PRINTED: 09/04/2015 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: A. BUILDING: COMPLETED IL6009179 B. WING 08/06/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING PAVILION STERLING, IL 61081 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Licensure Post Visit to Annual Survey 6/9/2015 Sterling Pavilion is in compliance with the Plan of Correction for 300.610a, 300.1220 b)3), and 300.3240 a) S9999 Final Observations S9999 Statement of Licensure Violations: 300.1210d)5) Section 300.1210 General Requirements for Nursing and Personal Care 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: 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. Attachment A This requirement is not met as evidenced by: Based on observation, interview and record Statement of Licensure Violations review the facility failed to ensure a resident identified as at risk for pressure did not develop skin breakdown. This failure resulted in R49 developing 2 unstageable pressure ulcers within 4 weeks of admission to the facility.

Illinois Department of Public Health

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

TITLE

(X6) DATE

	APPROVED	
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	0/2013	
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STERLING, IL 61081		
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This applies to 1 of 3 residents (R49) reviewed for		
pressure ulcers in the sample of 10.		
The findings include:		
The hospital discharge summary for R49 dated June 16, 2015 lists R49 's diagnoses to include:		
Weakness, Atria Fibrillation, Urinary Tract		
Infection and Pneumonia. R49 came to the		
hospital from an assisted living facility. The		
Physician Nursing Home Progress Note on June		
19, 2015 documents R49 is at the facility for		
restorative physical and occupational therapy,		
and R49 might be able to go back to her assisted		
living center. The June 16, 2015 adminstration of the second control of the second contr		
The June 16, 2015 admission nursing assessment documents no open areas to the		
skin and R49 was continent of urine. The initial		
Comprehensive Assessment for R49 dated June		
16, 2015 shows R49 is unable to change position		
(in bed or chair) by herself. The Braden Scale		
-for predicting Pressure Sore Risk score for R49		
was 13 (moderate risk) on June 23, 2015, June		
30, 2015 and July 7, 2015.		
The June 16, 2015 physician order sheet shows		
an order for daily skin checks for R49. The Minimum Data Set (MDS) dated July 14, 2015		
documents R49 requires extensive assistance of		
2+ persons physical assist for bed mobility,	1	
transfer, toileting and personal hygiene. It also		
documents R49 as frequently incontinent and	İ	
having 2 unstageable pressure ulcers		
The Treatment Record for July 9, 2015 shows		
skin was checked and there was no		
documentation of any redness or open area on		
R49's skin. On July 10, 2015 the nurses' note	İ	
documents 2 unstageable areas were found on R49 's left ischium (boney prominence of the	ĺ	
lower buttocks). The wound to the lateral side of		
the ischium measured 1 cm x 0.6 cm and was		
completely covered with necrotic (black) tissue.		
The wound to the medial side measured 2.2 cm x		

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reason this pressure ulcer was unavoidable	
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On August 4, 2015 at 11:45 AM, R49 ' s wound	
bed was observed to be pink and without	
drainage, and the approximate size was 2.5cm x	
2.5cm.	
The facility Pressure Ulcer Risk Screening	
Procedure dated November, 2013 documents	
pressure ulcers are usually formed when a	
resident remains in the same position for an extended period of time causing increased	
pressure or a decrease of circulation (blood flow)	
to that area, which destroys the tissues.	
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Illinois Department of Public Health STATE FORM

(B)

PRINTED: 09/04/2015 FORM APPROVED

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DAT COM	(X3) DATE SURVEY COMPLETED	
		IL6009179 B. WING		08/06/2015			
NAME OF PR	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE	1 00/	00/2013	
STERLING	PAVILION		ST 23RD STRE NG, IL 61081	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN PREFIX (EACH CORRECTIVE TAG CROSS-REFERENCED DEFICE		ACTION SHOULD BE CO		
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