						The state of the same of the same of
	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		SURVEY
	III	IL6005417	B. WING	<u> </u>	-05/	04/2023
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		U-WEUEU
MCLEAN	ISBORO REHAB & HI	TH C CTR 405 WES	ST CARPENTE	ER	83	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000		52-	-
	Annual Certification	survey	127	71		
S9999	Final Observations	81 22 13	S9999			
	a) The facility shall procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory confines shall complete the facility and shall	esident Care Policies have written policies and ng all services provided by the policies and procedures shall Resident Care Policy ng of at least the dvisory physician or the pmmittee, and representatives r services in the facility. The ty with the Act and this Part. shall be followed in operating be reviewed at least annually documented by written, signed	©.			
	b) The facility shall and services to atta practicable physical well-being of the reseach resident's complan. Adequate and care and personal of	General Requirements for nal Care provide the necessary care in or maintain the highest in mental, and psychological sident, in accordance with aprehensive resident care properly supervised nursing care shall be provided to each a total nursing and personal	37	Attachment A	ne	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6005417 05/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **405 WEST CARPENTER** MCLEANSBORO REHAB & HLTH C CTR MCLEANSBORO, IL 62859 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 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: 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. These Requirements were not met as evidenced by: Based on interview, observation and record review, the facility failed to follow through with a wound referral for a worsening pressure ulcer. failed to timely reassess and identify worsening pressure ulcer, and timely treat new wounds for 1 of 2 residents reviewed for pressure ulcers in the sample of 16. This failure resulted in the worsening and infection of R12's pressure ulcer to the right ankle. Findings: R12's medical record, "New Admission Information" documents an admission date of 1/03/2023 with diagnoses including Hypertension. Edema (multifactorial component of Congested Heart Failure/Venous Stasis).

Illinois Department of Public Health

R12's "Minimum Data Set" (MDS) dated

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PRO

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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		IL6005417	B. WING		05/0	4/2023
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		405 WES	T CARPENTE	ER .		,
MÇLEAN	ISBORO REHAB & HI	LTH C CTR MCLEAN	SBORO, IL 6	32859		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)
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S9999	Continued From pa	nge 2	S9999	·		
00000		_	122			-914
		ents in "Section C", "Brief				
		d Status" (BIMS) score is 9, ed cognition, "Section G",	1			
		, "Extensive Assistance with		· ·		/
		al assistance" with bed				,
		and personal hygiene,				
		nce with two-person physical	1			
		insfers and toileting.				
		nission Assessment" dated				
224	1/03/2023 docume	nts no skin issues noted.				
	B43's "Core Bloo"	documents Moderate Risk for				
	1	Braden Risk Assessment.				
		e impaired mobility and				85
		ngths include can turn self in		,		
		te of 1/30/2023; Will have no				
		used by pressure or friction for	•			
		with a goal date of 4/30/2023;	-	·		
		risk assessment: Braden				
		reeks upon admission or nen quarterly; Dietary consult to				
		ight quarterly, bletary consult to lydration factors for treating	'			
		; Initiate extra calories, protein,		,		
		mended; Initiate supplements				•
		nended; See Physician's Order				
		pply house stock incontinent				
		eri-area after every incontinent				
		eded; Toilet/change brief when				
		g, at bedtime, and after meals;				
	date of 1/30/2023.	, wrinkle free linens with a start		20		
	uale of 1/30/2023.					
	R12's Braden Asse	essments dated 2/12/23,				
		d 3/8/23 all documents R12 is				
,		risk for pressure ulcers.				
		* .				
,		otes" dated 2/15/2023,				W
		as a stage II area to right outer				
	ankle measuring 0	.9 centimeters (cm) x 1.1cm,	1			

Illinois Department of Public Health

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PRINTED: 06/13/2023 FORM APPROVED Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ **B. WING** IL6005417 05/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **405 WEST CARPENTER** MCLEANSBORO REHAB & HLTH C CTR MCLEANSBORO, IL 62859 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 area scabbed over with no drainage or signs and symptoms of infection noted. R12's "Physician's Orders" dated 2/15/2023, documents 1. Cleanse Stage II area to right outer ankle with normal saline. Apply skin barrier to wound and surrounding area, let dry. Cover area with clean, dry dressing daily and as needed until healed, 2. Heel protectors to be used at all times while in bed. R12's "Wound Tracking" dated 2/28/2023 documents right ankle measurements of 1.6 cm x 1.7 cm. A fax report from V5 (Nurse Practitioner) dated 2/28/23 documents, "Refer to wound care." At the bottom is a handwritten note from V5 that states, cleanse Stage II area to right outer heal bone with normal saline and pat dry. Apply Aquacel to wound and cover with padded dressing. Change every 4 days and as needed. R12's "Physician's Orders" dated 2/28/2023, documents 1. Add nutritional juice drink twice a day and multivitamin with mineral daily for wound healing, 2. Cleanse Stage II area to right outer ankle with normal saline and pat dry, apply Aquacel to wound bed and cover with padded dressing, change every 4 days and as needed.

