

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013189	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2015
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NAME OF PROVIDER OR SUPPLIER MANOR COURT OF MARYVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 6955 STATE ROUTE 162 MARYVILLE, IL 62062
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1010h) 300.1210b) 300.1210d)2)3 300.3240a)</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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident.</p> <p>Section 300.1210 General Requirements for</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	
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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>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. Restorative measures shall include, at a minimum, the following procedures:</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>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. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on interview and record review, the facility</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>failed to identify, assess and monitor signs/symptoms of wound infection for 1 resident (R22) reviewed for wounds. This failure resulted in R22 being admitted to the hospital and being treated for an infected pacemaker site.</p> <p>Findings include:</p> <p>R22's Admission sheet documents that R22 was admitted to the facility on 5/6/15, following hospitalization for a pacemaker implant. Admitting orders from Z2, Cardiologist, documents "Watch for signs and symptoms of infection; drainage, fever/chills, swelling from the AICD (pacemaker) site. Keep AICD site dry for 2 more days, may shower on 5/9/15. Keep incision clean and dry. Call the physician promptly if case of incision problems; increased or persistent redness around incision; foul smelling or unusual discharge from incision, excessive or abnormal bleeding."</p> <p>R22's Progress Notes, dated 5/6/5 at 8:48 M, document that R22's strips were in place at left chest with no signs or symptoms of infection. R22's Progress notes, dated 6/27/15, at 9:55 PM documents that "Resident(R22) noted moisture to left upper c chest." Assessment by the nurse documents two scabs noted to left chest " .3 centimeters (cm) x 0.1 (cm) and 0.4 cm x 3cm no longer intact from pacemaker site. Site pink, small amount of serosanguinous fluid noted Area cleansed and dressing applied." A telephone order from Z3, R22's Physician, dated 6/28/15 documents order to cleanse left chest pacemaker site, apply triple antibiotic ointment and dry dressing every evening until healed. There is no documentation that Z2 was notified as directed in admitting orders.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R22's Progress note dated 6/29/15 at 10:22 AM documents " Left chest pacemaker site noted with open wound, no drainage, redness surrounding. No odor noted." A telephone order from Z3 was received on 6/29/15 and documents that R22's treatment was changed to collagenase ointment, cleanse chest site with wound cleanser, apply collagenase ointment and dry dressing. Change every night and as needed. There was no documentation that Z2 was notified of pacemaker site changes.</p> <p>R22's Progress Note documents on 7/6/15 at 1:54 PM, R22 was transferred to Z2's office for checkup. At 2:57 PM, progress notes document "Resident was sent for direct admit to hospital from office r/t (related to) infection to pacemaker site for treatment with IV (intravenous) ABT (antibiotics) and further assessment."</p> <p>On 7/24/15 at 1:00 PM, E2 Director of Nursing(DON), stated that Z2 should have been notified of the changes in surgical site for care and treatment as directed in admitting orders. E2 also stated primary physician should be aware.</p> <p>On 7/24/15 at 1:15 PM, Z1, Z2's Registered Nurse, was interviewed by telephone. Z1 stated they are to be notified of any changes in the surgical site of the pacemaker. Z1 stated that antibiotic ointment is not to be used on the incision site. Z1 stated that when R22 was seen by Z2 on 7/6/15 that she was sent to the hospital because there was a concern the site was infected, which could lead to the device having to be removed.</p> <p>On 7/24/15 at 2:30 p.m., E17, Registered Nurse (RN) stated that she was not aware that she was to notify Z2 of any changes in the pacemaker site.</p>	S9999		

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S9999	Continued From page 4 When requested, the facility had no policy regarding wounds/surgical incisions. (B)	S9999		

COMPLAINT DETERMINATION FORM

FAC. NAME: MANOR COURT OF MARYVILLE

COMPLAINT #: 0078609

LIC. ID #: 0050427

DATE COMPLAINT RECEIVED: 07/14/15 12:01:00

IDPH Code	Allegation Summary	Determination
104	NEGLECT	2 I F309, F157
105	IMPROPER NURSING CARE	

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.