

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6011589</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/31/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MANORCARE OF SOUTH HOLLAND</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2145 EAST 170TH STREET SOUTH HOLLAND, IL 60473</b>
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(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
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 300.1210b) 300.1210d)5) 300.1220b)3) 300.3240a)</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> <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>	S9999		
	<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 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for</p>		<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

08/20/15

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>Section 300.3240 Abuse and Neglect 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 observation, interview, and record review the facility failed to utilize a pressure ulcer risk assessment to individualized interventions for the prevention of pressure ulcers, and failed to provide care and services to prevent the development/or worsening of a pressure ulcer for one of 11 residents (R19) reviewed for pressure ulcers in a sample of 24. These failures resulted in R19 developing a stage 3 pressure ulcer to the coccyx which worsened to an unstageable pressure ulcer.</p> <p>Findings include:</p> <p>R19's Braden Scale for Predicting Pressure ulcer Risk dated 5/12/15 documents R19 is at "very high risk" for developing a pressure ulcer.</p> <p>R19's Minimum Data Set assessment (MDS) dated 4/23/15 documents R19 is in a persistent</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>vegetative state requiring total assistance from one to two staff members for all activities of daily living, including bed mobility.</p> <p>A Pressure Ulcer Prevention Pathway policy dated 2013 documents that a turn/reposition schedule should be initiated for residents at risk for pressure ulcers or residents who currently have pressure ulcers.</p> <p>R19's Skin Worksheets dated 7/02/15 to 7/13/15 document R19 had redness to the coccyx/buttocks on 7/02/15 which developed into an "open area" on 7/13/15. R19's Skin Worksheets dated 7/16/15 to 7/23/16 continue to document "open areas" to R19's coccyx/buttock.</p> <p>R19's wound care progress note dated 7/21/15 and signed by Z1 (Wound Physician) documents Z1 made an initial examination of R19's "New coccyx stage 3 pressure ulcer" on that date. The progress note also documents that at the time of Z1's examination, R19 was wearing a soiled incontinence brief with, "...bed sheets soaked with urine, No dressing on coccyx."</p> <p>On 7/28/15 at 10:35a.m. Z1(Wound Physician) stated R19's pressure ulcer to the coccyx was preventable. Z1 stated R19 is totally dependent on staff for turning and repositioning. Z1 stated that despite R19 receiving nourishment through a gastrostomy tube, Z1 did not think poor nutrition was the cause of R19's pressure ulcer. Z1 proceeded to enter R19's room for a weekly examination of R19's pressure ulcer to the coccyx. Z1 pointed to a round wound to R19's coccyx measuring 2cm (centimeters) x 2.5cm x 0.5cm deep which had a yellow/tan wound bed.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Following the examination, Z1 stated R19's wound had worsened from a stage 3 pressure ulcer to an unstageable pressure ulcer since Z1's initial examination of the wound 7/21/15. Z1 also pointed to an extensive, irregularly shaped, open area to R19's left buttocks which had a deep pink wound bed. Z1 stated Z1 was not certain if the open area to R19's left buttock was caused from incontinence, friction, or pressure.</p> <p>Z1's wound care progress note dated 7/28/15 documents R19's, "New coccyx stage 3 pressure ulcer appears unstageable now...Etiology pressure, moisture. Increased in size."</p> <p>R19's care plan dated 5/13/15 includes interventions to address, "Skin alteration at coccyx related to impaired mobility, incontinence, friction." The care plan does not include interventions specific to R19's stage 3 pressure ulcer to the coccyx. R19's care plan interventions include, "Encourage and assist as needed to turn and reposition..." The care plan does not include a turn/reposition schedule.</p> <p>On 7/28/15 during a continuous observation from 11:00a.m. to 2:00p.m. R19 was laying in bed with R19's lower body and pressure ulcer flat against the bed. R19 was not repositioned by staff during that time.</p> <p>On 7/29/15 at 10:10a.m. E2 (Director of Nurses) stated E2 is responsible for verifying the accuracy of residents' care plans. E2 also verified R19 requires total assistance of staff for activities of daily living. E2 stated R19 has pressure ulcers which requires R19 to be turned/repositioned every two hours by staff. E2 stated E2 was not aware R19's skin alteration to the coccyx, as was listed on the care plan, was actually a stage 3</p>	S9999		

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S9999	Continued From page 4  pressure ulcer, or that R19's stage 3 pressure ulcer had worsened to an unstageable pressure ulcer.  ( B)	S9999		

FAC. NAME: MANORCARE OF SOUTH HOLLAND

COMPLAINT #: 0078193

LIC. ID #: 0049361

DATE COMPLAINT RECEIVED: 06/24/15 14:42:00

IDPH Code	Allegation Summary	Determination
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104	NEGLECT	<u>2</u>
105	IMPROPER NURSING CARE	<u>2</u>
131	RESIDENT INJURY	<u>2</u>
409	POLICY AND PROCEDURES	<u>2</u>

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

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- 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.

FAC. NAME: MANORCARE OF SOUTH HOLLAND

COMPLAINT #: 0078374

LIC. ID #: 0049361

DATE COMPLAINT RECEIVED: 07/02/15 04:00:00

IDPH Code	Allegation Summary	Determination
311	MENUS & MEALS NO VARIETY/SUBST/SMALL AMT	<u>2</u>
409	POLICY AND PROCEDURES	

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

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Determination Codes

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- 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.

FAC. NAME: MANORCARE OF SOUTH HOLLAND

COMPLAINT #: 0078724

LIC. ID #: 0049361

DATE COMPLAINT RECEIVED: 07/17/15 16:23:00

IDPH Code	Allegation Summary	Determination
104	NEGLECT	2
105	IMPROPER NURSING CARE	2
131	RESIDENT INJURY	2
133	PHYSICAL ASSAULT RES TO RES	2
135	MENTAL ASSAULT RES TO RES	2
409	POLICY AND PROCEDURES	2

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

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- 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.

FAC. NAME: MANORCARE OF SOUTH HOLLAND

COMPLAINT #: 0078537

LIC. ID #: 0049361

DATE COMPLAINT RECEIVED: 07/10/15 16:38:00

IDPH Code	Allegation Summary	Determination
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104	NEGLECT	2
105	IMPROPER NURSING CARE	1
130	MENTAL ABUSE	2
312	POOR PREPARATION/QUALITY (COLD FOOD)	2
409	POLICY AND PROCEDURES	2

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

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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.