Illinois Department of Public Health

2cm x 2cm.

R12's "Wound Tracking" dated 3/12/2023 documents right ankle wound measurements of

R12's "Progress Notes" dated 3/12/2023

vellow colored with red edges.

documents right great toe, hard, black, scab-like measures 1.75cm x 1.75cm rounded, right third toe measures (1cm x 1cm), wound bed appears

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-	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, .	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6005417	B. WING	(0	05/0	4/2023
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		9
MCLEAN	ISBORO REHAB & H	LTH C CTR	CARPENTE BORO, IL 6			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	age 4	S9999			
		Orders" dated 3/13/2023, protein at breakfast.			72	35.
	record to treat the great or the right th	orders documented in R12's wounds found on the right irrd toe for the month of March ndicated R12's physician was wounds.				
	documents measur 1.8cm, right outer of right middle toe 1ct documentation not	recking" dated 4/6/2023 rements right ankle of 2.1cm x great toe 1cm x 0.8cm, and m x 1cm. There was no ed in R12's record that R12's ried of the wounds found on the I 4/16/23.		· ·		
E E	documents update right outer ankle 20 1cm x 0.75cm, and and current treatmers Practitioner) with outeatment to right a	lotification" dated 4/16/2023 d wound measurements of cm x 2cm, right outer great toe d right middle toe 1cm x 1cm ent orders sent to V8 (Nurse rders to continue current ankle and there were no orders younds on the toes.				
127	documents skin ba second toe twice a	Orders" dated 4/19/2023 arrier to right great toe and day as a preventive measure se a day until healed.	20			n,
	documents pressu middle toe are ope with an odor noted	lotification" dated 4/30/2023 re wounds to right ankle and and have yellow drainage , right ankle measures 2.25cm a middle toe measures 1cm x				7
	R12's "Physician's	Orders" dated 5/1/2023				

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	IL6005417	B. WING		05/04/2023
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	0
MCLEAN	ISBORO REHAB & HI	TH C CIR	SBORO, IL 6		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE
S9999	Continued From pa	ge 5	S9999		
	blood count, basic	culture of all wounds, complete metabolic panel, and start lligrams (mg) every 12 hours x			
e e e e e e e e e e e e e e e e e e e	culture wound (ank Morganella morgar from V8 (Nurse Pra doxycycline and sta	" dated 5/3/2023 documents le), heavy growth of iii (Abnormal) with new orders actitioner) to discontinue art Cipro 500mg every 12 not on probiotic, start daily			
	documents treatments skin prep to Stage Let dry and cover with day. On the 6AM-6 2/23/23 and 2/24/20 the treatment was of the dates 2/21/23, 2	ecord for 2/1/23-2/28/23 ent, start date 2/15/23, apply II area and surround tissue. vith clean, dry, dressing twice a 3-PM shift the dates 2/22/23, 4 did not contain initials that done. On the 6PM-6AM shift 2/24/23 and 2/27/23 did not the treatments were done.			
¥ 4	ankle wound to have with moderate amounted, right great to scabbed over. R12 noted, the nurse chevery few days and when he goes to be any pain, he tells the him his pain medic	10 p.m., observed R12's right are a yellow-colored wound bed bunt of yellow colored drainage be and right middle toe were stated no complaints of pain langes his ankle dressing in he wears his heel protectors and R12 stated that if he has be staff and the nurse brings ation and it helps with his pain. It is not know how he got the staff and the staff		12 9	
	Nurse), stated that clinic today to get F	5 p.m., V2 (Licensed Practical she has called the wound R12 a referral for his right ankle the referral got missed. V2			18

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PRINTED: 06/13/2023 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ IL6005417 B. WING 05/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **405 WEST CARPENTER** MCLEANSBORO REHAB & HLTH C CTR MCLEANSBORO, IL 62859 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 6 S9999 stated she notified V5 (Nurse Practitioner) on 4/18/2023 that R12's right ankle wound had increased in size from 2.1cm x 1.8cm to 2cm x 2cm and right great toe & middle toe were scabbed over. V2 stated that there was no drainage to any of the areas at that time. V2 stated that when a weekly assessment or treatment has been documented, the assessment and treatment has been completed. On 5/4/2023, at 11:30 a.m., V5 (Nurse Practitioner) stated that R12 had an order for a referral for wound care on 2/28/2023 and it is not an appropriate amount of time to wait and get a referral for wound care until 5/3/2023. On 5/4/2023, at 12:25 p.m., V8 (Wound Clinic Scheduler) stated that yesterday, 5/3/2023, was the first time the facility called the wound clinic to get a referral for R12. V8 stated she received R12's referral for wound care yesterday and R12 has an appointment scheduled for 5/17/2023. The facility's policy "Decubitus/Pressure Areas" revised 1/18 documents in part, "It is the policy of this facility to ensure a proper treatment program has been instituted and is being closely monitored to promote the healing of any pressure ulcer ...4) Notify the physician for treatment orders. The physician's orders should include: i) type of treatment, ii) frequency treatment is to be performed, iii) how to cleanse, if needed, iv)site of application.." (B)

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