PRINTED: 01/16/2024 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: ___ B. WING IL6001341 11/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 727 NORTH 17TH STREET BELLEVILLE HEALTHCARE CENTER BELLEVILLE, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigations: #2348705/IL165666 \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)1) 300.1210d)2) 300.1210d)3) 300.3240a) Section 300.610 Resident Care Policies 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 300.1010 Medical Care Policies Attachment A

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

physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including,

The facility shall notify the resident's

TITLE

Statement of Licensure Violations

(X6) DATE

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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: _ B. WING IL6001341 11/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 727 NORTH 17TH STREET BELLEVILLE HEALTHCARE CENTER **BELLEVILLE, IL 62226** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) S9999 Continued From page 1 59999 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. (B) Section 300.1210 General Requirements for Nursing and Personal Care 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. 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. All treatments and procedures shall be administered as ordered by the physician. Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the

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resident's medical record.

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Facility failed to monitor/assess and treat a wound and monitor the resident's overall condition related to wound infection for 1 of 3 residents (R4) reviewed for wounds in the sample of 9. This failure resulted in R4 developing a swollen leg on 9/12/23 with V22, Physician/Medical Director, prescribing an antibiotic on 9/14/23 which was not given for 5 days. There was no documented monitoring of R4's leg until 9/25/23 at which time, R4 had an infected necrotic left leg wound measuring 20 centimeters (cm) by (x) 12 cm x .6 cm and a necrotic left foot wound measuring 10 cm x 8 cm x diameter 0.9 cm requiring surgical debridement by V31, Wound Physician. Subsequently, there was no monitoring of R4's medical condition while receiving antibiotics for his wound infection including vital signs from 10/2 through 10/9/23. On 10/9/23, R4 was sent to the hospital and admitted with sepsis and expired on 10/13/23 from septic shock and bacteremia.

B. Based on interviews, and record reviews the facility failed notify the physician of changes related wound infections including failure to give medications and treatments as ordered for 1 of 3 residents (R4) reviewed for notification in the sample of 13. This failure resulted on 10/9/23, R4 was sent to the hospital and admitted with sepsis and expired on 10/13/23 from septic shock and

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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: __ B. WING IL6001341 11/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 727 NORTH 17TH STREET BELLEVILLE HEALTHCARE CENTER **BELLEVILLE, IL. 62226 SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 3 S9999 bacteremia. C. Based on interview and record review the facility neglected to ensure residents were receiving timely assessment, monitoring, and treatment to address wounds and wound infections for one of three residents (R4) reviewed for neglect in the sample of 13. This failure resulted in R4 not receiving an antibiotic as ordered on 9/14/23 which delayed treatment of an infection, not receiving ordered wound treatments, not having timely assessments, and monitoring of his left leg which resulted in the development of two large infected necrotic wounds, and not monitoring the overall condition of R4 during his treatment of the infection. On 10/9/23, R4 was sent to the hospital and admitted with sepsis and expired on 10/13/23 from septic shock and bacteremia. Findings include: R4's September 2023 Physician Order Sheet, POS, documents R4 has diagnoses of a Cerebral Infarction due to unspecified occlusion or stenosis of unspecified cerebral artery: Generalized anxiety disorder; Alcohol abuse, insomnia; Anemia; hyperlipidemia; Vitamin deficiency; Hypertension, Schizoaffective disorder; Major depression disorder, and other skin changes. R4's Care Plan with a Focus Area of Skin: documents, "(R4) is at risk for skin complications related to Anemia, psychotropic medications. (R4) has no open areas to skin. Date 7/21/2023. (R4) has open areas, are to left lower leg and left dorsal foot dated, 9/21/2023. No open area was documented in the Care Plan before 9/21/2023.

