

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002729	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/03/2018
NAME OF PROVIDER OR SUPPLIER EDWARDSVILLE NSG & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 401 ST MARY DRIVE EDWARDSVILLE, IL 62025		
(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 #1844117/IL103669	S 000			
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1010h) 300.1210a) 300.1210b) 300.1210c) 300.1210d)2)3)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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest	S9999			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

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

TITLE

(X6) DATE

07/13/18

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S9999	Continued From page 1 decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 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 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents'	S9999			

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S9999	Continued From page 2 respective resident care plan. 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: 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 300.3240 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 provide ongoing assessment and	S9999			

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S9999	Continued From page 3 monitoring to identify condition changes for the notification to the Physician and care for 1 of 3 residents (R13) reviewed for change of condition in the sample of 13. This failure resulted in the hospitalization of R13 and gangrene in R13's left 4th toe, sepsis due to Methicillin-resistant Staphylococcus (MRSA), and amputation of R13's left 4th toe. Findings include: R13's Physician Order Sheet (POS) document R13 was admitted to the facility on 05/10/2018 and was discharged on 06/21/2018. R13's POS dated June 2018, documents a diagnosis in part of osteomyelitis, diabetes mellitus, diabetes mellitus with diabetic neuropathy, anemia, osteomyelitis, and peripheral vascular disease. R13's Quarterly Minimum Data Set (MDS) dated 06/05/2018 documents R13 is at risk for pressure ulcers. R13 is not documented as receiving Hospice. On 06/28/2018 at 3:04 PM, V20, family of R13 stated, "I am not happy with the care R13 received at all. The facility is the most unprofessional staff/facility that I ever ran into. My grandson came to visit (R13) and he called me and said I needed to get to the facility as soon as possible (ASAP) because (R13) was having some serious issues with (R13's) feet. He said the Hospice nurse was bathing (R13's) roommate and notified him by looking across the room and seeing (R13's) foot that something was wrong with (R13's) left foot. She wasn't even the nurse for (R13). When (R13) came to the facility (R13) had clean feet, no open areas on (R13's) toes. R13 is diabetic and has had problems in the past so we were shocked when I got there and (R13's)	S9999			

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S9999	Continued From page 4 foot was 3 times the size it should be. On (R13's) toe I could see brown bone with green mold. No one even told me (R13) was having problems with (R13's) feet. On 06/05/2018 when I came into visit (R13) was wearing these tight fitting shoes and I asked the CNA why (R13) was wearing someone else's shoes and she laughed and said "but (R13) loves those shoes." I asked to take the shoes off and when we pulled off the shoes (R13's) foot was red. Then 14-15 days later (R13) had to have surgery. This should have never happened. (V8) the wound nurse was not checking (R13's) feet and R13 was a diabetic. (V8) has not clue of what (V8) is doing. (V8) was in (V8's) office looking at index cards and when I took one look at (R13's) foot I knew (R13) needed more than antibiotics and (R13) needed to be sent out. (V8) started telling me that (V8) had contacted the doctor and they were going to start (R13) on antibiotics and were going to take an x-ray. I thought to myself 'No, (R13) needs to be sent to the hospital what is wrong with this wound nurse?'" On 06/28/2018 at 1:20 PM, V16, Certified Nursing Assistant (CNA) when asked about the incident involving R13 on June 21, 2018, stated: "a couple of days before there was nothing wrong with (R13's) feet. Hospice is giving (R13) showers. When hospice came back (R13) was already dressed. No, R13 does not dress R13's self, the certified nursing assistants (CNA's) dress R13. When hospice gave R13 a shower that day they informed me to tell the nurse about (R13's) foot. I was so busy that day and I forgot to tell the Nurse (V15). I was working the D Hall that day and I was all by myself and was really busy. This was the same day (R13) was sent out to the hospital. I don't think there was anything wrong with (R13's) foot."	S9999			

