

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009336 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 01/20/2021 |
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| NAME OF PROVIDER OR SUPPLIER CARLINVILLE REHAB & HCC | STREET ADDRESS, CITY, STATE, ZIP CODE 751 NORTH OAK STREET CARLINVILLE, IL 62626 |
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| S 000 | Initial Comments A COVID-19 Focused Infection Control Survey was conducted by the Illinois Department of Public Health on January 20, 2021. Complaint # 2140146/IL130031- F677, F686, F690, F880 | S 000 | | |
| S9999 | Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)5) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures 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. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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 | S9999 | Attachment A Statement of Licensure Violations | |

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| Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| S9999 | <p>Continued From page 1</p> <p>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> <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>THESE REQUIREMENTS WERE NOT MET EVIDENCED BY:</p> <p>Based on observation, interview, and record review, the facility failed to identify, assess, monitor, and provide treatment for the prevention, and treatment of pressure ulcers for 3 of 3 residents (R1, R2, R4) reviewed for pressure ulcers in the sample of 13. This failure resulted in R4's pressure ulcer first identified at stage 2 and worsening to a stage 4 in less than 2 weeks and R2 developing a facility acquired stage 3-4 pressure ulcer.</p> <p>Findings include:</p> | S9999 | | |
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| S9999 | <p>Continued From page 2</p> <p>1. R4's Electronic Medical Record (EMR) documents R4 was admitted to the facility on 8/26/20 with diagnoses to include, Alzheimer's Disease, Fracture of Unspecified Part of Neck, and of Left Femur, Cerebral Infarction, Muscle Weakness, Lack Of Coordination, and Abnormal Posture.</p> <p>R4's Pressure Ulcer Weekly Wound Evaluation dated 1/6/21 documents Stage 2 Pressure Sore, Facility Acquired on 1/6/21 distal left buttock, measurements 0.5 X 0.2 X 0.1. Stage 2 Pressure Sore middle left buttock facility acquired 1/6/21. Measurements 0.5 X 1 X 0.1. Stage 2 Pressure Sore proximal left buttock, facility acquired 1/6/21. Measurements 0.5 X 1 X 0.1 cm.</p> <p>R4's Physcian Order Sheet (POS) dated 1/6/21, documents an order for wound specialist to consult, and treat wounds as indicated.</p> <p>R4's Physician Order Sheets (POS), and Treatment Administration Record (TAR) document no treatment for R4's pressure ulcers until 1/14/21. Orders written on 1/14/21 document, Calazime Skin Protectant Paste (Skin Protectants, Misc.) Apply to open area on coccyx topically as needed for open area. Calazime Skin Protectant Paste (Skin Protectants, Misc.) Apply to open area on coccyx topically every shift for open area.</p> <p>R4's Pressure Ulcer Weekly Wound Evaluation dated 1/19/21 documents Proximal left buttock, facility acquired 1/6/21 Original Stage 2. Highest Stage 4. Measurements 2 X 1.5 X 0. Worsening Wound Bed now has 80% slough. Left Buttock distal Stage 2, measurements 1.2 X 1 X 0.</p> <p>On 1/20/21 at 2:02 PM, V17, Acting</p> | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>Administrator, stated, "I have called the Wound Specialist office to see if they got the order for a consult for (R4), but they cannot find the order." As of 1/20/21 the Wound Specialist had not seen R4.</p> <p>On 1/13/21 at 9:55 AM, V10, Registered Nurse (RN) stated, "(R4) has new pressure sores to her left buttock." V10 rolled R4 over to her right side. R4 had bordered foam dressing on pressure areas dated 1/13/21. R4's POS had no orders for bordered foam dressing on pressure areas.</p> <p>R4's Care Plan revised on 1/19/2021 documents, (R4) has the potential for pressure ulcer development r/t (related to) immobility and hx (history) of pressure ulcers. Has Stage IV on left buttock proximal. Has Stage II on left buttock distal.</p> <p>(R4) will have intact skin free from redness blisters thru next review. Administer treatments as ordered, and monitor for effectiveness. (R4) needs assistance to turn/reposition every 2-3 hours, more often as needed or requested. use wedge or pillow for positioning. Low air loss mattress. Pressure reducing cushion to wheelchair when up in wheelchair. Treat pain as per orders prior to treatment/turning etc. to ensure (R4)'s comfort.</p> <p>2. R2's EMR documents R2 was admitted to the facility on 1/9/20 with diagnoses to include: Muscle Weakness, Abnormalities of Gait and Mobility, Lack of Coordination, Type 2 Diabetes Mellitus, Hypokalemia, Morbid (Severe) Obesity, Cognitive Communication Deficit, Severe Sepsis With Septic Shock, Anemia, and COVID-19.</p> <p>R2's Care Plan dated 12/14/20 documents, (R2) has actual impairment to skin integrity r/t fragile</p> | S9999 | | |

