Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C IL6009567 B. WING 03/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD GARDENVIEW MANOR DANVILLE, IL 61834 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION. (X5) **PRÉFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint #1961557/IL110055 S9999 Final Observations S9999 Statement of Licensure Violations: 300.1210b) 300.1210d)2)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. 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: Attachment A 2)All treatments and procedures shall be administered as ordered by the physician. Statement of Licensure Violations 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

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

Electronically Signed

TITLE

(X6) DATE 04/07/19

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLI IDENTIFICATION NO.		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	CCIA (X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		_
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		and cover with boar Bunion, Unstageabl wound cleanser, par fit wound bed, cover and wrap with stretch Stage Three - Clear pack wound bed and Ag (silver), then cover dressing every day. R3's Minimum Data	el saturated gauze to area ding dresser, twice a day, Left e - clean with normal saline or t dry. Apply honey alginate to with non-adherent dressing the gauze every day. Sacrum, with wound cleanser, lightly d undermining with collagen er with super absorbent					
		Progress Notes date admit with a docume follows: Skin intact, s	ed 5/31/18 documents R3's ented skin assessment as sacrum/buttocks no open					
		area noted on R3's c	d 6/26/18 document an open coccyx as a Stage two, neters (cm) x 1.0 cm x 0.1					
		sacral wound measu	d 1/18/19 document R3's ring 4.4 cm x 3.5 cm x 1.5 ow documented as a Stage					
		and the last documer	surement of the sacral wound nted in R3's Medical Record ws: Stage three, 4.0 cm x					
		new pressure area to measuring 4.0 cm x 4	dated 1/24/19 document a R3's right outer great toe 1.5 cm x UTD					

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 The Physician's Order Sheet (POS) dated March 2019 includes the following diagnoses for R1: Renal tubul-interstitial disease, Dehydration, Gastrostomy, Stage 3 Pressure Ulcer and Diabetes Mellitus. The same POS also has

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