

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009120</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ST PAUL'S HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1021 WEST E STREET BELLEVILLE, IL 62220</b>
---	---

(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	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>300.610a) 300.1210b) 300.1210d)2)3)5 300.3240a)</p> <p>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.</p> <p>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.</p>	S9999	<p><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 **07/28/15**

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009120</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ST PAUL'S HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1021 WEST E STREET BELLEVILLE, IL 62220</b>
---	---

(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	<p>Continued From page 1</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>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>3) 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 resident's medical record.</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> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview, observation, and record review, the facility failed to provide appropriate treatment including timely dressing changes as</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009120</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ST PAUL'S HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1021 WEST E STREET BELLEVILLE, IL 62220</b>
---	---

(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	<p>Continued From page 2</p> <p>needed (PRN) and cleansing of the wound for 3 of 3 residents (R1, R2, R3) reviewed for treatments of pressure ulcers in the sample of 7. This failure resulted in R1 developing maggots in her heel pressure ulcer on 6/27/15 when the dressings were not kept clean, dry and intact.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The Minimum Data Set (MDS), dated 4/22/15, documents R1 has a Brief Interview for Mental Status (BIMS) score of 14, no cognitive impairment. The Admission Record documents R1 was admitted to the facility on 4/15/15 with a stage IV pressure ulcer on her right heel with an exposed Achilles tendon. R1's June 2016 Physician's Order Sheet (POS) documents a treatment order, dated 6/24/15, for the pressure ulcer to be cleansed with Normal Saline or wound cleanser, apply Xerofoam gauze, cover with dry dressing daily and PRN. R1's Care Plan interventions for pressure ulcer, dated 5/6/15, documents staff are to provide the treatment as ordered. Labs, dated 6/28/15, document R1 has normal limits of total Protein 8.0 (normal 6.4 - 8.3) and Albumin 3.5 (normal 3.5 - 5.2).</li> </ol> <p>R1's Nurses Notes, dated 6/27/15 at 10:00 PM written by E9, Licensed Practical Nurse (LPN), document "This nurse entered room to change dressing. Found live larva inside wound crawling in and out of wound. Nurse supervisor informed and witnessed. Instructed to call the doctor." At 10:25 PM, E9 documented "Cleansed wound c (with) NS (normal saline). Xerofoam gauze applied and wrapped with (elastic gauze.)" At 10:35 PM, E9 documented the Physician was called and gave ordered to send R1 to the hospital. The Nurses Notes, dated 6/28/15 at 1:00 AM document the hospital called reporting</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009120</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ST PAUL'S HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1021 WEST E STREET BELLEVILLE, IL 62220</b>
---	---

(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	<p>Continued From page 3</p> <p>R1 was admitted with a wound infection and maggot infestation.</p> <p>R1's Hospital History and Physical, dated 6/28/15, documents "79 y/o (year old) female admitted for right heel ulcer, found to have maggots in wound in ED (Emergency Department)."</p> <p>On 7/2/15 at 8:40 AM, E9, LPN, stated R1's wound dressing was loose with the wound bed exposed weeping through the dressing when she went to change it at approximately 10:00 PM on 6/27/15. E9 stated the dressing was odorous and wet with drainage when she removed the gauze. E9 stated she was not told in report that R1's wound was draining. E9 stated she did not see any flies in the building, but knew R1 liked to sit outside with her nephew every evening and did so that night until 10:00 PM the evening of 6/27/15. E9 stated the dressing she removed was not dated and/or labeled. E9 stated R1 was interviewable and could make her needs known.</p> <p>On 7/2/15 at 9:40 AM, E11, Certified Nurses Aide (CNA), stated R1's wound "kept running" and had lots of drainage. E11 stated she would see the dressing when she got R1 dressed in the morning as she slid her pants on and that the drainage had already soaked through the gauze at that time. E11 stated R1 liked to go outside with her family every night and was alert and oriented.</p> <p>R1's June 2015 Treatment Administration Record (TAR) only documented the treatment being done daily with no PRN treatments documented. The TAR documents E13, LPN did the pressure ulcer treatment the evening of 6/25/15 and 6/26/15. There is no documentation the wound dressing was changed any more often than daily.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009120</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ST PAUL'S HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1021 WEST E STREET BELLEVILLE, IL 62220</b>
---	---

(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	<p>Continued From page 4</p> <p>On 7/2/14 at 11:35 AM, E13 stated the wound had no odor on 6/26/15 when she did the dressing change around 10:00 PM, but did have noticeable drainage. E13 stated the ulcer dressing was loose and had slipped down exposing the wound bed on 6/26/15. E13 stated she cleansed the wound then dressed it. E13 stated R1 had been outside with family earlier that evening. E13 also identified R1 as alert and oriented.</p> <p>R1's Nurses Notes from 6/20/15 at 6:00 AM through 6/27/15 have no documentation of any drainage from R1's heel ulcer as reported by E13 and E9, LPN on 7/2/15 and seldom referred to the ulcer. There is no documentation that shows the nurses were monitoring the dressing and/or the direct care staff were informing the nurses that R1's dressing was not intact/clean and/or dry.</p> <p>R1's Wound Specialist Report, dated 6/24/15 documented the ulcer to be "chronic, measuring 6 cm (centimeters) x 5.8 cm x .4 depth, yellow base (80%), tendon exposed, moderate yellow drainage" with no odor documented. The Report also documents R1 wears a boot at all times on the affected leg.</p> <p>On 7/2/15 at 8:30 AM, Z2, Wound Specialist stated "typically the wound dressing was dry and intact" when she saw R1. Z2 stated the wound had been declining and when she saw her on 6/24/15, she recommended a surgical consult. Z2 stated she had never seen larva in a wound and that she would have expected the nurses to keep R1's wound covered with the dressing clean and dry. Z2 stated it is feasible that R2 was exposed to the larva on 6/26/15 and they hatched 24 hours later. Z2 stated she has never observed nurses at the facility do the dressing change.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009120</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ST PAUL'S HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1021 WEST E STREET BELLEVILLE, IL 62220</b>
---	---

