STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014948	A. BUILDING: _____ B. WING _____	C 12/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ILLINOIS VETERANS HOME AT MANTENO	ONE VETERANS DRIVE MANTENO, IL 60950

(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 23710305/IL167651 - 340.1500c) cited	S 000		
S9999	Final Observations Statement of Licensure Violations Section 340.1500c) Section 340.1500)c) Medical Care Policies c) 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. This requirement was not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow their policy to do skin checks and/or weekly wound evaluation. The facility also failed to identify the skin breakdown and notify the physician to plan wound treatment and care for residents. This applies to 1 of 3 residents (R1) reviewed for pressure ulcer treatment and care in a sample of 3. The findings include:	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014948	A. BUILDING: _____ B. WING _____	C 12/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ILLINOIS VETERANS HOME AT MANTENO	ONE VETERANS DRIVE MANTENO, IL 60950

(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
S9999	Continued From page 1 R1 is a 97-year-old male admitted on 10/7/22 with mild cognitive impairment as per the Minimum Data Set dated 10/25/23. On 12/12/23 at 10:10 AM, R1 was observed with a stage 2 pressure ulcer on bilateral buttocks with Calmoseptine external cream to open areas and with no dressing in place. On 12/12/23 at 10:10 AM, V4 (Registered Nurse/RN) stated, "R1 just finished his shower, and I applied the Calmoseptine external cream mixed with Vaseline. There was no order to apply any dressing. The physician just ordered a silver alginate dressing today for his stage 2 pressure ulcer wound on bilateral buttocks. I don't work on this unit regularly, and I don't know anyone who notified the physician for his buttock's wounds." A review of the weekly wound evaluation dated 9/27/23 documented a left leg skin tear (3 x 2.2 x 0.0 cm), and the facility notified the physician. A review of the weekly wound evaluation dated 12/12/23 documented a stage 2 pressure ulcer to the right buttocks (4 x 3 x 0.25 cm) and left buttocks with various superficial open areas (unable to measure). A review of R1's EMR (Electronic Medical Records) shows no weekly skin and/or wound evaluation was done between 9/27/23 and 12/12/23. A review of the care plan documented that R1 was care planned for potential impairment to skin integrity with interventions including skin inspection every shift and observed for redness, open areas, scratches, cuts, bruises, and report changes to the nurse.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014948	A. BUILDING: _____ B. WING _____	C 12/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ILLINOIS VETERANS HOME AT MANTENO	ONE VETERANS DRIVE MANTENO, IL 60950

(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
S9999	Continued From page 2 On 12/13/23 at 11:00 AM, V1 (Administrator/Nurse) stated that the skin inspection for each shift is usually documented in progress notes. A review of the clinical progress notes indicated that the facility was not conducting skin inspection every shift until 12/12/23. A review of the clinical progress notes, weekly wound evaluations, Change of Condition forms, and POS indicates that R1's bilateral buttocks wound was not identified and communicated to the physician, and there was no order in place to treat and care for the buttock's wounds. On 12/12/23 at 1:30 PM, V8 (R1's attending physician) stated, "I was not notified of R1's stage 2 wound on his bilateral buttocks. They should have told me to get treatment orders to start wound care for his buttocks wound. I just can't believe nobody notified me or my partner. My partner is very good at informing me. I don't think he was notified earlier. I will be there tomorrow and will see the patient and review his chart." A review of R1's TAR (Treatment Administration Record) shows that R1 was not getting any treatment for his stage 2 wounds on bilateral buttocks until 12/12/23. On 12/12/23 at 12:10 PM, V4 (Assistant Director of Nursing / ADON) stated, "I was not aware of the open wound on his bilateral buttocks, and that's why our wound roaster doesn't have (R1's) wound listed. Staff should have notified the physician and gotten orders for wound treatment and care as soon as they identified the bilateral buttocks wound."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014948	A. BUILDING: _____ B. WING _____	C 12/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ILLINOIS VETERANS HOME AT MANTENO	ONE VETERANS DRIVE MANTENO, IL 60950

(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
S9999	Continued From page 3 On 12/13/23 at 11:00 AM, V1 (Administrator/Nurse) stated, "The staff should follow the skin care plan interventions and should have documented the skin inspection every shift in the progress note. There should be a weekly wound evaluation every week, and I couldn't find any weekly wound evaluation on (R1) after 9/27 until 12/12/23. Whenever staff identifies a change in skin condition, they should notify the physician to get the orders for wound care and treatment." The facility presented the Wound and Skin Management policy reviewed on 6/2023 document: The nurse will: Document in EHR (Electronic Health Record) pressure and non-pressure wound skin findings, i.e., pressure ulcer, skin tear, venous, diabetic ulcers, etc., and complete a change of condition to notify IDT (Inter-Disciplinary Team). Complete a weekly wound evaluation in PCC (Point Click Care) with any admittance or re-admittance with a skin alteration. The wound care nurse will: Assess all wounds weekly and during rounds. Complete a weekly wound evaluation in PCC on all skin alterations. (B)	S9999		