

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007439	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/12/2019
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NAME OF PROVIDER OR SUPPLIER GROVE OF ST CHARLES	STREET ADDRESS, CITY, STATE, ZIP CODE 611 ALLEN LANE ST CHARLES, IL 60174
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S 000	Initial Comments Annual Licensure and Certification Survey	S 000		
S9999	Final Observations Licensure Violations 300.610a) 300.1210b) 300.1210d)4)A)5) 300.3240a) 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 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.	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/28/19
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S9999	<p>Continued From page 1</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>4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:</p> <p>A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.</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>Section 300.3240 Abuse and Neglect</p> <p>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 observation, interview and record review the facility failed to prevent the development of pressure ulcer/ injuries for one resident and failed to treat the pressure ulcer for</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>one resident as ordered.</p> <p>This applies to 2 of 3 residents (R42, R67) reviewed for pressure ulcer in the sample of 21. R42 developed two Stage 3 pressure ulcers to her right upper and lower back from a life vest wearable defibrillator.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. R42 was admitted on 1/31/19 with diagnoses including Malignant Neoplasm of Endometrium, Pressure Ulcer Sacral Region Stage 3, Schizophrenia, Bipolar Disorder, Major Depressive Disorder Single Episode, Atrial Fibrillation, Congestive Heart Failure, and Cerebral Infarction Affecting Left Dominant Side, according to the face sheet. <p>On 6/11/19 at 10:00 AM, V4 (Wound Treatment Nurse) was observed for R42's sacral wound care.</p> <p>At 10:15 AM, after V4 finished treating R42's sacral pressure ulcer, V4 was requested to check the skin condition underneath R42's life vest wearable defibrillator. V4 stated the nurses were the ones who would be monitoring and checking the life vest. V4 turned R42, who was in bed, on her left side. The vest on R42's back was heavily stained with black substance. R42 stated she spilled coffee on herself about 3 days ago. R42 was alert and oriented x3. V4 removed the life vest, assessed the skin, and stated there were two pressure ulcers on the back and abrasions under both breasts which were not there previously. R42's entire upper back, the shape of the vest area was reddened. R42's chest area was also reddened. R42 stated that she informed staff that the vest was too tight and painful 4 or 5 days ago. V4 measured the wounds, cleansed</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>them with normal saline and covered with foam dressing until treatment orders were obtained.</p> <p>The Wound Assessment Details Report done on 6/11/19 showed the following facility acquired wounds: Right lower back - pressure ulcer, Stage 3, measurements 0.80 cm (centimeter) x 1.0 x 0.10 cm. Light serous exudate. Right upper back - pressure ulcer, Stage 3, measurements 2.0 cm x 6.0 x 0.10 cm. Light serous exudate. Right breast - abrasion, measurements 3.0 cm x 8.0 cm Left breast - abrasion, measurements 4.0 cm x 2.5 cm The report showed R42's Braden Score as 10 (High Risk).</p> <p>On 6/12/19 at 10:50 AM, on a telephone interview with V19 (Attending Physician) stated R42 has the life vest wearable defibrillator due to cardiac arrhythmia when she was in the hospital. He saw R42 at the facility one month ago. V19 stated the staff should be checking the vest and skin condition 1-2 times daily to ensure the vest is operating properly and to prevent the development of pressure ulcer.</p> <p>The facility policy titled, "Wound Care Program", November 1, 2018, requires, "3. Prevention of skin breakdown. c. Inspection of the skin every shift with care for signs of breakdown. d. Inspection of the skin under devices used daily."</p> <p>2. R67's MDS dated 5/20/19 section C for cognitive skills and section G for functional status showed that R67 is alert and oriented and totally dependent with grooming/hygiene and eating, in addition R67 also has limitation to both upper and</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>lower extremities. R67's active care plan and physician order sheet showed a list of multiple diagnoses which include Multiple Sclerosis and Stage 4 pressure ulcer in the left buttock.</p> <p>On 6/10 19 from 9:45 AM through 3:00 PM R67 was monitored every hour to an hour and a half. R67 was positioned in a semi upright position in her bed without any off loading to her bottom.</p> <p>On 6/10/19 at 12:03 PM, R67 was resting in bed in a semi-upright position, there was no offloading pillow under her bottom. V18 provided incontinence care to R67 who had a large bowel movement. R67's wound dressing which was dated 6/8/19 was detached from stage 4 pressure ulcer and was heavily saturated with wound discharge. After completing the care R67 was placed back to semi-upright position.</p> <p>On 6/10 19 at 01:16 PM V4 (Wound Care Nurse) and V5 (Physician) provided wound care to R67 who was in bed in semi upright position. V4 and V5 both stated that R67's wound dressing should be changed daily and as needed when it is soiled. After completing the wound care, R67 was placed back to semi-upright position with no offloading.</p> <p>R67's active care plan showed that she has stage 4 pressure ulcer to left buttock. R67's care plan interventions shows the following: Avoid positioning the resident on the left ischial tuberosity. Educate the resident and/or family/caregivers as to causes of skin breakdown, including: transfer/positioning requirements; importance of taking care during ambulating/mobility, good nutrition and frequent repositioning. Monitor dressing daily to ensure it is intact and</p>	S9999		
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S9999	Continued From page 5 adhering. Report loose dressing to Treatment nurse. The resident needs assistance to turn/reposition at least every 2 hours, more often as needed or requested. R67 is a 2 person total assist for bed mobility and transferring. (B)	S9999		
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