(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	<p>Continued From page 5</p> <p>On 7/2/15 at 11:25 AM, R1 stated her leg ulcer dressing was seldom changed daily, adding that some times it would go 2-3 days without being changed. R1 stated when the nurse found the "bugs" that evening, the dressing hadn't been changed in a few days. R1 stated she noted the wound also smelled several days prior to that. R1 stated she saw the doctor on 6/26/15 but he didn't look at her sore. R1 stated she went outside to visit with her nephew and would not go to bed until 10:00 PM or after and that's when the nurses would do her dressings.</p> <p>On 7/6/15 at 2:30 PM, Z3, Physician, stated he saw R1 on 6/26/15, but did not unwrap the wound. Z3 stated R1 is "definitely interviewable" and information provided by her would be reliable. Z3 stated he assumed the treatments on R1's heel were being done routinely and whenever they needed to be done to ensure that R1's heel dressing was intact, clean and dry at all times. Z3 stated the eggs hatch in 24 hours. Z3 stated he also would think that if the nurse cleansed the wound appropriately the evening of 6/26/15, the eggs of the larva would have been removed and would not have had the live larva on 6/27/15. Z2 stated that R1's labs for Protein and Albumin were within normal limits and R1 should be showing some signs of healing. Z2 stated "With good nursing care, this all could have been avoided."</p> <p>The facility's policy entitled "Pressure Ulcer Prevention and Management" documents "Any resident with a pressure ulcer will receive treatment and services consistent with the resident's goals of treatment. Typically the goal will be one of promoting healing and preventing infection unless resident's preferences and</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009120</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ST PAUL'S HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1021 WEST E STREET BELLEVILLE, IL 62220</b>
---	---

(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	<p>Continued From page 6</p> <p>medical condition necessitate palliative care as the primary focus." The policy continues to document "the facility is committed to providing staff education to establish and maintain competency related to pressure ulcer prevention, assessment and management."</p> <p>2. R2's Admission Record documents he was admitted to the facility on 6/11/15 with 2 wounds to his right buttock and coccyx. R2's Wound Specialist Weekly Report, dated 7/1/15, documents R2's coccyx wound measured 5 cm x 3 cm x 2.2 cm and right buttock measured 6 cm x 2.5 cm with the upper right buttock measuring 1.2 cm x 0.8 cm. R2's July 2015 POS documents the treatment order, dated 6/11/15, as Apply Santyl + Polysporin PWD (powder) to Right buttock after cleansing with normal saline then cover with dressing till resolved daily and PRN. On 6/29/15, an order documents Right buttock to coccyx ulcer "cleanse upper right buttock #2 area with normal saline, then apply allevyn change every two hours and PRN until resolved." The Care Plan, dated 6/26/15, also reflects the treatment order to be done daily and PRN.</p> <p>On 7/1/15 at 2:00 PM, R2's coccyx/right buttock wound was soaked throughout with drainage. The upper right quarter from 12:00 o'clock to 3:00 o'clock was loose and bunched up. The wound had a strong odor. E4, LPN, had been on the floor for the day shift which ended at 3:00 PM. There is no documentation in the Nurses Notes that E4 monitored and/or was informed the by nurses that R2's dressing was not intact and dry prior to the observation being done at 2:00 PM. At 3:40 PM, R2's dressing was noted to be clean, intact and dry.</p> <p>On 7/2/15 at 9:15 AM, R2's dressing was clean</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009120</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ST PAUL'S HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1021 WEST E STREET BELLEVILLE, IL 62220</b>
---	---

(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	<p>Continued From page 7</p> <p>and dry but was not the same dressing as the one observed at 3:40 PM the day before.</p> <p>R2's TAR for July 2015 documented R2's wound dressing change was done only one time on 7/1/15 and 7/2/15 even though three different dressings were observed in place within a 24 hour period of time.</p> <p>3. R3's July 2015 TAR documents a treatment for a pressure ulcer on her coccyx of cleansing with normal saline, apply Santyl topically to coccyx and cover with dry dressing once daily and PRN until resolved. The Care Plan, dated 2/23/15, includes interventions for treatments to be done daily and PRN.</p> <p>On 7/1/15 at 1:08 PM, R3's coccyx wound dressing was soaked and pulled away from the pressure ulcer on her coccyx. E4 stated night shift nurses do her treatment, but she would go ahead and change it at that time. E2, Director of Nurses, noted R3's dressing was soaked with urine. On 7/2/15, R3's TAR for 7/1/15 did not reflect the PRN dressing change although E4 did change it shortly after 1:08 PM on 7/1/15.</p> <p>There is no documentation in R3's Nurses Notes of 7/1/15 that R3's dressing needed changed and/or was not intact/dry and clean at 1:08 PM or that the CNA's reported that the dressing needed changing until the observation was made.</p> <p>(B)</p>	S9999		
-------	---	-------	--	--

FAC. NAME: ST PAUL'S HOME

COMPLAINT #: 0078313

LIC. ID #: 0013920

DATE COMPLAINT RECEIVED: 06/30/15 14:32:00

IDPH Code Allegation Summary

Determination

104 NEGLECT  
105 IMPROPER NURSING CARE

*F366 F368*  
*F314*

The facility has committed violations as indicated in the attached\*  
 No Violation

\*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

- 1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.