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AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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S 9999	Continued From pa	ge 4	S9999			
	R4's Minimum Data Set (MDS) dated 7/27/2023 documents R4 was cognitively intact for decision making.					
	R4's Nurse's Note, dated 9/12/2023 at 11:34 AM. documented "Late Entry: Note Text: Resident noted with swollen lower left leg. MD (Medical Doctor) notified new order venous doppler lower left leg."					
		dated 9/12/2023 at 1:56 PM, diagnostic services arrived. er leg completed."				
	R4's Nurse's Notes dated 9/14/2023 at 2:15 PM Note Text: "Medical diagnostic faxing results of venous Doppler lower leg."					
	document "Left lower ultrasound, Reason. Findings: There is n	ults dated 9/13/2023 er extremity venous doppler : Swelling, left lower leg. o intraluminal filling defect ings: Negative for DVT (deep				
	"Note Text: results in thrombosis), Doctor	dated 9/14/2023 at 3:12 PM, legative for DVT (deep vein notified, new order cefixime grams (mg) by mouth two ays."				
***	2023 Medication Ad cefixime 200 mg by days with a start dat	mentation on R4's September ministration Record (MAR) for mouth two times a day, for 10 e of 9/14/2023. There was 4 started receiving this 23.				
Table Dans	There was no document of Public Health	nentation V22, R4's led of why R4's antibiotic was				

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days."

Tablet chewable, give 200 milligrams (mg) two times a day for to promote wound healing for 10

On 10/31/2023 at 11:01 AM, V7, Wound Nurse stated, "I was out the week of 9/14/2023 and I only remember vaguely of what happened. In our computer system PCC (Point Click Care) if an allergy pops up the system will not let you enter

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R4's September 2023 MAR documented R4's antibiotic order for Cefixime oral tablet chewable. 200 mg, give 200 mg by mouth two times a day to promote wound healing for 10 days. This was the

same order which was given by V22 on 9/14/2023. R4's original order was not initiated

