

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016794</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/16/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRIDGE CARE SUITES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3089 OLD JACKSONVILLE ROAD SPRINGFIELD, IL 62704</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
S9999	<p>Final Observations</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 which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</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. Restorative measures</p>	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

02/06/15

*Attachment A "Statement of Licensure Violations"*

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S9999	<p>Continued From page 1</p> <p>shall include, at a minimum, the following procedures: d)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 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 observation, record review and interview, the facility failed to adequately assess/monitor pressure sores and failed to implement timely interventions for pressure sore prevention for 1 resident (R1) reviewed for Wounds. This failure resulted in R1 having a wound that was not accurately assessed and monitored and increased in size requiring medical and possible surgical intervention.</p> <p>Findings include:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>The Facility Weekly Pressure Ulcer Report dated 1/9/15 documents R1 had a Stage III pressure ulcer to her right buttock measuring 3 centimeters (cm) by (x) 1.2 cm x 0.4 cm in depth.</p> <p>R1's January 2015 Physician's Order Sheet documents a treatment to this area on 1/9/15 as Silvadene cream and adaptive dressing daily.</p> <p>R1's Treatment Administration Record (TAR) documents E3, (Registered Nurse, RN) did a treatment to R1's right buttocks the morning of 1/15/15. There was no documentation regarding if R1's pressure ulcer had increased in size.</p> <p>On 1/15/15 at 1:30 PM, R1's wound was observed to be much bigger in depth and width than what the facility had assessed on 1/9/14. There was a small amount of pale yellow drainage on the bandage. E3, Registered Nurse (RN) measured the wound and provided the measurement as being 2.5 cm x 2 cm and 2 cm in depth. E3 confirmed the decline and stated it could be tunneling. R1's TAR and Nurse's Notes show no documentation of a decline in the wound.</p> <p>On 1/15/15 at 4:00 PM, E2, Director of Nursing (DON), stated she looked at R1's wound and stated the area on R1's right buttock looks more like an abscess, not a pressure sore. E2 stated she was trying to contact the Wound Clinic.</p> <p>On 1/16/15 at 10:30 AM, R1's wound was again observed with E2, Director of Nurses. E2 stated the dressing had just been changed earlier in the morning as she removed it. R1's wound was draining a tan colored exudate and when E2 pressed on the outer parameters of the wound, a copious amount of drainage came from the</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>wound bed. E2 stated there was a hard knot under the skin on the on the right side of the wound and also acknowledged that the drainage increased when pressure was applied. E2 stated R1 was going to the physician 1/16/15 to have the wound evaluated as they thought it was an abscess.</p> <p>On 1/16/15, at 10:40 AM, E2 stated during interview that the nurses should assess and monitor for change in wounds during treatments to the wound. E2 stated the wound was not a pressure sore but an abscess and confirmed that it had increased in size.</p> <p>Z2, (R1's Physician), was interviewed by telephone on 1/16/15 at 4:26 PM. Z2 stated that he would expect the nurse doing the daily dressing changes to notice a change in the wound and notify the physician. Z2 stated that he had seen R1 on 1/16/15 and he was referring R1 to a plastic surgeon.</p> <p>The facility's Wound Assessment Policy documents that the purpose of the assessment is to document an accurate, ongoing assessment for wounds in the medical record.</p> <p>(B)</p>	S9999		