

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012165	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/15/2024
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NAME OF PROVIDER OR SUPPLIER LOFT REHAB OF PEORIA, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST NORTHMOOR ROAD PEORIA, IL 61614
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S 000	Initial Comments Complaint Investigation 2421210/IL169759	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 d)5) 300.1220 b)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		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/01/24
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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>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>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to assess a heel wound, failed to provide treatment orders, and failed to develop a wound care plan for one resident (R5) with a pressure-related heel wound of three residents reviewed for wounds in the sample of seven residents.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>This failure resulted in an unstageable left heel wound identified on 2/3/24 and without physician treatment orders until 2/14/24.</p> <p>Findings include:</p> <p>Facility Policy/Wound Treatment Management, dated 9/19/23, documents: To promote wound healing of various types of wounds, it is the policy of this facility to provide evidenced-based treatments in accordance with current standards of practice and physician orders.</p> <p>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.</p> <p>Dressings/treatments will be monitored daily to ensure they remain clean, dry and intact with documentation in place to ensure compliance. Treatments will be documented on the TAR (Treatment Administration Record).</p> <p>The effectiveness of treatments will be monitored by nursing staff, DON (Director of Nursing) and wound nurse through regular assessment of the wound based on treatment and progress.</p> <p>Current Physician's Order Summary Report indicates R5 was readmitted to the facility on 2/8/24 and has diagnoses that include Diabetes Mellitus, Morbid Severe Obesity, Paraplegia, Neuromuscular Dysfunction of Bladder with Indwelling Urinary Catheter.</p> <p>On 2/13/24 at 1:15pm, R5 stated he has a wound on his heel from not being repositioned by staff. R5 stated he is unable to move his legs and needs to be positioned by staff. R5 stated his heel wound is due to unrelieved pressure.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>Progress Note, dated 2/3/24 at 4:19pm, indicates R5 was found to have a "new area on left heel." Note indicates, "Contacted wound nurse and new treatment and preventative measures added for new area. (Nursing Order) to apply (iodine) and cover with bandage."</p> <p>Progress Note, dated 2/3/24 at 8:40pm, indicates R5 was sent to the hospital for change in condition.</p> <p>Progress Note, dated 2/8/24 at 1:45pm, indicates R5 returned from the hospital at that time.</p> <p>Wound Log indicates R5's left heel wound was documented on the log on 2/7/24 as an "Acquired Diabetic wound" measuring 3.0cm (centimeter) x 4.0cm with depth "Unable To Determine."</p> <p>Admit/Readmit Screener, dated 2/8/24 at 10:06pm, indicates R5's skin was assessed on readmit and the following areas were identified: Abdominal wound, Right lower abdomen and Left medial leg. Readmit Screening did not identify or document R5's left heel wound.</p> <p>On 2/14/24 at 10:45am, V3, ADON (Assistant Director of Nursing)/Wound Nurse, provided dressing changes to R5's wounds. Dressings removed from R5's abdominal wounds and left heel wounds were all dated 2/12/24. V3 confirmed the dressings were not changed on 2/13/24 as ordered. R5's left heel was noted to have an inner, posterior wound covering 75% of R5's entire heel. Wound bed was mostly dry and dark brown/black in color.</p> <p>Wound Physician Note, dated 2/14/23 at 3:56pm,</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>indicates R5 has a full thickness "diabetic" wound of the left posterior heel measuring 2.2cm (centimeter) x 1.5cm, depth "not measurable" due to presence of non-viable tissue and necrosis. Wound note indicates R5's heel wound is "100% covered with thick adherent black necrotic tissue (eschar)." Note indicates Recommendations are to apply (iodine) once daily for 30 days; float heels in bed, offload wound, reposition per facility protocol and apply a (pressure relieving boot).</p> <p>Current Physician Orders, skin assessments and current TAR do not include any treatment orders, interventions, or assessments for R5's left heel wound until 2/14/24.</p> <p>R5's Care Plan was not revised to include left heel wound or interventions.</p> <p>On 2/14/24 at 2:pm, V3, Wound/Treatment Nurse, confirmed there was no assessment of R5's heel wound until 2/14/24, and stated the nurse who found R5's heel wound on 2/3/24 should have assessed the wound, notified the physician, and received treatment orders. V3 also stated R5's heel wound should have been included in the readmission skin assessment on 2/8/24.</p> <p>(B)</p>	S9999		