

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000434	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/14/2018
NAME OF PROVIDER OR SUPPLIER APERION CARE GALESBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 1145 FRANK STREET GALESBURG, IL 61401		
(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 # 1823681/IL103194.	S 000			
S9999	Final Observations Statement of Violations: 300.1210b)d)5) 300.1220b)2) 300.3240a) 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 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	S9999			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

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

TITLE

(X6) DATE

06/29/18

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S9999	Continued From page 1 services to promote healing, prevent infection, and prevent new pressure sores from developing. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met as evidenced by: Based on record review and interviews the facility failed to reposition and provide the proper preventable treatment to prevent one new pressure sore on R1's left ischium and prevent the reoccurrence of pressure sores to both heels for one of three residents reviewed for pressure	S9999			

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S9999	Continued From page 2 sores in a sample of three. Findings include: R1 was readmitted to the facility on 4/17/18 from the hospital with only one pressure sore on his coccyx. R1's current face sheet and care plan dated 4/12/18 notes his diagnosis include quadriplegia C1 - C4 complete and notes that R1 is totally dependant on staff for positioning. On 6/14/18 at 3:52 P.M. V6 (Wound Physician) stated that she had been seeing R1 at the facility since 4/19/18. V6 stated that on 4/19/18 R1 had the area on the coccyx which was considered two areas (Left and right buttocks) and both heels had scabs on them. V6 stated that on 5/17/18, R1 had developed a new stage two pressure sore on R1's left ischium that measured 0.5 x 0.5 x 0.1 cm. V6 stated that by the last time V6 had seen R1 in the facility on 5/24/18, R1's heels had both healed up. Hospital records on 6/2/18 note that R1 has new pressure sores on both heels that have developed in the facility between 5/24/18 and 6/2/18 when R1 was admitted to the hospital. R1's hospital records note that R1 was hospitalized initially on 4/12/18 and then again on 6/2/18 for issues unrelated to the pressure sores. R1's hospital records on 4/12/18 noted R1 to only have the pressure sores on R1's coccyx that were unstageable. R1's hospital records on 6/2/18 noted that R1 had three new pressure areas at that time. The first was the left ischium which has gotten worse since 5/17/18 and measures 5 x 4 x 0.4 cm and is a stage three. Then the right heel 2.5 x 1.5 x 0.1 cm is unstageable and left heel 5 x 4 x 0.3 cm is a stage three.	S9999			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

APERION CARE GALESBURG

**1145 FRANK STREET
GALESBURG, IL 61401**

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S9999	Continued From page 3 V6 stated that R1's pressure sores are preventable and that with more frequent repositioning R1's pressure sores could be prevented. On 6/8/18 at 11:10 A.M. V5 (hospital wound physician) stated that lack of appropriate repositioning and treatment by the facility is the reason for R1's development of the new pressure sores. V5 stated that R1 should be repositioned at least every hour to help with healing. R1's care plan dated 4/12/18 noted that facility staff was instructed to turn and reposition R1 every two hours prior to 6/2/18. On 6/14/18 at 4:02 P.M. V2 (Director of Nursing) verified that R1 had only been repositioned every two hours until 06/2/18. (C)	S9999		