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S9999	Continued From page 5 On 06/28/2018 at 3:04 PM, V14, Licensed Practical Nurse (LPN) when asked about the incident involving R13 on June 21, 2018, stated: "The hospice CNA was in the shower room with (R13's) roommate and she notified us (R13's) foot was really red. So we went down, (V15) Registered Nurse (RN) and looked at it and notified (V1), Administrator that (R13's) foot had a possible infection. To my knowledge no one was monitoring and/or taking care of R13's foot before then. Her family requested that (R13) be sent out to the hospital." On 06/29/2018 at 9:11 AM, V15, Registered Nurse (RN) when asked about the incident involving R13 on June 21, 2018, stated: (V18), Hospice Bath Aid was bathing R13's roommate and she noticed (R13's) foot was infected. The CNA's had given (R13) a bath and one of the CNA's had told (V19), CNA that there was an issue with (R13's) foot. (V19) forgot to notify a nurse. Anytime there are issues I would expect staff to tell a nurse. (V18) came and told me and (V14), Registered Nurse (RN) and we called (V10), Wound Nurse and we all went and looked at it. (R13's) foot was red on top, the foot was warm, there was an infection going on and it was like (R13's) toe was going to fall off." On 06/29/2018 at 9:35 AM, V18, Hospice Aid when asked about the incident involving R13 on June 21, 2018, stated: "Last Thursday I was giving (R13's) roommate a shower and I looked over at (R13) and I noticed (R13's) foot was really red. (R13) was already missing 3 toes and I thought it was really weird that (R13) did not have any treatment. It looked bad, there was a smell and drainage but no dressing. I mentioned this to (V19) CNA on duty and another CNA (V16) came	S9999			

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S9999	Continued From page 6 in and (V19) told (V16) about (R13's) foot. When I finished showering my patient I stopped by the nurse's station and asked what had happened to (R13's) foot. (V14) and (V15) both said they did not know any of this and they went down to (R13's) room to take a look at it." On 07/03/2018 at 12:08 PM, V11, Physician stated "We were notified on 06/21/2018 of an infection. I would expect staff to take off socks every day and look at the feet with daily monitoring of the foot. We were not notified of a smell and/or necrosis of the foot. That is different from an infection and the smell changes the treatment. (R13) should have been sent out immediately if she had a smell and or necrosis of the foot." R13's Progress Note dated 06/21/2018 at 12:13 PM, Communication with Family Power of Attorney (POA) document "resident's left foot 4th toe was assessed and it was noted resident has open blister on toes measuring approximately 8.0 centimeters x 7.0 centimeters with pink granulation tissue intact 75% and red granulation tissue into 25 % on posterior toe, scant amount drainage noted, surrounding tissue has edema warm to touch skin bright red, grandson here with resident (V11), Physician notified new orders were received for clindamycin by mouth 300 milligrams (mg) three times a day for 14 days. Acidophilus wound culture, x-ray to left foot, and apply betadine solution daily. POA arrived at facility spoke with POA and POA requested resident to be sent out to evaluate and treatment. (V11) notified, back new orders were received to send to Local Hospital for evaluation and treatment POA is aware of wound status." R13's Progress Notes dated 06/21/2018 at 1:00	S9999			

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S9999	Continued From page 7 PM, "Hospice aide called this nurse and (V14) Licensed Practical Nurse (LPN) down to resident's room. She was bathing resident's roommate and noticed (V13's) left foot. When staff went down to room resident was extremely pleasant and had no idea anything was wrong with (R13's) foot. Foot appeared red on top. Toe was white with a small amount of drainage. This nurse was not told about anything with the foot until hospice aid came. Bath Aide that day saw foot and passed onto (V16) CNA. V16 never reported to this nurse. V8, Wound Nurse in building so she was paged to resident's room. Antibiotics/ x-ray ordered. At this time family arrived and stated they wanted her to be sent out to hospital. Resident sent to local hospital. Vitals were within normal limits at time of transfer." On 06/28/2018 at 10:44 AM, V1, Administrator stated "On 06/21/2018 it was reported to me to come to (R13's) room. I went to (R13's) room and (V20) family member of R13 was there. (V20) told me that the hospice aid had reported to (V20) that there was a change in (R13's) foot. I told (V20) I would investigate and try and find out what happened. I left and spoke with (V15) Registered Nurse. (V15) stated (V16) CNA had told V15 about (R13's) foot and (V16) got distracted and forgot to tell the nurse. I expect if there are any issues for CNA's to go directly to the nurses. I gave (V16) a final warning." R13's Treatment Administration Records (TARS) for June 2018 documents, the following 1- "Betadine solution apply to left foot 4th toe topically every day shift for wound care." 2- "Float both heels off pillows when in bed to offload pressure every shift for wound care/wound prevention." 3-Skin Prep Wipes Miscellaneous (Ostomy Supplies) "Apply to both heels topically	S9999			

