

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006282	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2023
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NAME OF PROVIDER OR SUPPLIER LOFT REHAB OF ROCK SPRINGS, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2530 NORTH MONROE STREET DECATUR, IL 62526
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S 000	Initial Comments	S 000		
S9999	<p>Annual Licensure and Certification</p> <p>Final Observations</p> <p>Statement of Licensure Violations (1 of 2):</p> <p>300.610a) 300.1010h) 300.1210b) 300.1210d)5)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1010 Medical Care Policies</p> <p>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>	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
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S9999	<p>Continued From page 1</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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>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>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to complete accurate and thorough wound assessments, notify physician of wound development, obtain treatment orders, administer physician ordered treatments and implement pressure ulcer prevention measures</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>for three of six residents (R303, R7 and R8) reviewed for pressure ulcers on the total sample list of 62. This failure resulted in R303 not receiving any treatment measures to a Stage IV pressure ulcer for 3 days, then developing a wound infection.</p> <p>Findings include:</p> <p>The facility's policy, with a revision date of 9/5/22, titled "Pressure Ulcer Prevention and Management" documents, Policy- the facility is committed to the prevention of avoidable pressure injuries, unless clinically unavoidable and to provide treatment and services to heal the pressure ulcer/injury, prevent infection and the development of additional pressure ulcers/injuries. 1- There are multiple term used to describe this type of skin damage, including pressure ulcer, pressure injury, pressure sore, decubitus ulcer and bed sore. For the purpose of this policy, pressure injury, as the current standard terminology, will be used. 2- The facility shall establish and utilize a systematic approach for pressure injury prevention and management, including prompt assessment and treatment, intervening to stabilize, reduce or remove underlying risk factors; monitoring the impact of the interventions, and modifying the interventions as appropriate. 3- Assessment of Pressure Injuries- c- licensed nurses will conduct a full body skin assessment on all residents upon admission/readmission, weekly and after any newly identified pressure injury. Findings will be documented in the medical record. d- Assessment of pressure injuries will be performed by a licensed nurse, and documented on the Skin Assessment, staging of pressure injuries will be clearly identified to ensure correct coding on the MDS. 4- Interventions for</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>prevention and promote healing: a- After completing a thorough assessment/evaluation, the interdisciplinary team shall develop a relevant care plan that includes measurable goals for prevention and management of pressure injuries with appropriate interventions. c- Evidence-based interventions for prevention will be implemented for all residents who are assessed at risk or who have a pressure injury present. d- Evidence based treatment in accordance with current standards of practice will provided for all residents who have a pressure injury present. ii- treatment decisions will be based on the characteristics of the wound, including the stage, size, exudate, presence of pain, signs of infection, wound bed, wound edge and surrounding tissue characteristics. 5- Monitoring- b- the attending physician will be notified of: i- the presence of a new pressure injury upon identification."</p> <p>The facility's policy, with a revision date of 12/6/22, titled "Wound Treatment Management" documents, "1- Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing and frequency of dressing changes. 2- In the absence of treatment orders, the licensed nurse will notify the physician to obtain treatment orders. This may be the treatment nurse or the assigned licensed nurse in the absence of the treatment nurse. 7- Treatments will be documented on the Treatment Administration Records."</p> <p>R303's medical record documents a readmission back to the facility on 4/7/23.