

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016463	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2016
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NAME OF PROVIDER OR SUPPLIER LIFE'S JOURNEY MATTOON	STREET ADDRESS, CITY, STATE, ZIP CODE 300 LERNA ROAD SOUTH MATTOON, IL 61938
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S 000	Initial Comments Licensure Post Visit to Survey Date 12-18-15 Life's Journey Mattoon is in compliance with their plan of correction for 330.710a), 330.780a), and 330.3970f).	S 000		
S9999	Final Observations Statement of licensure violation 330.1110a) Medical Care Policies 330.1110a) The facility shall have a written program of medical services approved in writing by the advisory physician that reflects the philosophy of care provided, the policies relating to this and the procedures for implementation of the services. The program shall include the entire complex of services provided by the facility and the arrangements to effect transfer to other facilities as promptly as needed. The written program of medical services shall be followed in the operation of the facility. Life's Journey Mattoon failed to follow their plan of correction for the survey of 12-18-15. This requirement was not met as evidenced by the following: Based on observation, record review and interview, the facility failed to follow their policy and facility licensure parameters, by failing to arrange for the transfer of five (R101, R102, R103, R105, R106) residents in need of a higher level of care. R101, R102, R103, R105, and R106 are five of six residents reviewed for pressure	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>ulcers and increased need for activities of daily living in the sample of six.</p> <p>Findings include: A facility policy titled "Admission, Continued Residency and Discharge Policy" dated 8/6/07 documents the following: "The resident may continue to reside at (facility) except... when the resident is bedridden for (7) seven consecutive days or longer. The resident has stage 2, 3 or stage 4 pressure sores or other extensive wounds. The resident requires space, equipment, and/or furniture beyond normal accommodations, for example, a lift to transfer a resident who is temporarily bedridden. The Physician or Advanced Practice Nurse determines that skilled nursing services are necessary for an extended period of time (usually will be in excess of 30 days of treatment)."</p> <p>1. The Physician Order Sheet dated April 2016 for R101 includes an order for a Stage IV (four) pressure ulcer/wound treatment every Monday and Thursday. R101's Service Plan/Care Plan documents the following: R101 requires total assistance for all activities of daily living (ADL's), and total assistance for transfers. R101 is not able to self propel in the wheelchair. R101 has a facility acquired Stage IV pressure ulcer to the left illium. A local Wound Center Note documents on 4/11/16 that R101's pressure ulcer is categorized as a Stage IV and has a large amount of exudate (drainage), the wound status is documented as - open and measuring 0.2 centimeter (cm) x 1.0 cm x 0.4 cm. On 4/14/16 at 3:40 pm a dressing change to R101's left illium was completed by Home Health Nurse Z3, Registered Nurse. Z3 confirmed the wound at a Stage IV.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>On 4/12, 4/13 and 4/14/16 at 11:50 to 12:30 pm, R101 was totally fed by facility staff. R101 is not able to self-propel in the wheelchair and is brought to and from the dining area on the above dates and times.</p> <p>2. The Physician Order Sheet dated April 2016 for R102, includes the following care areas: Hospice Care, Stage III (three) Pressure Ulcer Treatment and Mechanical Lift. The Service Plan for R102 dated 12/9/13 is not updated with R102's current Activities of Daily Living (ADL) information and what staff assistance is needed. On 4/13/16 at 3:45 PM hospice and facility skin assessment records were reviewed and Z1, Hospice Nurse stated R102's Stage III right buttock Pressure Ulcer was facility acquired on 7/28/15. Hospice Notes dated January 2016 show the dressing being changed by the Hospice Nurse. On 2/18/16 a new order for R102's right buttock treatment was changed to daily and as needed. The Treatment Administration Record dated 3/2016 documents that there was no treatment done on 