

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 11/03/2023
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NAME OF PROVIDER OR SUPPLIER  BRIA OF RIVER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633
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(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  Complaint Investigation 2398152/IL165000	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610 a) 300.1210 b) 300.1210 d)2)  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. d) Pursuant to subsection (a), general	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

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

TITLE

(X8) DATE

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S9999	<p>Continued From page 1</p> <p>nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure the prescribed treatment order was performed for a resident with a diabetic foot wound. This failure resulted in R1's diabetic foot wound showing signs and symptoms of an infection and requiring hospitalization. This applies to 1 of 3 residents (R2) reviewed for quality of care in the sample of 19.</p> <p>The findings include:</p> <p>R2's face sheet shows R2 is a 50-year-old male admitted to the facility on 8/24/23, with diagnosis including type 1 diabetes, weakness, schizophrenia, anxiety, hypertension, and alcohol abuse.</p> <p>R2's Wound Progress note, dated 8/28/23, documents a diabetic right plantar full thickness foot wound measuring 1.9cm (centimeters) x 1.5cm x 0.5cm with moderate serous drainage. The treatment includes to apply Iodorsorb gel, alginate calcium and gauze dressing daily.</p> <p>R2's Wound Progress Note, dated 9/4/23 and 9/12/23, documents R2's visit has been rescheduled as patient is stable per facility staff.</p> <p>R2's Skin/Wound Evaluation, dated 9/13/23, documents the right planter wound measuring 1.0 cm x 1.5 cm x 0.9 cm.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R2's nurse note, dated 9/18/23, documents R2 complaining of right foot pain. R2's foot severely swollen and painful. The physician was notified, and orders received to sent out to the local hospital.</p> <p>R2's Wound Progress Note, dated 9/18/23, documents a diabetic right plantar full thickness foot wound measuring 1.9 cm x 1.5cm x 0.5cm with moderate serous drainage. Wound progress: exacerbated due to infection. R2 has a history of treated osteomyelitis with symptoms of worsening pain, swelling, and erythema. R2 requiring an increase level of care and further investigation and likely IV antibiotics for increasing foot infection and history of osteomyelitis and severe pain. V9 (Nurse Practitioner-NP) is also concerned and agrees to send R2 to the local hospital.</p> <p>R2's Treatment Administration Record (TAR) for September 2023 shows: bilateral plantar foot cleanse with normal saline apply Iodosorb gel, apply calcium alginate and cover with bordered gauze every Monday, Wednesday, Friday, Saturday and Sunday. The TAR showed the treatment did not show to perform daily dressings for Tuesday and Thursday. The TAR showed for September there was no documentation the treatment was performed for 5 of 18 days.</p> <p>On 11/3/23 at 11:15 AM, V7 (Wound Nurse) said she started doing wound care sometime in September. "The previous wound nurse left and then I took over wounds. The Wound Physician rounds weekly with the Wound Nurse. I enter the treatment orders ordered by the Wound Physician." V7 confirmed R2's treatment should have been changed daily, and she's not sure</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>what happened.</p> <p>On 11/3/23 at 12:23 PM, V3 (Assistant Director of Nursing/ADON) said, "The Wound Physician rounds every Monday. I'm not sure why (R2's) wound visit were rescheduled. I don't know how that was missed. If the wound is not being treated as ordered, the wound could get infected. The resident is at risk for infection if the prescribed treatment is not being done."</p> <p>On 11/3/23 at 12:57 PM, V9 (R2's Nurse Practitioner/NP) said R2 had a diabetic wound on his foot. He saw R2 on 9/18/23, when he was sent out to the local hospital. R2's right foot was swollen, his dressing was "soggy" with drainage. "He was being followed by the wound physician and I was afraid of the wound being infected. It's important to follow the prescribed treatment orders for wound care. If the orders are not followed the resident is at risk for infection. The dressing should be changed as ordered. (R2) was sent out to local hospital to rule out osteomyelitis and did not return back to the facility."</p> <p>The facility's Skin Non-Pressure Ulcer Policy dated 6/15, states, "To provide guidance on the completion of stasis ulcers, skin tears, foot observations, bruises and rashes. When a resident is identified as having a stasis ulcer, skin tear, bruise or rash the appropriate documentation is completed."</p> <p>(B)</p>	S9999		