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	'	Intibiotic was not started, and	******			
	There was no documentation in R4's medical record that V31, Wound Physician, was notified of the deterioration R4's left leg.					
	R4's Nurse's Notes dated 9/25/2023 at 12:07 PM, "Late Entry: Note Text: MD (Medical Doctor) notified r/t (related to) left lower leg deteriorating. Awaiting orders."					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE SURVEY	
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R4 did not receive to 9/27, 8:00 AM and stat 8:00 AM on 9/30/x4 to R4's wound be kerlix BID x 14 was September 2023 TA documented as control R4's October 2023 Dakin's (1/2 strengthypochlorite), apply two times a day related the treatm on 10/5/23 at 5:00 Fx4 to R4's wound be kerlix BID x 14 was October 2023 TAR at 19/27 (100 AM and 19/27).	his treatment at 5:00 PM on 5:00 PM on 9/28 and 9/29 and 6:23. The order regarding a 4 ed and cover with ABD and not transcribed to R4's AR and therefore was not inpleted. TAR, documented an order for h) external solution (sodium to left leg and foot topically sted to other skin changes for in no documentation R4 ent at 8:00 AM on 10/1 and PM. The order regarding a 4 ed and cover with ABD and not transcribed to R4's and therefore was not					
record that V22 or \	/31 were notified that R4 did					
Summary Report da "Patient has wound: dorsal foot; right ser referring provider, V thorough wound car was performed toda listed above. Details any skin conditions no indication of pain condition. (Site 1 wa Wound Exam (Site 2 leg full thickness.	ated 10/2/2023, documents, as on his left anterior leg; left cond toe. At the request of the 22, Medical Director, a re assessment and evaluation by. He has condition(s) as about current wound(s) and are outlined below. There is associated with this is not documented), Focused 2); Wound of the left, anterior tiology: Infection, duration:					
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa 14 days." R4's Sept R4 did not receive t 9/27, 8:00 AM and ! at 8:00 AM on 9/30/ x4 to R4's wound be kerlix BID x 14 was September 2023 T/ documented as con R4's October 2023 Dakin's (1/2 strengthypochlorite), apply two times a day rela 14 days. There was received this treatm on 10/5/23 at 5:00 F x4 to R4's wound be kerlix BID x 14 was October 2023 TAR documented as con There was no d	ILLE HEALTHCARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 10 14 days." R4's September 2023 TAR documents R4 did not receive this treatment at 5:00 PM on 9/27, 8:00 AM and 5:00 PM on 9/28 and 9/29 and at 8:00 AM on 9/30/23. The order regarding a 4 x4 to R4's wound bed and cover with ABD and kerlix BID x 14 was not transcribed to R4's September 2023 TAR and therefore was not documented as completed. R4's October 2023 TAR, documented an order for Dakin's (1/2 strength) external solution (sodium hypochlorite), apply to left leg and foot topically two times a day related to other skin changes for 14 days. There was no documentation R4 received this treatment at 8:00 AM on 10/1 and on 10/5/23 at 5:00 PM. The order regarding a 4 x4 to R4's wound bed and cover with ABD and kerlix BID x 14 was not transcribed to R4's October 2023 TAR and therefore was not documented as completed. There was no documentation in R4's medical record that V22 or V31 were notified that R4 did not receive the treatments in September and October 2023. R4's Wound Evaluation and Management Summary Report dated 10/2/2023, documents, "Patient has wounds on his left anterior leg; left dorsal foot; right second toe. At the request of the referring provider, V22, Medical Director, a thorough wound care assessment and evaluation was performed today. He has condition(s) and any skin conditions are outlined below. There is no indication of pain associated with this condition. (Site 1 was not documented), Focused Wound Exam (Site 2); Wound of the left, anterior legs than 13 days; wound size Length 15.5 x	ILEO TOP CORRECTION ILEO 1341 B. WING	PROVIDER OR SUPPLIER TILLE HEALTHCARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR USC IDENTIFYING INFORMATION) Continued From page 10 14 days." R4's September 2023 TAR documents R4 did not receive this treatment at 5:00 PM on 9/27, 8:00 AM and 5:00 PM on 9/28 and 9/29 and at 8:00 AM on 9/30/23. The order regarding a 4 A4 to R4's wound bed and cover with ABD and kerlik BID x 14 was not transcribed to R4's September 2023 TAR, documented an order for Dakin's (1/2 strength) external solution (sodium hypochlorite), apply to left leg and foot topically two times a day related to other skin changes for 14 days. There was no documentation R4 received this treatment at 8:00 AM on 10/1 and on 10/5/23 at 5:00 PM. The order regarding a 4 A4 to R4's wound bed and cover with ABD and kerlik BID x 14 was not transcribed to R4's Cotober 2023 TAR, documented an order for Dakin's (1/2 strength) external solution (sodium hypochlorite), apply to left leg and foot topically two times a day related to other skin changes for 14 days. There was no documentation R4 received this treatment at 8:00 AM on 10/1 and on 10/5/23 at 5:00 PM. The order regarding a 4 A4 to R4's wound bed and cover with ABD and kerlik BID x 14 was not transcribed to R4's October 2023 TAR and therefore was not documented as completed. There was no documentation in R4's medical record that V22 or V31 were notified that R4 did not receive the treatments in September and October 2023. R4's Wound Evaluation and Management Summary Report dated 10/2/2023, documents, "Patient has wounds on his left anterior leg; left dorsal foot; right second toe. At the request of the referring provider, V22, Medical Director, a thorough wound care assessment and evaluation was performed today. He has condition(s) as listed above. Details about current wound(s) and any skin conditions are outlined below. There is no indication of pain associated with this condition. (Site 1 was not documented), Focused Wound Exam (Site 2); Wound	IDENTIFICATION NUMBER IL6001341 STREET ADDRESS, CITY, STATE, ZIP CODE	

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ___ B. WING_ IL6001341 11/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 727 NORTH 17TH STREET