</p> <p>R303's hospital records documents on 4/4/23,</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>"patient has a stage IV pressure injury to coccyx measuring 3 centimeters by 3 centimeters by 0.5 centimeters. Wound base is whitish gray in center and pink edges, bone palpable."</p> <p>R303's admission summary note documents on 4/7/2023 3:15 PM, Resident arrived at facility per ambulance on stretcher and re-admitted to room.</p> <p>R303's Braden skin risk assessment completed on 4/7/23 documents a risk score of 6, indicating at "very high risk for skin breakdown."</p> <p>R303's Admit/Readmit Screener assessment form documents under section C: Skin integrity-Site Coccyx (sacrum), Type: Pressure. Length, Width, Depth are blank, Stage: III (3). Site: Right Heel, Type: Pressure. Length, Width and Depth are blank, Stage is blank. Site: Left Heel, Type: Pressure. Length, Width and Depth are blank, Stage is blank.</p> <p>R303's medical record does not document physician notification was completed upon the identification of R303's pressure injury wound on 4/7/23.</p> <p>R303's medical record does not document wound assessments, measurements or descriptions from readmission on 4/7/23 through 4/9/23.</p> <p>R303's physician order summary does not document treatment orders were received for R303's pressure injury to the coccyx/sacrum area and bilateral heels until 4/10/23.</p> <p>R303's Treatment Administration Records do not document the completion of treatments to R303's Coccyx/Sacral pressure injury area until 4/10/23.</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>R303's medical record documents on 4/10/23, "seen during wound rounds, new orders given."</p> <p>R303's Wound Weekly Observation tool dated 4/10/23 Sacrum, Stage IV, 3.5 by 4 by 1.5 centimeters. Right Heel, Unstageable Deep Tissue Injury, 2 x 2. Left Heel, Unstageable Deep Tissue Injury.</p> <p>R303's medical record documents on 4/11/23 at 12:41 PM, resident noted to be running temp for shift, temp running 101-101.5 degrees Fahrenheit, Tylenol given throughout shift, seen by Nurse Practitioner, orders given to culture wound, possible infection noted to wound, wound cultured today.</p> <p>R303's medical record documents on 4/11/22 at 9:30 AM by V22 Advanced Practice Nurse. Chief Complaint: Initial visit, to establish care with provider, and readmit from hospital 4/7/2023, with new onset of lethargy. HPI (history of present illness): Patient admitted to facility 2/9/2020 for delusional disorders and unspecified dementia, and readmitted 4/7/2023 for surgical aftercare following gastrostomy placement, after 3/10/23 hospitalization for COVID pneumonia. PEG (percutaneous endoscopic gastrostomy) tube was inserted for patient's nourishment while ill with COVID and it remains in place. Patient also developed a stage 4 decubitus ulcer on her sacrum while in the hospital. She was seen 4/10/23 by Wound care and the ulcer was cleaned and debrided. ADON (assistant director of nursing) requested visit to assess patient's alertness. Patient was alert and confused prior to hospitalization and is barely responsive today. Wound cultured today. ASSESSMENT/PLAN: Patient is lethargic and weak but seems to be tracking minimally. Heart sounds are tachy with</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>normal S1, S2. Skin is hot and patient has a temp of 101.76 F. Gastrostomy tube is nicely healed. Decubitus has a foul odor."</p> <p>R303's Wound Culture Lab report collected on 4/11/23 documents, Final results on 4/16/23- Moderate Proteus Mirabilis, Moderate Escherichia coli, Extended Spectrum Cephalosporin. Isolation for: Extended Spectrum Cephalosporin Resistant (ESCR) is required.</p> <p>On 5/02/23 10:20 AM Wound Care observations were conducted with V24 Wound Nurse. V24 removed R303's old dressing. R303's wound had a foul odor. R303 had an open area approximately 6 centimeters by 3 centimeters with a 2 centimeter depth, wound bed was beefy red tissue with a scant amount of yellow slough present in the wound, the wound had macerated white edges surrounding the area. V24 stated, when a resident admits with an area, the floor nurses do the initial wound assessment (including measurements and description) and if they do not have a treatment order, then notify the doctor for a treatment order, sometimes they will notify me, but I am newer to the position so not everyone knows that. They (staff) most definitely should have measured R303's pressure areas and gotten a treatment order. R303 was seen by V23 Wound physician on 4/10/23, V23 wanted to wait a week for the treatment to be effective and then get a wound culture, but then R303 got the temperature, and the Nurse Practitioner ordered the wound culture. It showed the ESCR (infection) in the wound.