

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012165	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/08/2018
---	---	--	--

NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF PEORIA	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST NORTHMOOR ROAD PEORIA, IL 61614
---	---

(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 #1821325/IL#100659 Statement of Licensure Violations: 300.610a 300.1210a) b) 300.1210 d) 5) 300.3240a	S 000		
S9999	Final Observations 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

03/23/18

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012165	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/08/2018
---	--	--	--

NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF PEORIA	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST NORTHMOOR ROAD PEORIA, IL 61614
--	---

(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 1 meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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. 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.	S9999		
	Section 300.3240 Abuse and Neglect			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012165	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/08/2018
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF PEORIA		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST NORTHMOOR ROAD PEORIA, IL 61614		
(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 2 a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act) These requirements were NOT met as evidenced by: Based on interview and record review, the facility failed to timely implement pressure ulcer prevention interventions, perform weekly skin checks, assess and document the weekly status of pressure ulcers, revise the care plan after the development of pressure ulcers, and conduct a risk assessment according to facility procedures and professional standards of practice for one of three residents (R1) reviewed for pressure ulcers in the sample of three. These failures resulted in R1 developing three pressure ulcers, one of which worsened from a stage II to an unstageable pressure ulcer while residing at the facility. Findings include: The facility's Pressure Ulcer/Wound Management policy (revised October 2004) documents the following: "The Nurse will: 1) Do a complete skin assessment of each new resident upon admission to identify any wounds present including pressure ulcers, stasis ulcers, surgical wounds, etc. 2) Document the size and description of the wound in the nurse's notes. 3) Initiate a Wound Documentation form (Nurs-093), identifying the type of wound, the size, the location, and the status of the wound. 4) Obtain orders for appropriate treatment according to (facility's) Wound Care Protocols or physician's instructions. 5) Implement appropriate Pressure	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012165	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/08/2018
---	---	--	--

NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF PEORIA	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST NORTHMOOR ROAD PEORIA, IL 61614
---	---

(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 3 Ulcer Prevention Protocols per policy (pressure relief, dietary supplements, etc.) 6) Notify Rehab Nurse and/or Director of Nursing of residents admitted with pressure ulcers or other wounds. 7) Complete skin assessments on all residents weekly after showers or as assigned to check for new skin integrity impairment. Document results in nurses notes. 8) Follow procedures 2-5 for any resident who develops a "house acquired" pressure ulcer. 9) Notify Rehab Nurse and/or Director of Nursing of residents who develop a "house acquired" pressure ulcer. 10) Perform treatments as ordered." This same policy documents: "The Rehab/Restorative Nurse will: 1) Do a complete skin assessment of each new resident upon admission to identify any wounds present including pressure ulcers, stasis ulcers, surgical wounds, etc. 2) Evaluate the treatment order and determine if it follows (facility's) Wound Care Protocols. 3) Re-assess the wound weekly or more often as necessary to measure progress or decline in wound status. 4) Document the wound status on the Wound Documentation Form (Nurs-093) weekly. 5) Record the wound on the Weekly Pressure Ulcer Report (DON-064) or the weekly Skin Report (DON-064A) per policy. 6) Contact the physician when a Pressure Ulcer progresses from one stage to another or when there is any significant change in the condition of a wound. 7) Contact responsible party when there is a significant change in the condition of a pressure ulcer or any wound. 8) Contact the physician when a pressure ulcer or other wound fails to respond to treatment after 2-3 weeks. 9) Ensure that appropriate Pressure Ulcer Prevention Protocols have been implemented including a dietary supplement to promote healing. 10) Follow procedures 2-9 for any resident who develops a "house acquired" pressure ulcer.	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012165	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/08/2018
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF PEORIA		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST NORTHMOOR ROAD PEORIA, IL 61614		
(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 4 The facility's Skin Care Prevention of Pressure Ulcers policy (Revised March 2003) documents the following: "Repeat the Pressure Ulcer Risk Assessment quarterly or when significant changes in condition (such as declines in activities of daily living, skin condition, nutritional status) make re-evaluation appropriate." According to the article, "Pressure Injury Prevention Points (2016)", from the National Pressure Ulcer Advisory Panel; when assessing a resident, "Repeat the risk assessment at regular intervals and with any change in condition. Base the frequency of regular assessments on acuity levels: Long term care weekly for four weeks, then quarterly." R1's Face Sheet dated 4/28/17 documents that R1 was admitted to the facility 3/3/17 and was discharged on 5/6/17. This same form documents R1's diagnoses to include: Cauda Equina Syndrome, Paraplegia, Lumbago with Sciatica, Polyneuropathy, Abnormal Posture, Muscle Weakness, and Need for Assistance with Activities of Daily Living. R1's Wound Documentation Form (Nurs-093) documents R1 developed the following pressure ulcers on the following dates: On 3/24/17, a stage II pressure ulcer on R1's coccyx; On 3/31/17, a stage II pressure ulcer on R1's left ischium; and on 4/17/17, an area of shearing on R1's sacrum.	S9999		
	On 3/6/18 at 8:45 AM, V3 (Wound Nurse) stated that R1's coccyx pressure ulcer was healed on 4/10/17, but R1 was discharged from the facility with the pressure ulcer on R1's ischium and the shearing on R1's sacrum still present.			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012165	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/08/2018
---	--	--	--

NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF PEORIA	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST NORTHMOOR ROAD PEORIA, IL 61614
--	---

(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 R1's Pressure Ulcer Risk Assessment form dated 3/3/17 documents during R1's stay at the facility, this risk assessment was completed just once, on 3/3/17. This same assessment documents a score of 11, indicating R1 is at moderate risk for development of a pressure ulcer. This form also documents the following: "Moderate Risk-Implement Appropriate Preventative Protocols- on reverse side of form." This form's reverse side is blank and has no documentation of any prevention protocols or interventions implemented. R1's Wound Documentation Form (Nurs-093) documents on 3/24/17 and 3/31/17, an assessment was conducted on R1's coccyx pressure ulcer. This same form documents on 3/31/17, 4/9/17, 4/10/17, 4/17/17, 4/22/17, and 4/24/17 an assessment was conducted on R1's left ischium pressure ulcer. This form also documents on 4/17/17 and 4/24/17 an assessment was conducted on the area of shearing on R1's sacrum. R1's Physician Order dated 3/3/17 documents the following order: "Weekly skin assessment: Document moisture, color, temperature, integrity, turgor on shower day or as scheduled - Thursdays." R1's monthly Treatment Administration Records dated March 2017 - May 2017 do not document weekly skin checks were completed. These forms document that skin checks were performed on R1 on the following days: 4/8/17, 4/9/17, and 5/4/17. R1's nurse's notes dated 3/3/17 - 5/6/17 do not document weekly skins checks. R1's Wound Documentation Form (Nurs-093) documents R1's stage II left ischium pressure	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012165	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/08/2018
---	--	--	--

NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF PEORIA	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST NORTHMOOR ROAD PEORIA, IL 61614
--	---

(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 6 ulcer measured 2 centimeters x 1 centimeter on 4/9/17; and worsened to an unstageable measuring 1.5 centimeters x 2.3 centimeters on 4/10/17. R1's most current care plan dated 3/22/17 was not updated until 4/3/17 regarding R1's coccyx pressure ulcer and left ischium pressure ulcer. This same care plan has no mention of R1's area of shearing on R1's sacrum. On 3/6/18 at 8:45 AM, V3 (Wound Nurse) stated that no new pressure ulcer prevention interventions were implemented when R1 developed the Stage II pressure ulcer to R1's coccyx on 3/24/17, the stage II pressure ulcer to R1's left ischium on 3/31/17, or the shearing to R1's sacrum on 4/17/17. V3 stated that new interventions for R1's coccyx and left ischium pressure ulcers were only initiated on 4/10/17, when R1 was seen by V4 (Wound Physician). V3 also confirmed that R1's left ischium pressure ulcer declined from a stage II to an unstageable pressure ulcer on 4/10/17. V3 then stated that the facility's protocol requires a Pressure Ulcer Risk Assessment be conducted upon admission, then weekly for three weeks, followed by quarterly. V3 verified that the only Pressure Ulcer Risk Assessment conducted on R1 was on 3/3/17, and stated, "(R1) should have had three weekly assessments completed after R1 was admitted, and again after R1's pressure ulcers developed. And that didn't happen." V3 verified that weekly documentation of R1's pressure ulcers was not completed and stated, "There should have been an assessment documented for (R1's) coccyx pressure ulcer on 4/7/17. And there should have been an assessment documented for (R1's) left ischium pressure ulcer and shearing on R1's sacrum on 5/1/17. These assessments were	S9999		

If continuation sheet 8 of 8