BELLEVILLE HEALTHCARE CENTER 727 NORTH 17TH STREET BELLEVILLE, IL 62226							
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				
Continued From page 11 width 8 x Diameter 0.6 centimeters (cm), Surface area 124.00 CM2; exudate moderate serous, thick adherent devitalized necrotic tissues: 70 %, granulation tissues 30%. Dressing treatment plan Sodium hypochlorite solution (Dakin's) apply twice daily for 23 days: ½. Secondary dressing (s) Gauze roll (kerlix) 4.5 inches apply twice daily for 23 days." A surgical excisional debridement procedure was performed that day to the left, anterior leg. Site 3, Wound of the left, dorsal foot full thickness, etiology: Infection, duration: less than 13 days; wound size Length 5 x width 7.5 x Diameter 0.9 centimeters (cm), Surface area 37.50 cm2; exudate moderate serous, thick adherent devitalized necrotic tissues: Wound progress: improved by decreased surface area. Site 4: Arterial wound of the right, second toe full thickness. Etiology arterial, duration less than 2 days, wound size length 0.5 x width x1 x diameter 01.cm. Surface area .50 cm2, exudate moderate serous, granulation tissue 100%. Alginate calcium apply once daily for 30 days. Secondary dressing Gauze roll (kerlix) 4.5 inches apply once daily for 30 days." R4's wounds were documented as improved evidenced by decreased necrotic tissue, and decreased surface area. However, R4 had a new wound to his right second toe. R4's October 2023 does not document any treatment regarding the new wound to R4's right	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE				
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PRINTED: 01/16/2024 **FORM APPROVED** 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 IL6001341 11/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 727 NORTH 17TH STREET **BELLEVILLE HEALTHCARE CENTER** BELLEVILLE, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 1D (X5) COMPLETE PRÉFIX (FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 12 S9999 Bactrim DS (double strength), oral tables 800-160 mg, 1 tablet by mouth two times a day, related to other skin changes for 14 days, with an order date of 10/3/2023. The MAR documents R4 did not receive the Bactrim on 10/5/23 at 8:00 AM. R4's Nurse's Notes dated 10/2/2023 at 12:56 PM. Note Text: "Call placed to (contracted lab company) r/t (related) results of wound culture collected on 9/27/23. Staff at (contracted lab company) informed this writer sample was destroyed due to no sticker on sample. This writer collected another sample with sticker in place and notified (contracted lab company) that wound culture was awaiting pick up. MD (Medical Doctor) notified no new orders at this time." R4's Lab Report with a collection date of 10/2/2023 documents the reported date of 10/5/2023 that a culture was received after a 14 day, delay due to the culture not collected timely. R4's Nurse's Notes dated 10/5/2023 at 12:13 PM. Note Text: "Received wound culture results facility medical team (V17) notified." R4's Nurse's Notes dated 10/5/2023 at 1:50 PM. Note Text: "Received wound culture results facility medical team (V17) notified." R4's Nurse's Notes dated 10/6/2023 at 2:00 PM. Note Text: "Culture faxed to (V22, Medical Director) office awaiting orders."

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R4's September and October 2023 MAR and TAR does not document any order for vital signs to be being taken daily or for R4 to be monitored

R4's vital signs were not documented in R4's

for infection and antibiotic use.

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: A. BUILDING: _ COMPLETED B. WING IL6001341 11/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 727 NORTH 17TH STREET BELLEVILLE HEALTHCARE CENTER **BELLEVILLE, IL 62226** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 13 S9999 medical record every day for R4 even though he had an infection. For October 2023, R4's temperatures were taken on 10/1/2023 and 10/2/2023. No vitals were available from 10/3/2023 to 10/9/2023 in R4's medical record. No blood pressure, oxygen saturations, pulse, or temperature were documented for seven days prior to R4 going to the hospital. R4's Progress Notes dated 10/9/2023 at 7:13 AM. "This nurse upon entering patient's room noted resident eyes closesd and restless. Spoke to resident good morning, resident moaning, noting being lethargic, decreased verbalization, no clear speech, mumbling. Resident baseline is alert and orientated x 3. Able to make needs known. Resident made no eye contact at this time. Does not verbalize and physical stimuli; notes pale color unable to obtain vitals, patient movements. Management team notified transferring resident to the hospital for evaluation. Facility medical team notified. Transferring resident to the hospital. Emergency Report given to nurse at hospital." On 10/31/2023 at 10:33 AM, V6, Licensed Practical Nurse (LPN) stated, "(R4) was usually alert and oriented x 3. He transferred to my side of the building on Friday. On Friday he was doing good, sitting on the side of the bed, making jokes. The last time I saw him was on Friday around 3:20 PM and he was fine. I don't work the weekends and when I came in on Monday, he had a change of condition and I sent him out. Nobody told me anything about his decline and I don't know when it started but when I started my shift and went to say hello he was not responding. I immediately sent him out. Because I don't work the weekends, I did not do his wound treatments.