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| S9999 | <p>Continued From page 4</p> <p>skin.</p> <p>Moisture Associated Skin Damage (MASD) Posterior Rt thigh. (R2) will have no complications r/t abrasion post Rt thigh thru next review date. Avoid scratching and keep hands and body parts from excessive moisture. Keep fingernails short. Educate resident/family/caregivers of causative factors and measures to prevent skin injury. Follow facility protocols for treatment of injury. Keep skin clean and dry. Use lotion on dry skin. Use caution during transfers and bed mobility to prevent striking arms, legs, and hands against any sharp, or hard surface.</p> <p>(R2) has potential for pressure ulcer development r/t limited physical mobility and occasional episodes of incontinence and history of pressure areas has areas to coccyx times two, and sacrum.</p> <p>Date Initiated: 11/20/2018 Revision on: 01/14/2021. (R2)'s areas of skin impairment will show signs of healing and remain free of infection through the review date. Float heels while in bed as he will allow. Inform (R2)'s caregivers of any new area of skin breakdown. (R2) needs assistance to turn/reposition at least every 2-3 hours/use wedge or pillow for positioning. more often as needed or requested. Monitor nutritional status. Serve diet as ordered, monitor intake and record. Pressure reducing cushion to wheelchair when up in wheelchair. while in recliner, shoes off, heel floating device in place with heels floated, and legs elevated while in bed. If he refuses educate him on risk vs benefits of non-compliance. Pressure reduction mattress on bed. Treat pain as per orders prior to treatment/turning etc. to ensure the resident's comfort.</p> | S9999 | | |

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| S9999 | <p>Continued From page 5</p> <p>R2's POS dated 12/14/20 documents Wound Specialist to consult and treat wounds as indicated.</p> <p>R2's Wound Evaluation and Management Summary by wound specialist dated 12/14/20, documents, Alginate Calcium with silver, apply once daily for 22 days. Gauze Island with border apply once daily for 22 days for Stage 3-4 pressure ulcer to coccyx. Measurements 0.1 X 0.3 X 0.3.</p> <p>R2's wound specialist Physician documents on 1/11/21, Stage 3-4 pressure ulcer to coccyx 1.0 X 0.5 X 0.2 cm with orders for Alginate Calcium with/silver, apply once a day for 17 days, Gauze Island dressing once a day for 17 days.</p> <p>R2's January 2021 TAR documents, Cleanse coccyx with wound cleanser, apply sure prep periwound, place small amount calcium alginate to wound bed. Cover with bordered foam dressing. Change q3d (every 3 days) et (and) as needed (PRN) every day shift every 3 day(s) for stage 2 coccyx. R2's TAR documents dressing changes done every 3 days, not every day as ordered.</p> <p>R2's Last wound assessment done 1/6/21 documents facility acquired Stage 2-3 pressure ulcer Healed.</p> <p>On 1/13/21 at 10:50 AM, V11, Licensed Practical Nurse (LPN), provided wound care for R2. With assist from V12, Certified Nurse Aide (CNA), rolled R2 over to his left side. No dressing was on the pressure sore to his coccyx. V11 stated, there should have been a dressing on the wound. V11 cleansed the wound with wound cleanser, sure prep applied, Calcium Alginate placed on wound,</p> | S9999 | | |

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| S9999 | <p>Continued From page 6</p> <p>covered with bordered foam dressing which was dated, 1/13/21.</p> <p>On 1/13/21 at 11:00 AM, V11 stated, "The nurses working on the floor are responsible for doing weekly skin checks. The wound nurse does skin checks on every resident in the building every month. The floor nurse is responsible for making sure the dressings are intact every shift."</p> <p>On 1/13/21 at 4:51 PM, when asked why the facility was not following the wound specialist orders for wound care, the orders are for dressing changes every day, V3, Corporate Registered Nurse, stated, "I don't know, the wound nurse is out sick."</p> <p>3. R1's EMR documents R1 was admitted to the facility on 8/25/20 with diagnosis of, Thrombocytopenia, Acute Kidney Failure, Hypomagnesemia, Anemia, Morbid (Severe) Obesity, Muscle Weakness, Low Back Pain, Abnormalities Of Gait And Mobility, and Hypokalemia.</p> <p>R1's Braden Scale for Predicting Pressure Sores dated 11/18/20 documents (14) Moderate Risk.</p> <p>R1's Minimum Data Set (MDS) dated 11/20/20 documents R1 is cognitively intact and requires extensive assist of 2 persons for bed mobility.</p> <p>R1's Care Plan dated 8/26/20 documents, (R1) has pressure ulcer or potential for pressure ulcer development Immobility. (R1) will have intact skin, free of redness, blisters or discoloration by/through review date. Float heels while in bed as tolerated. Pressure reducing cushion to wheelchair when up in wheelchair. Pressure reduction mattress on bed. Treat pain as per</p> | S9999 | | |

