

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016190</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/24/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MANOR COURT OF PEORIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6900 NORTH STALWORTH PEORIA, IL 61615</b>
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S 000	<p>Initial Comments</p> <p>Complaint Investigation 1825481/IL105142</p> <p>Statement of Licensure Violations</p>	S 000		
S9999	<p>Final Observations</p> <p>Complaint Investigation 1825481/IL105142</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1210b) 300.1210d)5) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p>	S9999	<p style="text-align: center;"><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	(X6) DATE <b>09/14/18</b>
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S9999	<p>Continued From page 1</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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:</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 300.3240 Abuse and Neglect</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to do physician ordered wound treatments for one of three residents (R2) reviewed for wound treatment completion in the sample of six. This failure resulted in the deterioration of R2's wound.</p> <p>Findings include:</p> <p>The facility's Wound Care policy, Revised 03/04, documents "1. Follow physician's orders for wound care." This policy continues with "4. Documentation of wound care must be completed each time the treatment is done. This documentation will be done on the Treatment Sheet."</p> <p>R2's face sheet documents R2 admitted to the facility on 7/25/18 with the following diagnoses, not limited to: Non-pressure chronic ulcer of right calf with necrosis of muscle, non-pressure chronic ulcer of other part of right foot with necrosis of muscle, Osteomyelitis, peripheral vascular disease, and Myelodysplastic syndromes.</p> <p>On 8/21/18 at 2:15 pm, R2 was laying in bed with wound dressings to R2's right foot and right second toe.</p> <p>R2's Physician Orders, dated 7/25/18, documents</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>the wound treatment for R2's right Achilles wound, right second toe ulcer, and right heel pressure ulcer as: "Cleanse with wound cleanser, apply gentamycin ointment, and cover with non adherent foam dressing at bedtime."</p> <p>On 8/24/18 at 10:20 am, V10 LPN (Licensed Practical Nurse) Bridge Nurse, stated she does all residents' wound measurements and treatments weekly on Tuesdays. V10 stated she measured R2's wounds and applied new dressings on 7/25/18 upon R2's admission. V10 also stated that on 7/31/18, the next measuring day, R2 still had the same dressings that V10 placed on 7/25/18. V10 stated R2's wound did show some decline on 7/31/18 from the previous week and even greater the following week.</p> <p>The facility Employee Disciplinary Action form, regarding employee V9 LPN (Licensed Practical Nurse), is signed by V2 Director of Nursing/DON with a date of incident as 7-27-18. This form documents that the DON "Was advised by (V10 LPN) Bridge Nurse that (R2's) dressing was not changed as ordered on 7-27-18 resulting in worsened, wound larger in size. Charted as done."</p> <p>R2's Wound Management Information sheet, dated 7/25/18 documents R2's Right Achilles Wound as 6.5 cm (centimeters) x 2.5 cm, no measurable depth, 100% of wound covered with dry eschar tissue, no drainage, no odor, with well defined wound edges.</p> <p>R2's Wound Management Information sheet, dated 7/31/18, documents R2's right Achilles wound measures 6.5 cm x 2.5 cm with the following declines: "seropurulent (yellow or tan, cloudy and thick) exudate (drainage), and now</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>has 10% sloughing (shedding of dead skin, cream or yellow in color) and 90% eschar (dead black crusty skin)."</p> <p>R2's Wound Management Information sheet, dated 8/7/18, documents R2's right Achilles wound is larger at 7.5 cm x 3.5 cm with the following declines: "moderate serosanguineous (pale red to pink, thin and watery) exudate, moderate odor, and full thickness wound through dermis and down to subcutaneous tissue, muscle. Information sheet also documents wound bed now covered with 100% slough with irregular edges."</p> <p>R2's Treatment Administration History, dated 7/25/18 through 7/30/18, documents R2's right Achilles wound treatment as completed showing signatures by V8 and V9 Licensed Practical Nurses/LPNs.</p> <p>On 8/24/18 at 10:45 am, V2 DON confirmed V9 LPN did not do R2's wound treatments on 7/26/18, 7/27/18, and 7/30/18 and confirmed V8 LPN did not do R2's treatments on 7/28/18 and 7/29/18. V2 DON stated V9 LPN and V8 LPN were both disciplined for signing out R2's wound treatments being done when they didn't do them.</p> <p>(B)</p>	S9999		
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