FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008312	A. BUILDING _____ B. WING _____	C 06/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE WILMINGTON	555 WEST KAHLER WILMINGTON, IL 60481

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S 000	Initial Comments Complaint Investigations: 1873852/IL103384	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d) 1)2)3)5) 300.1620a) 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 plan. Adequate and properly supervised nursing	S9999	Attachment A Statement of Licensure Violations	

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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:

1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.

2) All treatments and procedures shall be administered as ordered by the physician.

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.

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.

Section 300.1620 Compliance with Licensed Prescriber's Orders

a) All medications shall be given only upon the

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written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These Regulations were not met as evidence by:

Based on interview and record review the facility failed to implement practitioner ordered wound treatments, implement preventative skin barrier treatments, and provide weekly assessment and monitoring of post-surgical incisions and Moisture Associate Skin Dermatitis.

This applies to 1 of 3 residents (R2) reviewed for wound care in a sample of 12.

This resulted in R2 developing extensive excoriated areas of skin which delayed surgical intervention to repair R2's left hip.

Findings include:

The hospital Transfer From dated April 5, 2018 documents R2 transferred to the facility for continuation of intravenous antibiotics after

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surgery completed by V19 (Orthopedic Surgeon) on March 30, 2018 to remove a left hip prosthesis and placement of antibiotic spacer for a infected hip joint.

Hospital discharge instructions document R2 admitted to the hospital on May 20, 2018 for abnormal laboratory values (low sodium). The hospital discharge instructions dated May 23, 2018 documents under Treatment/Wound Care to see wound care sheet provided. The attached Wound Care Consult dated May 23, 2018 documents R2 with a left hip full thickness surgical wound with 100% white necrotic tissue of uncertain depth and halted wound healing. The treatment Plan documents to cleanse left hip wound with normal saline, apply medihoney gel and cover with dressing and if wound not improving to consider using Santyl ointment and contact the surgeon if any signs of infection noted or wound is not improving.

On June 21, 2018 at 9:10 am, V22 (Nurse) stated V22 completed a weekly skin assessment on June 7, 2018 for R2 and R2 presented with opened reddened areas to the back of thigh and two wounds to the left hip which were 1-2 inches long, close together and which were not fully closed. V22 stated all of these wounds were not new on that date but V22 could not indicate when V22 first saw these wounds but it was at some point after R2 returned from the hospital on May 23, 2018.

R2's POC (Point of Care) Response history for skin observation May 23-June 12, 2018 documents R2 with redness on June 2, and 5, 2018 and open skin on June 6, 2018. All of these entries document the skin condition as not new and the nurse as notified. This documentation

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indicated V10 (Nursing Assistant) completed the entries on June 2, 2018.

On June 21, 2018 at 10:08am, V10 (Nursing Assistant) stated after R2 returned from the hospital in May 2018, R2's posterior area of the thighs were red, with open areas and very excoriated. V10 stated R2 was frequently incontinent of urine and was able to let staff know if R2 needed changed so staff could assist. V10 stated if R2 needed to be changed during smoking times R2 would only let the staff change R2's incontinence brief but R2 wouldn't let them change R2's wet pants for another 15-30 minutes until after R2 finished smoking. V10 confirmed V10 completed the POC care documentation completed on June 2, 2018 and the entries were accurately describing R2's skin condition as not new.

The Skin Condition Report dated June 6, 2018 and completed by V11 (Wound Nurse) documents R2 with new Moisture Associate Skin Dermatitis (MASD) as follows: left and right posterior iliac crest, right and left buttock are documented as reddened and the right and left posterior thighs are documented as reddened with bleeding.

R2's May and June 2018 Medication Administration Record (MAR) and Treatment Record (TAR) do not document any treatments to the left hip incision until June 9, 2018 at which time a treatment of Santyl to the left hip incision topically every day was initiated. In addition, Nystatin Cream to buttocks topically one time a day for MASD was initiated on June 8, 2018 and Zinc Oxide skin barrier ointment after each incontinence episode for MASD was initiated on June 7, 2018. There is no documented evidence

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skin barrier was being applied between May 23, 2018 and June 6, 2018.

A Provider Order Information Report completed by V19 (Orthopedic Surgeon) on June 8, 2018 documents daily wound care to buttocks, thigh and hip incisions, use Santyl to the hip incision. Will plan hip aspiration after wounds healed.

A Emergency Room Physician Report dated June 12, 2018 documents R2 sent for evaluation of an abnormal sodium level. The exam section documents "...Skin: (R2) has reddened skin with some induration from (R2's) waist down to the bilateral thighs and buttocks and perineum. (R2) has scattered deeper breakdown in this area (R2) has 2 areas of the incision (surgical) that look superficially opened..."