</p> <p>On 5/03/23 at 8:30 AM V24 confirmed not able to locate measurements or physician orders 4/7/23 through 4/9/23.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>On 5/4/23 V22 APN stated, I saw R303's wound on 4/11/23, the wound had a foul odor, you could tell the wound had recently been debrided, it was a Stage 4, you could see muscle. I think the nursing staff could have documented wound care better with R303.</p> <p style="text-align: center;">(B)</p> <p>Statement of Licensure Violations (2 of 2):</p> <p>300.610a) 300.1210a) 300.1210b)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</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</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>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. (Section 3-202.2a of the Act)</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>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to provide behavioral services to meet the emotional and psychosocial needs of one (R4) of 21 residents reviewed for behavioral services from a total sample list of 62. This failure resulted in R4 inconsolably screaming, crying, and preventing care for herself for the past year without effective intervention.</p> <p>Findings include:</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>R4's electronic medical record dated 7/1/21 documents admission to the facility.</p> <p>R4's minimum data set dated 3/17/23 documents that R4 is severely cognitively impaired with the following diagnoses include: congestive obstructive pulmonary disease, lack of normal childhood development, paranoid schizophrenia, Barrett's esophagus, diabetes and dementia.</p> <p>R4's progress notes dated from 8/12/21 through 4/30/23 document R4 screaming at staff, sobbing uncontrollably, preventing cares, preventing maintenance of her room and threatening staff with physical harm.</p> <p>On 4/30/23 at 10:00AM, R4 was lying in bed screaming, "Get out! Get out! I'm gonna kill you!" R4's face was angry and posture was defensive.</p> <p>On 4/30/23 at 10:10AM, R4 was sitting at the nurse's station screaming and sobbing. This behavior continued for another 15 minutes with R4 saying, "They are going to kill me!"</p> <p>On 4/30/23 at 10:05AM, V16 Licensed Practical Nurse (LPN) stated that R4 has exhibited the behaviors of uncontrolled screaming and crying since admission.</p> <p>R4's physician orders dated 8/4/21 document Risperidone (antipsychotic) 1 milligram per milliliter to be given twice a day.</p> <p>R4's physician orders dated 2/15/23 document Risperidone 1 milligram per milliliter to be decreased and given once a day.</p> <p>On 5/1/23 at 3:36PM, V50 Certified Nursing</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>Assistant (CNA) stated, "I have worked here for four years and during this time, (R4) has been difficult to handle. She yells at people, hits and has stabbed a staff member with a butter knife. She has to be left alone when she doesn't want to do something. Only V51 CNA can get her to do things."</p> <p>On 5/2/23 at 10:00AM, V31 Licensed Practical Nurse stated, "(R4) just calmed down from really getting upset. She was screaming and crying because we just took her meal tray out of the room. We have to hide her medications in her food and if she sees them, she won't take her medicine."</p> <p>On 5/2/23 at 12:00PM, V33 CNA stated, (R4) has a meltdown at least 3 x a week. She screams and gets really upset; she will threaten to kill you.</p> <p>On 4/30/23 at 10:00AM, V48 guardian/family member stated that there is only one employee who can get (R4) to do anything.</p> <p>R4's electronic medical record documents that R4 has only seen behavioral health one time in the last year, dated 3/16/23.</p> <p>On 5/1/23 at 2:25PM, V21 Social Services Director said, "When I came into this role in September 2022, there was no one providing psychiatric services to the residents. I reinstated the program. I don't know how long that the residents had been without psychiatric services before that."</p> <p>On 4/30/23 at 10:52AM, V48 guardian/family member stated, "My sister is slow, she always has been. She only went through sixth grade and she just doesn't like to be bothered. She is worse</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>now; she didn't used to be like this. She just yells all the time. I'm not aware of her having psychiatric services but if she needs them, I want her to have them. I don't want her to be miserable."</p> <p>The facility Behavioral Health Services policy dated 12/5/22 documents the behavioral health care plans shall be reviewed and revised as needed, such as when interventions are not effective. (B)</p>	S9999		