**FORM APPROVED** 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: \_\_ B. WING IL6012041 11/13/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2324 NORTH KICKAPOO STREET LINCOLN TERRACE LINCOLN, IL 62656 PROVIDER'S PLAN OF CORRECTION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) Z 000 COMMENTS Z 000 FIRST CERTIFICATION FOLLOW UP TO **SURVEY 2/28/20** Z9999 Z9999 **FINDINGS** Statement of Licensure Violations 350.620a) 350.1210 350.3240a) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. Section 350.3240 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) These regulations were not met as evidence by: Based on observation, record review, and Attachment A interview the facility failed to: Statement of Licensure Violations 1. Ensure Direct Support Personnel (DSP) were

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

trained to perform their duties efficiently and competently when the facility failed to:

TITLE

(X6) DATE

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Findings include:

Resident roster provided dated 10/27/20

documents there are 14 individuals residing in the facility. One resident (R5) functions at the Mild

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DSP (Direct Support Person) to provide pressure

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R2's Form #GP-25 dated October 2020 for Repositioning tracking documents "Reposition every 2 hours." Review of this form notes 10/1/20

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getting (R2) changed I (E2) noticed a bed sore of hers has opened up on her coccyx region."

Consultation Report dated 10/30/20 identifies R2 as the patient. The Report documents "Reason" for Consultation: Open Sores on Left/Right

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(X3) DATE SURVEY COMPLETED

B. WING \_\_\_ IL6012041

R 11/13/2020

SUMMARY STATEMENT OF DEFICIENCIES   PROVIDER'S PLAN OF CORRECTION   PREFIX   REGULATORY OR LSC IDENTIFYING INFORMATION   PREFIX   TAG   PROVIDER'S PLAN OF CORRECTION   PROPRIATE   PREFIX   TAG   PROVIDER'S PLAN OF CORRECTION   PROPRIATE   DATE		PROVIDER OR SUPPLIER	2324 NOR	TH KICKAP	STATE, ZIP CODE POO STREET	
bottom cheeks. Findings: Healing wounds."  On 10/27/20 at 6:38 AM, R2 was observed seated in her wheelchair in the living room. R2's wheelchair was in the upright position. R2 remained in her wheelchair in the upright position until 11:09 AM. There was no attempt made to reposition R2. At 12:40 PM, R2 was taken to her room and transferred to her bed.  On 11/2/20 at 10:14 AM, E6, RNT (Registered Nurse Trainer) was in the bedroom with R2. R2 was observed laying in the bed on her right side. Areas of redness are noted to bilateral buttocks.  During an interview on 10/27/20 at 10:46 AM, E6, Registered Nurse Trainer (RNT), stated, "(R2) is on a repositioning schedule with repositioning every 2 hours to maintain good skin integrity." E6 was asked who was responsible for training the direct care staff about the repositioning schedule. E6 responded, "I (E6) am." E6 was asked how often the repositioning documentation was reviewed. E6 responded, "(I) look at it weekly." E6 was asked if she was aware that documentation was not being completed. E6 responded, "Yes." E6 confirmed there is no evidence the GP-25's are reviewed by the RNT.  On 10/27/20 at 11:36 AM, E2/DSP was asked where R2's repositioning schedules were kept. E2 responded, "Not aware of GP-25."  On 10/27/20 at 11:39 AM, E5/DSP was asked how often R2 was to be repositioned. E6 responded, "Not aware of GP-25."	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED B'	ES Y FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE
Illinois Department of Public Health		On 10/27/20 at 6:38 AM, R2 was observed in her wheelchair in the living rowheelchair was in the upright position. remained in her wheelchair in the upriguntil 11:09 AM. There was no attempt reposition R2. At 12:40 PM, R2 was taknoom and transferred to her bed.  On 11/2/20 at 10:14 AM, E6, RNT (RegNurse Trainer) was in the bedroom with was observed laying in the bed on her areas of redness are noted to bilateral.  During an interview on 10/27/20 at 10:4 Registered Nurse Trainer (RNT), stated on a repositioning schedule with repositionary as asked who was responsible for tradirect care staff about the repositioning E6 responded, "I (E6) am." E6 was ask often the repositioning documentation of the reviewed. E6 responded, "(I) look at it was asked if she was aware that documentation to reviewed. E6 responded. E6 responded E6 confirmed there is no evidence the Gare reviewed by the RNT.  On 10/27/20 at 11:36 AM, E2/DSP was where R2's repositioning schedules we responded, "I don't know what those are asked if she knew what a GP-25 form we responded, "Not aware of GP-25."  On 10/27/20 at 11:39 AM, E5/DSP was how often R2 was to be repositioned. Eresponded, "Not exactly sure."	ved om. R2's R2 ht position nade to ken to her pistered in R2. R2 right side. buttocks. A6 AM, E6, d, "(R2) is tioning egrity." E6 ining the schedule. ed how was veekly." E6 nentation d, "Yes." GP-25's asked re kept. E2 e." E2 was vas. E2 asked 5	Z9999		

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old male with diagnoses including Atonic Bladder, Hydronephrosis and history of UTI (Urinary Tract

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4. During the 10/27/2020 AM medication administration observation E4/DSP was

administering medication in the medication room. There is no evidence of privacy during medication

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medication room should be closed during med

5. In-Service Education/Meeting Report provided by the facility, dated 3/11/20 documents "Staff understand and acknowledge they must provide a sanitary environment for the individuals in the home...that hand washing is to be completed by

pass. If (door) can't (cannot) be closed. (individuals) are expected to wait outside the dining room door until person receiving meds is done. (Staff) could close the dining room door."

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she did that (have the residents go wash their

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On 10/27/20 at 11:39 AM, E5/DSP was asked if R3 had eyeglasses. E5 responded, "There are

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(B)

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