

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002844	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/18/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER ELMWOOD TERRACE HEALTHCARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1017 WEST GALENA BOULEVARD AURORA, IL 60506
---	---

(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
--------------------	--	---------------	---	--------------------

S 000	Initial Comments Complaint Investigation: 1974958/IL113760 1975149/IL113964	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.610a) 300.1210b) 300.1210d)3) 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 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 practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE

07/26/19

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002844	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/18/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER ELMWOOD TERRACE HEALTHCARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1017 WEST GALENA BOULEVARD AURORA, IL 60506
---	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>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>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</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. (Section 2-107 of the Act)</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure adequate interventions and monitoring were in place to prevent the development of maggots in a resident's gangrenous toe wound.</p> <p>This failure resulted in maggot infestation in R2's wound, resulting in R2's hospitalization.</p> <p>This applies to 1 of 4 residents (R2) reviewed for wounds in the sample of 7.</p> <p>The findings include:</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002844	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/18/2019	
NAME OF PROVIDER OR SUPPLIER ELMWOOD TERRACE HEALTHCARE CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1017 WEST GALENA BOULEVARD AURORA, IL 60506		
(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
S9999	<p>Continued From page 2</p> <p>On July 7, 2019 at 3:00 PM, V6 (LPN-Licensed Practical Nurse) documented in the EMR (Electronic Medical Record), "Situation: Elevated temp 100.0 oral. Maggots to left foot toe."</p> <p>On July 7, 2019 at 4:54 PM, V10 (MD-Medical Doctor) documented in local hospital records, "Medical Condition: 59-year-old male with a history of peripheral vascular disease, diabetes, coronary artery disease, CHF (Congestive Heart Failure). He was sent over from nursing home for evaluation of wound on his left great toe that had maggots crawling around it when nursing home staff came to evaluate him today. Patient denies any fevers, denies any significant pain. On exam, the left great toe has a darkened appearance with wounds medial and laterally, that are infested with maggots, wound has a foul-smelling odor."</p> <p>The EMR shows R2 was admitted to the facility in March 2019 with multiple diagnoses including peripheral vascular disease, gangrene, heart disease, heart failure, high cholesterol, aphasia, hemiplegia and hemiparesis following cerebral infarction, anemia, amputation of knee level lower leg, and diabetes.</p> <p>R2's MDS (Minimum Data Set) dated June 10, 2019 shows R2 is cognitively intact, requires limited assistance with bathing, and supervision for all other ADLs (Activities of Daily Living). R2 is always continent of bowel and bladder</p> <p>R2's Order Review Report dated July 17, 2019 shows the following order dated July 2, 2019: "Left great toe: cleanse with wound cleanser, pat dry, paint w/betadine, leave OTA (Open To Air), keep clean and dry every day and night shift for redness/irritation."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002844	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/18/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER ELMWOOD TERRACE HEALTHCARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1017 WEST GALENA BOULEVARD AURORA, IL 60506
---	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 3</p> <p>On July 16, 2019 at 9:15 AM, V13 (Wound Doctor) said, "I last saw [R2] on July 2, 2019 and said he needed to see a podiatrist right away. I was basically treating him palliatively because in the end the toe needed to be amputated. A resident living in a nursing home should not get maggots in a wound."</p> <p>On July 16, 2019 at 9:25 AM, R2 was lying in bed in his room. R2's left foot was wrapped in an elastic bandage. R2 said, "I just returned to the facility last night. I was in the hospital having my foot amputated. I did not know I had maggots in my foot before I went to the hospital. I did not go outside the building a lot, especially in the days leading up to going to the hospital. I pretty much stayed in my room."</p> <p>On July 16, 2019 at 12:34 PM, V3 (Licensed Practical Nurse, LPN) said, "Sunday, July 7, when I cleaned [R2's] toe with betadine, the tissue on the foot separated and a maggot fell out. I was in shock. [V6] (LPN) came in and moved the tissue on the foot and looked and saw more maggots inside. It was right at 2:00 PM on Sunday. It was between the two toes, where the area separated. I don't think the resident even realized what was going on. There was one maggot on the bedding after I covered the foot. He's been leaving the foot open to air, sometimes he's does wear a non-skid sock at times."</p> <p>On July 16, 2019 at 2:05 PM, V14 (MD) said, "At the time I saw the resident, I did not see maggots in the wound because they had been cleaned out. He had the right leg amputation, above the knee, several months ago, and he already had signs of left foot problems and the need for surgery. When you develop gangrene, which is dead</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002844	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/18/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ELMWOOD TERRACE HEALTHCARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1017 WEST GALENA BOULEVARD AURORA, IL 60506
---	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>tissue, it acts like a breeding ground for organisms to get in and take advantage of the situation, especially if you don't protect the wound. Any time you have dead tissue, and sorry to say this, but if you leave the meat out on the counter and there is something around like flies, you can end up with maggots in it."</p> <p>On July 16, 2019 at 2:45 PM, V6 (LPN) said, "On Sunday, July 7, [V3] (LPN) was doing the treatment to the resident. She told me she found a maggot and we were able to look at the wound together. I was able to see underneath the skin towards the big toe and the betadine had hardened the skin and you could lift up the side and I could see more maggots. I think they were eating that tissue from underneath. We were shocked. There was an odor to the wound and in the room. We couldn't see the opening on the top part of the toe, but upon closer inspection, we could see an opening on the bottom side of the toe. I don't usually do his wound care on my shift, so I had not assessed the wound before."</p> <p>During observations on July 15, 2019 from 1:45 PM to 4:15 PM, July 16, 2019 from 9:00 AM to 3:00 PM, and July 17, 2019 from 9:00 AM to 4:00 PM, multiple house flies were observed flying in the facility.</p> <p>On July 16, 2019 at 10:55 AM, V15 (Maintenance Director) said he had not been notified by any facility staff that a resident was found with maggots in his wound.</p> <p>On July 16, 2019 at 10:59 AM, V16 (Pest Control Manager) said, "We supply twice a month service to the facility. When we show up at the facility we touch base with [V15], and he lets us know if there are any problems. We were in the</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002844	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/18/2019
NAME OF PROVIDER OR SUPPLIER ELMWOOD TERRACE HEALTHCARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1017 WEST GALENA BOULEVARD AURORA, IL 60506		
(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	
S9999	Continued From page 5 facility on June 26, 2019 and on July 12, 2019. The maggot issue wasn't reported to us. A house/bottle fly is the type of fly that would land on a wound and lay eggs and that's how a wound would get maggots in it. The fly would not be able to lay eggs through a sock or if the wound was covered. Flies are attracted to wounds and they hone in on odors and will go right to the wound. Based on the service reports, we did not get a recall to go to the facility due to the finding of maggots." The facility's Wound Care policy, revised in October 2010, shows: "Purpose: The purpose of this procedure is to provide guidelines for the care of wounds to promote healing. Documentation: The following information should be recorded in the resident's medical record: 1. The type of wound care given. 2. The date and time the wound care was given. 3. The position in which the resident was placed. 4. The name and title of the individual performing the wound care. 5. Any change in the resident's condition. 6. All assessment data (i.e., wound bed color, size, drainage, etc.) The facility did not have documentation by the nursing staff to show assessment data of R2's toe wound, including wound bed color, size or drainage when providing wound care twice daily. (A)	S9999			