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We have a wound nurse, and he does the

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R4's Admission Hospital Records document on Illinois Department of Public Health

moving all extremities."

with severe sepsis. On admission he was initially responding to painful stimuli only, now AO x 1.

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: **IL6001341** B. WING 11/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 727 NORTH 17TH STREET BELLEVILLE HEALTHCARE CENTER **BELLEVILLE, IL 62226** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 15 S9999 10/10/2023 at 9:00 AM, "(R4) is a 78-year-old male with history of hypertension, CAD, HLD, schizoaffective disorder, history of CVA. He was sent from nursing home yesterday with AMS (Altered Mental Status); it was reported that he is AAOx3 (alert and oriented times 3) at baseline and was AAOx1 prior to transfer. He also was hypoglycemic with Blood sugar of 42 and has been anemic with hypotension/hypothermic. On admission HG (hemoglobin) at 5.5, PH 7.1, LA was around 5, noted AKI with CR of 4.2 He is lethargic/sleeping and not much communicative. He has a bad wound over the left leg. His BP (Blood pressure) when I saw him this AM blood pressure was 102/51 (Normal 120/80). Reason for Admission: Shock. R4's Death Certification dated 10/13/2023 documents R4's cause of death as septic shock and bacteremia. On 10/26/2023 at 3:36 PM, V2, Director of Nursing (DON) stated "I am not aware of any issues with (R4's) wounds. After (R4) went out to the hospital we went through his medical records/chart, and everything was fine." On 11/3/2023 at 9:12 AM, V17, Nurse Practitioner stated. "If a resident has an infection/wound we would turn that over to the Wound Doctor and expect the facility to be following the Wound Doctor's orders. With any infections I would expect staff to actually be looking at the wound, applying the treatments, changing the dressings, monitoring the wound, taking vitals and temperatures every day to ensure and documenting in the TAR and watching for any changes. I cannot get into (R4's) chart from here as I am not at the facility, but if we sent an order, I would expect it be followed and communicated to

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIF		IDENTIFICATION NUMBER:	A. BUILDING:	JILDING:		COMPLETED	
IL6001341		B. WING		C 11/09/2023			
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
BELLEV	ILLE HEALTHCARE O	ENTER	TH 17TH STR				
		BELLEVIL	LE, IL 6222	6			
(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)		(XS) COMPLETE DATE	
S 9999	Continued From pa	ge 16	S9999				
	us if it was not give	n in a timely manner."					
	On 10/25/2023 at 8 stated, "(R4's) leg is then an abscess. He had bad dry skin. It with his foot. I did I was sent out. I did I and he was sent ou When I am not here treatments. I was n issues before he will did wound treatments.	:33 AM, V7, Wound Nurse ssue started as a bump and is foot was always dry, and he am not sure what happened ot notice anything before he his last treatment on Friday, at to the hospital on Monday. It to the hospital on Monday. It to the hospital on the ot aware he was having any as sent out."					
	here working when so I cannot say what of complaints from but I cannot be here a week. I have been multiple times that it treatments over the missing wound treatment good for the rest V32, Licensed Practicumented as the Saturday, October 2023. The Facility's Skin I Treatment/General a revision date of Janursing staff" are the Document routine as	If AM, V7 stated, "I was not (R4) went out to the hospital at happened. I know, I get a lot residents when I do not work e 24 hours a day, seven days n told by the residents, nobody is doing wound weekends. I would consider atments to be a bad thing and sident." Itical Nurse (LPN) was charge nurse working on 7, and Sunday, October 8, Management: Pressure Injury Wound Treatment Policy with anuary 2023 documents, "All he responsible party. and PRN (As Needed) eatment administration record					

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Results of any assessment performed.

although not significant is prudent to report using good nursing judgment. There is a need to significantly alter or discontinue treatment because of adverse consequences. Document in the nurse's notes: A description of the change in condition/incident/accident/unusual occurrence.

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of a resident."

(AA)