The hospital Wound Care Progress Notes dated June 13, 2018 documents R2 with two non-healing surgical wounds of the left lateral hip with a recommendation to use Santyl. R2 is also documented with a excoriation and redness to the left thigh measuring 14 centimeters (cm) X 9 cm X 0.1 cm, posterior upper left thigh measuring 3 cm X 4.5 cm X 0.1 cm, right posterior thigh measuring 11 cm X 0.6 cm X 0.2 cm, right buttock 3 cm X 1 cm X 0.1 cm, right buttock measuring 4.5 cm X 1.2 cm X 0 0.1 cm, right lateral buttock measuring 3 cm X 1 cm X 0.1 cm, right medial inner thigh measuring 1 cm X 2 cm X 0.1 cm, left inner thigh proximal measuring 1 cm X 0.6 cm X 0.1 cm, left distal thigh measuring 0.7 X 0.7 X 0.1, and right groin measuring 3.6 cm X 0.8 cm X 0.1 cm with treatments which include skin barrier ointment to these areas.

The May 2018 Weekly Wound Tracking Report documents R2 surgical wounds closed as of May

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21, 2018 and there is no further follow up of the surgical wounds on this report for R2.
The June 2018 Weekly Wound Tracking Report documents R2 with MASD on June 6, 2018 and there is no other documentation of MASD or surgical wounds on this report for R2. There is no evidence in R2's electronic medical record weekly skin assessments and monitoring of MASD or the left hip surgical wounds between May 23, 2018 and June 6, 2018. On June 21, 2018 at 1:44 pm, V2 (Director of Nursing) confirmed weekly skin assessments should be completed and the facility cannot provide them.

On June 21, 2018 at 10:45 am, V11 stated on June 6, 2018 V11 was notified R2 had red areas and MASD to R2's posterior upper hip area extending to about 4 inches above R2's knees with a few open areas. V11 obtained orders to treat these areas. V11 stated V11 assessed R2 after hospitalization and R2 had some redness without open areas posteriorly and Zinc Oxide ointment was being used. V11 stated R2's hip incisions were closed but had "fresh" skin covering them. V11 stated R2 was on a lot of diuretics which caused R2 to frequently wet R2's self and also would rub the back of R2's thighs on the wheelchair. V11 stated V11 was not aware of the discharge recommendation to use medihoney to the left hip surgical wounds and confirmed the order should have been implemented. V11 stated staff are to notify V11 of any changes in skin condition or open areas and confirmed weekly assessments of all wounds are to be completed.

On June 21, 2018 at 11:46 am, V19 stated the last appointment on June 8, 2018 R2 had extensive redness and ulcers to the buttocks and thighs due to difficulty with moisture and keeping R2 dry. V19 stated R2's skin must be healed to

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move forward and replace R2's hip to prevent an infection and R2's surgery will be delayed until R2's wounds are healed. V19 stated V19 could not indicate if treatments were implemented if R2's wounds would have healed and stated a wound care practitioner would be the expert to answer that question.

On June 21, 2018 at 12:57 pm, V20 (Wound Care Practitioner) stated from a wound care standpoint it would be best practice to initiate R2's medihoney as recommended on May 23, 2018 due to the natural debriding and antibacterial qualities in medihoney. V20 stated V20 could not say if it was initiated if the surgical incisions would have healed but V20 stated it would definitely have been beneficial and frequent assessments of these surgical incisions should be occurring to monitor healing. V20 stated R2's skin should have been kept dry and a protective skin barrier applied which does not require a physician order. V20 stated a skin barrier should have been implemented quickly and timely to prevent and treat R2's excoriated skin areas to prevent deterioration of the skin which can occur quickly when it gets moist. V20 stated if a skin barrier had been applied R2 being wet up to 30 minutes would likely not be harmful to R2's skin.

R2's POC history for behavior symptoms May 23-June 12, 2018 documents R2 with refusal of care one time on June 1, 2018.

The Minimum Data Set dated April 24, 2018 documents R2 as cognitively intact, a one person assist for toileting and frequently incontinent of urine.

The policy Skin Condition Assessment and

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S9999	Continued From page 8 Monitoring- Pressure and Non-Pressure dated June 8, 2018 documents weekly assessments are to be documented, each resident will be checked for skin breakdown daily and any changes will be promptly reported to the nurse who will perform an assessment. Also, physician ordered treatments shall be documented on the TAR. (C)	S9999		