

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009328 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 10/29/2023 |
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| NAME OF PROVIDER OR SUPPLIER SUNSET REHABILITATION & HLTH C | STREET ADDRESS, CITY, STATE, ZIP CODE 129 SOUTH 1ST AVENUE CANTON, IL 61520 |
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| S 000 | Initial Comments Complaint Investigation 2328820/1165813 | S 000 | | |
| S9999 | Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 d)2) 300.1210 d)5) 300.1220 b)3) 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. 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. | S9999 | <p>Attachment A Statement of Licensure Violations</p> | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| S9999 | Continued From page 1 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: 2) All treatments and procedures shall be administered as ordered by the physician. 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. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. These requirements are not met as evidenced by: | S9999 | | |

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| S9999 | <p>Continued From page 2</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement pressure relieving interventions, failed to develop a pressure relieving care plan after being assessed as high risk for pressure ulcer development, and failed to immediately develop a pressure ulcer care plan once a pressure ulcer developed for one of three residents (R1) reviewed for facility acquired pressure ulcers in the sample of three. These failures resulted in R1 developing an unstageable, painful, deep tissue pressure ulcer to the left heel, after R1 had a decline in ADLs (Activities of Daily Living) following a left hip fracture.</p> <p>Findings include:</p> <p>The facility's Pressure Sore Prevention Guidelines policy, dated 01/2018, documents, "Policy: It is the facility's policy to provide adequate interventions for the prevention of pressure ulcers for residents who are identified as high or moderate risk for skin breakdown as determined by the Braden Scale (assessment for predicting pressure ulcer risk). The following guidelines will be implemented for any resident assessed at a moderate or high skin risk. High risk interventions: Care plan entry of skin risk and appropriate interventions are to be placed on the care plan. If despite interventions a pressure ulcer develops, the care plan must reflect updated interventions for healing of ulcers and additional interventions for further prevention of pressure ulcers."</p> <p>The facility's Decubitus Care/Pressure Areas policy, dated 05/2007, documents, "Policy: To ensure a proper treatment program has been instituted and is being closely monitored to</p> | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>promote the healing of any pressure ulcer, once identified. Initiate problem on care plan."</p> <p>The facility's Preventative Skin Care policy, dated 01/2018, documents, "Policy: It is the facility's policy to provide preventative skin care through repositioning and careful washing, rinsing, drying, and observation of the resident's skin condition to keep them clean, comfortable, well groomed, and free from pressure ulcers. 7. Pillows and/or bath blankets may be used between two skin surfaces or to slightly elevate bony prominence's/pressure areas off the mattress. Pressure relieving devices may be used to protect heels and elbows."</p> <p>R1's MDS (Minimum Data Set) Assessment, dated 9-5-23, documents R1 is moderately cognitively impaired, requires supervision of one staff for personal hygiene, walks independently with supervision, and had no pressure ulcers or skin conditions as of the date of this assessment.</p> <p>R1's Braden Scale for Predicting Pressure Ulcer Risk Assessment, dated 9-5-23, documents R1's risk of developing a pressure ulcer as low.</p> <p>R1's Operative Note, dated 10-2-23, documents, "Preoperative Diagnosis: Left hip femoral neck fracture, displaced. Left hip hemiarthroplasty performed."</p> <p>R1's Nursing Admission Assessment, dated 10-6-23 and signed by V19 (Licensed Practical Nurse), documents R1 did not have any wounds except for a hip repair incision, upon re-admission from the hospital.</p> <p>R1's Braden Scale for Predicting Pressure Ulcer Risk Assessments, dated 10-6-23 (re-admission</p> | S9999 | | |

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| S9999 | <p>Continued From page 4</p> <p>to the facility after fracturing R1's left hip) and 10-13-23, document R1 has a high risk of developing pressure ulcers. These same assessments, dated 10-6-23 and 10-13-23, document R1's heels were not floated and positioning devices such as pillows or cushions were not used within seven days prior to these assessments, even though R1 was assessed as high risk for development of pressure ulcers.</p> <p>R1's Care Plan was not updated to indicate R1 was at a high risk of pressure ulcer development with pressure relieving interventions, after R1's Braden Scale Assessment, dated 10-6-23, indicated R1 was at high risk for pressure ulcer development.</p> <p>R1's A.I.M. (Acute Illness Management) for Wellness, dated 10-16-23, documents, "Assess: This change in condition, symptoms, or signs observed and evaluated are: pressure area. Functional Status Evaluation: Decreased mobility, total left hip replacement, needs more assistance with ADLs, and Weakness. Left heel. Intensity of pain (rate on scale of 1-10, with 10 being the worst): 8. Interventions: Apply skin prep every shift to left heel."</p> <p>R1's Weekly Wound Tracking Assessment, dated 10-16-23, documents, "Area Location: Left Plantar Heel. Date of Onset: 10-16-23. Facility Acquired. Type: Deep Tissue Injury (DTI)/Pressure. 5.0 cm (centimeters) by 6.0 cm by undeterminable depth. Wound color dark."</p> <p>R1's Physician's Order, dated 10-16-23, documents, "Left heel: Apply skin prep every shift. Heel protector to left foot at all times."</p> <p>R1's Weekly Wound Tracking, dated 10-25-23,</p> | S9999 | | |

