E7/DSP on 4-12-23 at approximately 1:00 PM, E7 was asked if any</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/25/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BRAUNS TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1115 EAST WASHINGTON STREET GREENVILLE, IL 62246
---	--

(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
Z9999	<p>Continued From page 6</p> <p>residents currently have pressure ulcers? E7 stated, "Yes, R2 does on her bottom."</p> <p>Interview with E7/DSP on 4-12-23 at 2:15 PM in the presence of E5/RNT, E7 was asked when was R2's wound to the coccyx discovered? E7 stated, "We found the wound on the 6th or 7th last week after she had been going to daytraining for a few days." E7 was asked, did you notify the nurse? E7 stated, "Yes." The nurse was here on Friday the 7th, that's how I know she was notified. The wound had been completely healed to where she didn't have to go back to wound care, but it re-opened after going back to work. Prior to that, she hadn't been going to work to care for the wound." E7 was then asked, are you, the staff, using a turn reposition schedule for R2? E7 stated, "It's not documented, but we've been doing it." E7 was asked, does daytraining have a turn and reposition schedule for R2? E7 stated, "They should." E7 was asked, when you notified the nurse about the wound, did she provide any instructions to you about it? E7 stated, "She told us to use the same wound supplies we had been using from when it healed before." E7 was then asked, has anyone notified R2's doctor about her open area to the buttock? E7 stated, "Not that I'm aware of."</p> <p>Interview with E5/RNT on 4-12-23 at 2:20 PM in the presence of E7/DSP, E5 was asked when were you made aware of R2's wound to the buttock? E5 stated, "I believe it was Friday the 7th." E5 was asked, did you set eyes on the wound and complete an assessment of the wound? E5 stated, "No." E5 was asked, did you provide any staff training on the care of the wound? Turn and reposition schedule, dressing changes? E5 stated, "I'm not sure, there could've been one. I was thinking of making up a turn and</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2023
NAME OF PROVIDER OR SUPPLIER BRAUNS TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 EAST WASHINGTON STREET GREENVILLE, IL 62246		
(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
Z9999	<p>Continued From page 7</p> <p>reposition schedule for her and put up a sign behind her bed like they do in the hospital, but didn't. I did tell staff to use the same dressing care she had before." E5 was asked if any staff training has been completed for wound care or how to care for the wounds to the coccyx or right heel that were present in March 2023? E5 stated, "I don't know of any." E5 was asked if she notified the physician of R2's wound to the coccyx? E5 stated, "No." E5 was asked if she completed an updated nursing care plan for R2's wounds to the coccyx or right heel? E5 stated, "No, I don't have one."</p> <p>Observation on 4-12-23 at 3:30 PM, R2 was lying in bed while staff, E2/Regional Manager and E4/QIDP (Qualified Intellectual Disabilities Professional) were assisting R2 with personal hygiene care. E4 rolled R2 onto her left side. Located on R2's left inner gluteal cleft was a large dressing (undated) over a wound, approximately 1 inch x 1.5 inch reddened open area. In the center of the wound is an approximate dime sized black circular area. R2's left heel had an approximate 1 inch x 0.5 inch reddened area. The skin was intact. R2's right heel is intact with dry, peeling skin.</p> <p>Interview with E5/RNT on 4-12-23 at 3:35 PM, E5 was asked if she was aware of R2's left heel being reddened? E5 stated, "No."</p> <p>Interview with E4/QIDP on 4-12-23 at 3:40 PM, E4 was asked who is responsible for ensuring daytraining is sent a turn and reposition schedule for R2? E4 stated, "The nurse and the QIDP. Well, the nurse gives me the turn and reposition schedule and I ensure daytraining gets a copy." E4 was asked, did you send daytraining one for R2? E4 stated, "No, I wasn't given a turn and</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/25/2023
NAME OF PROVIDER OR SUPPLIER BRAUNS TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 EAST WASHINGTON STREET GREENVILLE, IL 62246		
(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
