

Illinois Department of Public Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008130 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 03/20/2019 |
|--|--|---|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER GENERATIONS AT ROCK ISLAND | STREET ADDRESS, CITY, STATE, ZIP CODE 2545 24TH STREET ROCK ISLAND, IL 61201 |
|---|--|

| (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 |
|--------------------|--|---------------|---|--------------------|
| S 000 | Initial Comments Complaint 1921791/IL110301 Statement of Licensure Violations | S 000 | | |
| S9999 | Final Observations 300.1210b) 300.1210d)5) 300.3240a) 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. Restorative measures shall include, at a minimum, the following procedures: 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: 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. | S9999 | <p>Attachment A Statement of Licensure Violations</p> | |

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

04/08/19

Illinois Department of Public Health

| | | | |
|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008130 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 03/20/2019 |
|--|--|--|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER GENERATIONS AT ROCK ISLAND | STREET ADDRESS, CITY, STATE, ZIP CODE 2545 24TH STREET ROCK ISLAND, IL 61201 |
|---|--|

| (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>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 were not met as evidenced by:</p> <p>Based on observations, interviews, and record reviews the facility failed to provide pressure sore interventions to prevent pressure sores, and failed to identify a stage II pressure sore for two of five residents (R1, R5) reviewed for pressure sores in a sample of five. These failures resulted in R5 acquiring two stage two pressure sores on her left palm and one stage two on the buttocks.</p> <p>Findings include:</p> <p>1. R5's facility Occupational Therapy Recommendation Note dated 1/23/19 reads, "RN educated on the need to use palm protector washcloths to prevent ongoing contracture development."</p> <p>Incident report dated 3/16/19 noted that R5's "daughter reported to nursing staff and Administrator concerns regarding the care of resident's (R5) contracted hand. Initial review revealed skin appeared possibly being pierced due to fingernails. Family demanded resident (R5) be sent to ER for evaluation."</p> <p>Hospital Emergency Department noted, "Open wounds of left hand without foreign body, unspecified wound type, initial encounter: Pressure injury of buttock, stage 2, unspecified laterally."</p> | S9999 | | |
|-------|--|-------|--|--|

Illinois Department of Public Health

| | | | |
|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008130 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 03/20/2019 |
|--|--|--|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER GENERATIONS AT ROCK ISLAND | STREET ADDRESS, CITY, STATE, ZIP CODE 2545 24TH STREET ROCK ISLAND, IL 61201 |
|---|--|

| (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>On 3/19/19 at 5:15 P.M. at V5 (R5's daughter) stated that she was unaware of R5 having a pressure sore on her buttocks. V5 stated that R5 had never had any splint or barrier to protect her left palm from from her contracted fingers.</p> <p>On 3/20/19 at 11:32 A.M. V1 (Administrator) stated that the facility staff had failed to follow through with the Occupational Therapy recommendation with palm protectors which resulted in the two open palm wounds. V1 also stated that the facility staff did not know R5 had a pressure sore on his buttocks prior to going to the hospital, so they had not been treating it.</p> <p>On 3/19/19 at 10:35 A.M. R5 was noted in reclined wheelchair. R5's left palm was noted to have two open pressure sores from R5's fingernails digging in. R5's fingernails were noted to be very long.</p> <p>2. R1's physician's order sheets date February 2019 notes that R1 was admitted on 2/5/19 with a stage three pressure sore on his buttocks.</p> <p>On 3/14/19 at 1:10 P.M. V3 (R1's daughter) stated that back at the end of February R1 had been ordered protein liquid for pressure sore healing, but staff never followed through with the order. V3 stated that R1 did not receive the protein liquid for about two weeks before staff had caught the error.</p> <p>R1's medication administration records dated February 2019 and March 2019 notes that on 2/27/19, R1 was ordered 30 ml of protein liquid to be given three times a day for wound healing. Medication administration records note that the liquid protein was missed from 2/27/19 until 3/13/19.</p> | S9999 | | |
|-------|--|-------|--|--|

Illinois Department of Public Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008130 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 03/20/2019 |
|--|--|---|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER GENERATIONS AT ROCK ISLAND | STREET ADDRESS, CITY, STATE, ZIP CODE 2545 24TH STREET ROCK ISLAND, IL 61201 |
|---|--|

| (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 | Continued From page 3 On 3/20/19 at 11:32 A.M. V1 stated that they did miss giving R1 his protein liquid from 2/27/19 through 3/13/19. (B) | S9999 | | |