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| S9999 | <p>Continued From page 5</p> <p>documents, "Unstageable DTI 5.0 cm by 6.0 cm unstageable. Wound dark."</p> <p>R1's Pressure Ulcer Care Plan with pressure relieving interventions was not developed until 10-27-23 (11 days after development of the pressure ulcer).</p> <p>R1's Pressure Ulcer Care Plan, dated 10-27-23, documents, "Pressure reduction boots when up in wheelchair. Float heels when in bed."</p> <p>R1's Emergency Room Note Report, dated 10-20-23 and signed by V18 (Emergency Room Physician), documents, "(R1) was admitted on 10-1-23 with a left hip fracture. (R1) was discharged on 10-6-23. (R1) has not followed up with orthopedics. Today the nursing home sent (R1) for a wound check saying they were concerned about a dark spot on the bottom of his left foot, and they were worried about his circulation. (R1) is much more alert and can carry on a conversation, (R1) came with a very thick foam Decubitus boot on his left foot and ankle. (R1) has a large intact blister with ecchymosis (bleeding underneath the skin) inside covering the entire plantar left heel. No erythema. Continue Decubitus blister protections and follow-up with orthopedic."</p> <p>R1's Initial Wound Evaluation and Management Summary dated, 10-25-23 and signed by V13 (Wound Physician), documents, "Wound Exam: Unstageable DTI of the Left Planter Heel. Etiology: Pressure. MDS 3.0 Stage: Unstageable DTI. Duration: Over 10 days. Wound Size: 5.0 cm by 6.0 cm x not measurable depth. Involves mostly plantar aspect of heel. Either (R1) had slid down against footboard or had foot on the metal footrest on his wheelchair</p> | S9999 | | |

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| S9999 | <p>Continued From page 6</p> <p>without protection to lead to pressure injury to this heel. He has prevalon (padded heel protector) boot now. Recommendations: Off-load wound; Pressure Off-Loading Boot."</p> <p>On 10-27-23 from 8:25 AM through 9:00 AM, R1 was sitting in a wheelchair in the hallway. R1 had a padded boot to the left foot/ankle and R1's right foot/heel was resting directly on the foot pedal of the wheelchair. R1 stated, "I could not move my left leg after breaking my hip. That is why I got a sore on my left heel. The sore hurts pretty bad."</p> <p>On 10-27-23 from 9:30 AM through 10:00 AM, R1 was lying in bed with his right heel lying directly on the bed without a pressure relieving device to off-load pressure from his right heel. R1's left heel had a padded boot.</p> <p>On 10-27-23 at 10:15 AM, V3 (LPN/Licensed Practical Nurse) lifted R1's left foot and assessed R1's left heel. R1's left heel had a golf-ball sized soft, mushy; fluid filled brownish-blackish wound. V3 stated, "For now we (the facility) are just applying skin prep to the area. (R1) did not have heel protectors on or off-loading to his heels prior to developing the wound to his left heel. (R1) broke his left hip and returned to the facility on 10-6-23. (R1) needed full assistance with re-positioning and transfers when (R1) returned on 10-6-23. Prior to breaking (R1's) hip, (R1) was ambulating, transferring, and re-positioning independently. The Physical Therapist (V16) found the wound to (R1's) left heel when doing range of motion with (R1)."</p> <p>On 10-27-23 at 10:40 AM, V11 (Registered Occupational Therapist) stated, "Everytime I worked with (R1) after his hip fracture he did not have on heel protectors or his heels offloaded</p> | S9999 | | |

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| S9999 | <p>Continued From page 7</p> <p>that I can remember. When me and (V16/Physical Therapy Assistant) found the pressure ulcer to (R1's) left heel we immediately got (V3) to assess it and (R1) was provided a cushioned boot."</p> <p>On 10-27-23 at 11:00 AM, V2 (Director of Nursing) stated, "We (the facility) did not implement any pressure relieving interventions or update (R1's) plan of care with pressure relieving interventions after (R1's) Braden scale indicated (R1) was at high risk for pressure ulcer development. (R1's) wound to the left heel was caused by pressure. (R1) should always have his heels offloaded."</p> <p>On 10-27-23 at 11:05 AM, V14 (CNA/Certified Nursing Assistant) stated, "After (R1) returned from the hospital (10-6-23) I took care of (R1). I do not recall (R1) having heel protectors on or (R1's) heels being lifted off the bed. After (R1) got a wound to the left foot, (R1) had a boot put on."</p> <p>On 10-27-23 at 12:40 PM, V16 stated, "I was doing range of motion exercises when I saw (R1) had a dark spot to his left heel. I went and got and had her look at the area as well. I then reported the area to V3 (LPN). After (R1) broke his hip and returned to the facility we (therapy staff) would work with (R1). I never saw (R1's) heels off-loaded and (R1) never had on pressure-relieving boots. The day I found the wound on (R1's) heel his heels were lying directly on the bed and (R1) did not have heel protectors on."</p> <p>On 10-27-23 at 12:25 PM, V13 (Wound Physician) stated, "The wound to (R1's) left heel was caused by pressure after (R1) sustained a</p> | S9999 | | |

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| S9999 | Continued From page 8 hip fracture. His heels were obviously not offloaded." (B) | S9999 | | | |