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S9999	Continued From page 8 every day shift for wound prevention." On 06/28/2018 V8, Wound Nurse stated "this is the only documentation I have on (R13). I do not have anything for R13's feet." R13's Care Plan dated 05/15/2018 documents "resident has pressure ulcer or potential pressure ulcer development related to unstageable right heel on admit, resident at risk for skin breakdown related to unstageable heel (healed 05/29/2018)." R13's Care Plan dated 05/13/2018 documents "float heel on pillows in bed." R13's Care Plan dated 05/15/2018 documents "assess/record/monitor wound healing frequently. Measure length, width and depths where possible. Assess and document status of wound perimeter, wound bed and healing progress. Reports improvements and declines to Physician." R13's Care Plan under the Focus Area documents "has impaired mobility, diagnosis of peripheral vascular disease, diagnosis of diabetes, recent osteomyelitis. 06/21/2018 toe 4th toe open blister surrounding tissue red with edema." Weekly Skin Assessment from 05/14/2018 - 06/19/2018 does not document any notes related to R13's feet. Resident's admission skin assessment dated 05/10/2018 in part, left foot first three toes amputated left heel has open wound measures approximately 1.0 centimeter (cm) x 2.5 cm with necrosis intact 100 %. Scant amount of serosanguinous drainage noted right great toe has edema cool to touch denies pain or	S9999			

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S9999	Continued From page 9 discomfort right foot has old scar approximately 17.5 cm in length scar dry and clean old scab noted on right lower extremity measures approximately 0.5 cm x 0.2CM. R13's Hospital Records dated 06/21/2018 documents "Present at the Emergency Department (ED) with a chief complaint of left great toe infections. Per (ED) chart report nursing home staff found the patient's left great toe with necrosis, it is about to fall off," then it was wrapped and patient was transferred to the ED for further evaluation. Patient does have a history of recurrent diabetic foot ulcer with chronic and acute osteomyelitis and the rest of the toes had been amputated in the past. On further work up in the ED patient found to have slightly elevated white cell count and severe elevation in CRP blood cultures. Patient was referred for admission for further evaluation and treatment left great toe gangrene and left foot cellulitis. Skin, Erythema and swelling of the left foot extending to the ankle, warm to palpation. " The Hospital Records also document an "amputation to the left 4th toe at the metatarsophalangeal joint (MPJ)." R13's Admission dated to the hospital was 06/21/2018 and R13's discharge date was 06/26/2018. The records also document "sepsis due to Methicillin-resistant Staphylococcus (MRSA) likely source is left foot infection." The Non Pressure Related Skin Management Policy with a revision date of 01/05/2015 document in part, "This facility will provide necessary care to promote healing, prevent infection and prevent additional non-pressure areas from developing for each resident and his/her condition tolerates." C- Diabetic foot	S9999			

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S9999	Continued From page 10 ulcers- ulcers caused by neuropathic and small blood vessel complications of diabetes. Diabetic foot ulcers typically occur over the plantar (bottom) surface of the foot on load bearing areas such as the ball of the foot. Ulcers are usually deep, with necrotic tissue, moderate amounts of exudate, and callused wound edge. The wounds are very regular in shape and the wound edges are even with a punched-out appearance. These wounds are typically not painful. 2. When a non-pressure area is identified the licensed nurse shall assess the alteration for: location, stage, size, depth and undermining, exudate, tissue and surrounding skin presentation and pain. The licensed nurse shall document findings on the Weekly Wound Evaluation Flow Records. 5. The licensed nurse shall notify the Resident, Responsible Party and the Physician and shall document the notifications". The Change in Resident's Condition or Status with a revision date of 08/2014 documents in part, "Our facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status (examples; changes in level of care, billing/payments, resident rights). 1. The Nurse Supervisor/Charge Nurse will notify the resident's Attending Physician or On-Call Physician when there has been: e. A significant change in in the resident's physical condition." (B)	S9999			