Z9999	<p>Continued From page 8</p> <p>reposition schedule to send."</p> <p>Observation on 4-13-23 at 6:00 AM, E6/DSP was assisting R2 with personal hygiene care. R2 had a large dressing over her left buttock wound that was undated. R2 had a cushioned heel boot to her left heel. In the same observation, E6 was asked if he has received staff training on turn and repositioning R2 or any training on how to care for her heels or dressing changes? E6 stated, "No." E6 was asked if he applied the dressing that is covering R2's wound? E6 stated, "No, I didn't put it on." E6 was asked who put on the dressing? E6 stated, "I don't know, maybe the nurse."</p> <p>Interview with E3/Regional Trainer on 4-13-23 at 9:00 AM, E3 was asked if E5 had made a nursing care plan for R2's wounds to the coccyx and left heel? E5 stated, "I don't see one, but the nurse should have made one without delay once she was aware of the wounds."</p> <p>Observation on 4-13-23 at 10:00 AM at daytraining, DSP's Z3 and Z4 laid R2 down on a changing table to provide personal hygiene care. Z4 rolled R2 on her left side, which revealed a large dressing that was slightly peeled back, partially exposing R2's wound. Z3 then stated, "She has a dressing on." Z3 was then asked, did you know R2 had any wounds? Z3 stated, "No. I did see she had a dressing on yesterday in that spot, but I didn't know what was under it. Also, this is the first time I'm seeing her with a foot cushion. Yesterday she had regular shoes on. I don't know why she has that either. This dressing looks old, someone should have put on a fresh one before she came to work."</p> <p>Interview with Z2/QIDP at daytraining on 4-13-23 at 10:10 AM, Z2 was asked were you made</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2023
NAME OF PROVIDER OR SUPPLIER BRAUNS TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 EAST WASHINGTON STREET GREENVILLE, IL 62246		
(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
Z9999	<p>Continued From page 9</p> <p>aware of R2's coccyx and left heel wound? Z2 stated, "No, last I heard her bottom was healed and they asked if it was okay for her to come back to work. I knew nothing of her heel. They never told us her bottom re-opened or about her heel. All E7/DSP today said, after finding out about this wound now, was that the heel boot was on because it looked like it was about to open. The home hasn't provided any turn and repositioning schedule for R2." Z2 then verified arrangements have been made with the facility to send R2 back home today.</p> <p>Observation on 4-13-23 at 2:36 PM, R2 was lying in bed, positioned on her right side with pillows below her left side. E4 then entered the room and assisted R2 with a position change to the left side. While standing on R2's left side of the bed, E4 proceeded to remove the pillows beneath R2, so that R2 was now lying on her back. E4 then walked to R2's right side of the bed and began pulling R2 across the bed with the transfer sheet that R2 was lying on. E4 then placed pillows beneath R2's right side.</p> <p>Interview with E5/RNT on 4-18-23 at 11:14 AM, E5 was asked what could happen to R2 if she were pulled across the bed by her transfer sheet during repositioning? E5 stated, "It could cause shearing forces making the wound worse."</p> <p>Interview with Z7/Physician on 4-13-23 at 12:13 PM, Z7 was asked if she was notified of R2's wound to the coccyx and left heel? Z7 stated, "No, I was not. I know she sees wound care, the facility should've at least called them and they could've called me if they were not able to reach wound." Z7 was asked, would you have expected the nurse to implement any interventions for R2? Z7 stated, "Yes, she should've conducted an</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2023
NAME OF PROVIDER OR SUPPLIER BRAUNS TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 EAST WASHINGTON STREET GREENVILLE, IL 62246		
(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