3/25, 3/29 and 3/30/16 to R102's right buttock Stage III pressure ulcer. On 4/13/16 at 3:45 pm Z2, Hospice Nurse stated that R102's dressing is ordered to be changed daily and as needed. Z2 stated that facility nurses change R102's dressing on the days that hospice does not come, usually on weekends. On 4/12/16 at 10:35 am, E3, Licensed Practical Nurse (LPN) stated that R102 is a Hospice resident, needing total care in all ADL's. E3 acknowledged that R102 has a facility acquired Stage III pressure ulcer to the right buttock. E3 stated Hospice Nurse, Z2 Registered Nurse, completes the pressure ulcer treatment three times a week and the facility does the treatment</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>on the other four days for R102.</p> <p>On 4/14/16 at 10:45 am, R102 was transferred from a geriatric chair to the bed via mechanical lift by Z4, Hospice Certified Nursing Assistant and E6, Resident Specialist.</p> <p>On 4/12, 4/13 and 4/14/16 during the noon meal at 11:50 am to 12:30 pm, R102 was totally fed by facility staff.</p> <p>3. The Physician Order Sheet dated April 2016 for R103 documents the following care areas: Hospice Care and a pressure ulcer treatment to the sacral area.</p> <p>A facility report titled "Weekly Skin Report" dated 1/13/16 documents Stage II (two) pressure ulcer to R103's sacral area measuring 1.5 cm x 1 cm x 0.3 cm. A facility report titled "Wound Treatment Sheet" dated 4/8/16 documents the wound as closed.</p> <p>On 4/13/16 at 2:45 pm a dressing was removed from R103's sacral area by E3, LPN. R103's sacral area was red extending out to the bilateral buttocks. The sacrum had an open area measuring approximately 1.3 cm in length by 0.3 cm wide. E3 stated "that must have just opened."</p> <p>A Hospice Note dated 3/26/16 documents the Stage II pressure ulcer as resolved. There is no further documentation by Hospice on the pressure ulcer for review.</p> <p>R103's Service Plan dated 11/13/15 is not updated with R103's current ADL information. Hospice Notes dated March 2016 document R103 as requiring total care and assistance in all ADL's. A Nursing Note dated 4/8/16 documents that R103 is totally dependent upon staff for all ADL's.</p> <p>On 4/12, 4/13 and 4/14/16 at 11:40 am to 12:30 pm, R103 was totally fed by facility staff.</p> <p>On 4/13/16 at 1:15 pm, R103 was transferred from a geriatric chair to the bed per two staff</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>assistance with a gait belt.</p> <p>4. The Physician Order Sheet dated April 2016 documents R105 as a Hospice patient with a pureed diet. R105's Service Plan dated March 2016 documents R105 as totally dependent upon staff for all ADLs and transfers. On 4/12/16 at 9:45 am, E1 Administrator stated that R105 does not bear weight and is transferred with maximum staff assistance to a geriatric chair when not in bed. On 4/12, 4/13 and 4/14/16 at 11:30 am to 12:30 pm, R105 was fed a pureed/liquid diet through a straw by staff.</p> <p>5. R106's April 2016 Physician's Order Sheet documents R106's diagnosis to include Dementia. R106's Physician's Certification form dated 9-18-15 on admission documents " two staff (assistance) with a gait belt for transferring. " R106's Face Sheet documents the admission date as 9-18-15. Z5, R106's prior Physician, documents on 2-9-16 " . . . the patient presents for Dementia, also had face to face for wheelchair due to cognitive changes and difficulty bearing weight. . . " R106's Service Plan dated 9-18-15 documents " transferring as total assist of 2 (staff) assist with gait belt " and " mobility/ambulation as total assist of 1 (staff) assist with a wheelchair." On 4-14-16 at 3:20 E9, Resident Specialist and E8, Certified Nurses Aide (CNA), transferred R106 with a gait belt from a recliner to her wheelchair. R106 was in her wheelchair on 4-14-16 at 8:30 am during breakfast, then assisted in her wheelchair by staff to a recliner. On 4-14-16 at 11:05 am with E6, Resident Specialist and E8, R106 was transferred with a gait belt from the recliner to the wheelchair. R106</p>	S9999		

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S9999	Continued From page 5 was unable to bear weight alone. On 4-14-16 at 1:22 while R106 was sitting in her wheelchair in the living room where E8 stated R106 was not able to ambulate independently in her wheelchair. (B)	S9999		