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| S9999 | <p>Continued From page 7</p> <p>orders prior to treatment/turning etc. to ensure the resident's comfort.</p> <p>(R1) has an ADL Self Care Performance Deficit related to decreased mobility and weakness. (R1) will improve in at least Activity of Daily Living (ADL) care areas through next review. BATHING: (R1) is dependent on staff with bathing assist of 1 staff. BED MOBILITY: (R1) is extensive assist of 2 with bed mobility. DRESSING: (R1) is extensive to dependent on staff for dressing 1-2 staff participation. EATING: (R1) is independent with set up. PERSONAL HYGIENE: (R1) is extensive assist of staff 1-2 for personal hygiene. Praise all efforts at self care.</p> <p>SIDE RAILS: 1/2 SR (side rail) x 2 for bed mobility rails up as per Dr's order for safety during care provision, to assist with bed mobility. Observe for injury or entrapment related to side rail use. Reposition PRN to avoid injury. TOILET USE: (R1) is extensive assist of staff for toileting 2 staff participation. TRANSFER: (R1) is a (full body mechanical) lift transfer and assist of 2 staff.</p> <p>R1's Nurses notes dated 12/21/20 at 2:51 PM document, Note Text: "Resident was receiving bed bath this AM and the CNA (Certified Nurse Aide) giving the bath noticed dark purple areas to bilateral arm, right leg, right upper back and right buttocks and an open area to coccyx. Nurse was asked into the room to evaluate. Upon evaluation residents right arm has dark purple bruising/petechia from right below elbow to his wrist, dark purple bruising/petechia on left arm above elbow to wrist, a dark purple bruise/petechia to right upper back measuring 2.0 X 7, a dark purple bruise/petechia to right buttocks measuring 7.8 X 7.7, a dark purple bruise/petechia to right lower leg measuring 11.8 X 8.8 and a stage 2 pressure ulcer to coccyx</p> | S9999 | | |
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| S9999 | <p>Continued From page 8</p> <p>measuring 4.6 X 1.2 X 0.1 (100% granulation tissue). N.O. (New Orders) to cleanse coccyx with wound cleanser apply exoderm change Q (every) 3 days and prn (as needed) until healed, mx all bruising/petechia q shift until healed and over right wrist scab with foam dressing change Q 3 days and PRN until healed." It also documents, "Spoke with (R1's) Doctors Nurse new orders for 2 view CXR (Chest X-Ray), CMP (Comprehensive Metabolic Panel), CBC (Complete Blood Count) with peripheral smear and UA (Urinalysis) with C&S (Culture & Sensitivity) if indicated."</p> <p>R1's Nurses notes dated 12/22/2020 at 12:54 AM, document, Note Text: Biotech called for STAT (as soon as possible) CXR results. Large amount of Right sided pleural effusion. Call placed to on call for R1's doctor. Call returned by on call medical doctor (MD). MD was informed of CXR results and order received to send to local hospital for treatment.</p> <p>R1's local hospital visit documents, On 12/22/20 at 4:00 AM, R1 was transferred from local hospital per helicopter with Registered Nurse (RN) to larger hospital, out of town, diagnosis, Septic Shock, Urinary Tract Infection (UTI), Metabolic Encephalopathy.</p> <p>R1's hospital records on 12/22/20 document, Wound 12/22/20 6:00 AM, Coccyx Medial, Pre-existing: Yes. Wound Type: Pressure Ulcer. Wound Bed Assessment: Full Thickness; Fragile; Light purple; Pink. Wound Length 6 cm, Wound Width 4 cm, Wound Depth 0.3 cm. Unstageable. Wound Right Heel, Left Heel Pressure ulcer/injury Deep Tissue injury. Wound Bed Assessment: Dusky; Fragile.</p> | S9999 | | |

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| S9999 | <p>Continued From page 9</p> <p>The facility's undated Skills Checklist for changing dressing/treatment documents, Verify order, gather and set up equipment, explain procedure to resident, wash hands, apply gloves, position resident where only area for dressing change is exposed, remove old dressing and dispose of it in approved container, remove gloves, wash hands, apply new gloves, cleanse wound as ordered, apply treatment as ordered, cover with dressing that is ordered, reposition resident for comfort, remove gloves, wash hands, put supplies away, clean table surface, remove trash with soiled dressings from room, wash hands, document procedure in etar (Electronic Treatment Administration Record), date.</p> <p>The facility Policy and Procedure for Pressure Ulcer/Pressure Injury Prevention Revised 4/2018 documents, PREVENTION OF PRESSURE ULCERS/INJURIES "A pressure ulcer/injury (PU/PI) can occur wherever pressure has impaired circulation to the tissue. A facility must: Identify whether the resident is at risk for developing or has a PU/PI upon admission and thereafter; Evaluate resident specific risk factors and changes in the resident's condition that may impact the development and/or healing of a PU/PI; Implement, monitor, and modify interventions to attempt to stabilize, reduce or remove underlying risk factors; and If a PU/PI is present, provide treatment to heal it and prevent the development of additional PU/Pis.</p> <p>The first step in the prevention of PU/Pis, is the identification of the resident at risk of developing PU/Pis. This is followed by implementation of appropriate individualized interventions and monitoring for the effectiveness of the interventions."</p> | S9999 | | |

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