Z9999	<p>Continued From page 10</p> <p>assessment, provided a turn and reposition schedule for her and if they did not do this, the wound could definitely become worse, there should've been no delay in this." Z7 was then asked, would you have expected there to be interventions in place to prevent R2's wounds from re-occurring once healed? Z7 stated, "Absolutely, this would've helped the wounds from re-occurring."</p> <p>Interview with E11/DSP on 4-13-23 at approximately 1:00 PM, E11 was asked if she was aware of any wounds on R2? E11 stated, "Yes, last week staff told me R2 had a wound to her coccyx and heel, but since I myself wasn't sure if the nurse and QIDP were aware of it, I called and told them myself. They're always together, so they were both notified." E11 was asked, do you know what date you called and told them? E11 stated, "No, all I can tell you is that it was last week." E11 was asked, did you document anywhere that you notified the nurse? E11 stated, "No." E11 was asked were you trained to document when you notify the nurse of a wound? E11 stated, "Yes, we were trained to do that." E11 was asked if they provide any care for R2 regarding her wounds? E11 stated, "Yes, we turn and reposition her." E11 was asked if this is documented? E11 stated, "Not that I'm aware of."</p> <p>Interview with E7/DSP on 4-13-23 at 1:15 PM, E7 was asked if she made any documentation of when she notified the nurse of R2's coccyx wound on 4-7-23? E7 stated, "No, I didn't. We were trained to do that, but I didn't do that."</p> <p>Review of R2's MAR (Medication Administration Record) for 3-2023 and 4-2023 includes the following for both months: -Hydrophilic wound dressing: Apply sterile coating</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/25/2023
NAME OF PROVIDER OR SUPPLIER BRAUNS TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 EAST WASHINGTON STREET GREENVILLE, IL 62246		
(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
Z9999	<p>Continued From page 11</p> <p>to wound on coccyx and cover with antimicrobial dressing once daily at 6 AM. -Hydrophilic wound dressing: Apply sterile coating to wound bed on right heel, cover with antimicrobial dressing, and secure with woven gauze and cohesive bandage once daily at 6 AM. -Woven gauze 2 inch rolled gauze: Apply sterile coating to wound bed on right heel, cover with antimicrobial dressing, and secure with woven gauze and cohesive bandage once daily at 6 AM. -Cohesive bandage 4 inch wrap: Apply sterile coating to wound bed, cover with antimicrobial dressing, and secure with woven guaze and cohesive bandage once daily at 6 AM.</p> <p>R2's March 2023 MAR documents out of 31 days, 4 staff initials belonging to DSP's E6, E11 and E4/QIDP were written on the MAR, indicating treatment completed on 3-4-23, 3-14-23, 3-18-23 and 3-19-23. No staff initials were included for the treatment of Cohesive bandage 4 inch wrap once daily. R2's April 2023 MAR includes no documentation for any treatment regarding R2's wounds.</p> <p>Interview with E5/RNT on 4-18-23 at 11:14 AM, E5 was asked if staff should be initialing on the MAR to indicate treatment provided for R2's wound care? E5 stated, "Yes, they should."</p> <p>Interview with E1/Administrator on 4-14-23 at 2:36 PM, E1 was asked is there a reason why there are blanks where staff initials should be? E1 stated, "There is no reason."</p> <p>2. Review of R2's nursing care plan for neurogenic bladder and care of a bladder foley catheter dated 4-21-22 documents in part the following: DSP to clean insertion site twice daily and PRN (as needed) to maintain health status</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRAUNS TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1115 EAST WASHINGTON STREET GREENVILLE, IL 62246
---	--

(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
Z9999	<p>Continued From page 12 and prevent infection.</p> <p>Observation on 4-13-23 at 10:00 AM, DSP's Z3 and Z4 were providing personal hygiene care after R2 had a bowel movement. Z3 began to wipe R2's buttock of stool with a wet wipe until clean. Z3 was not observed to provide catheter care, including cleaning the insertion site after providing incontinent care to R2. In the same observation, Z4 was asked if she received any training on catheter care for R2? Z4 stated, "Only to empty the urine bag and if it looks cloudy, dark or if there is particles in it, we notify the nurse here, Z5." Z4 was asked what do you do if she is not available? Z4 stated, "Then we would notify our QIDP and she would let the home know. We do not clean or mess with the tubing or insertion site ever. We've never been told to do that."</p> <p>Interview with E7/DSP on 4-12-23 at 2:15 PM, E7 was asked if staff have received staff training on the care of R2's care plan regarding her catheter? E7 stated, "They may have, but I don't remember."</p> <p>Interview with E5/RNT on 4-12-23 at 2:20 PM, E5 was asked if any staff training has been provided on the nursing care plan for the care of R2's catheter? E5 stated, "No."</p> <p>(B)</p>	Z9999		