

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007330</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/27/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TIMBERCREEK REHAB &amp; HEALTHCARE CENT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2220 STATE STREET PEKIN, IL 61554</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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S 000	Initial Comments  Complaint Investigation  1928529/IL117674	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.1210b) 300.1210d)6) 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:  6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.  Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or	S9999	<b>Attachment A</b> <b>Statement of Licensure Violations</b>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  12/13/19
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S9999	<p>Continued From page 1</p> <p>agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to avoid injury to a resident's bilateral lower extremities during a transport for one resident (R1) of three residents reviewed for accidents in a sample of five. The facility's failure to properly transport R1 resulted in traumatic injuries to R1's lower extremities.</p> <p>Findings include:</p> <p>R1's Care Plan, admission date 5/7/19, documents that R1 has cognitive impairment and requires staff assistance for Activities of Daily Living.</p> <p>R1's Physician Order Sheet, dated 5/7/19, documents diagnoses including diabetic neuropathy.</p> <p>R1's Physician Telephone Order, dated 5/15/19, documents an order to clean the abrasions to right second, third, fourth and fifth toe and left great toe with wound cleanser, medicated dressing (Xerofoam) and a dry dressing (Kerlix) two times a day and as needed and to follow-up with V3 (Wound Physician).</p> <p>R1's "AIM for Wellness," dated 5/16/19, documents that "during transport of resident to doctor appointment resident feet lowered to the ground and abrasion noted to right second, third, fourth and fifth toes and left great toe."</p> <p>V3's (Wound Physician) Initial Wound Evaluation</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>and Summary Management, dated 5/21/19, documents traumatic wounds: right dorsal foot (1.0 X 0.7 X not measurable centimeters/cm); right distal second toe (1.3 X 1.7 X not measurable cm); right distal third toe (2.5 X 1 X not measured cm); right distal fourth toe (3.0 X 1.3 X 0.1 cm); right dorsal fifth toe (1.5 X 1.5 X not measurable cm); and left plantar first toe (2.5 X 1.5 X 0.1 cm). All wounds required a daily treatment (Betadine or Collagen).</p> <p>On 11/26/19, at 3:20 pm, V3 (Wound Physician) stated, "These were traumatic wounds. R1 has a diagnosis of diabetic neuropathy and does not feel anything in his lower extremities." V3 verified that the wounds were a result during the transport of R1 to the doctor appointment.</p> <p>On 11/26/19, at 11:25 am, V2 (Transportation Driver) stated, "I was transporting (R1) to a doctor appointment at the hospital (Pekin Hospital). As we were leaving, I wheeled him across the parking lot, from the door to the van. I noticed blood on both of his socks once I got him to the van. He was not wearing shoes. He did not say anything about (his toes) hurting."</p> <p>On 11/16/19, at 1:10 pm, V1 (Administrator) verified that R1 did not have on shoes during the transport due to edema.</p> <p style="text-align: center;">(B)</p>	S9999		
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