

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/27/2018
NAME OF PROVIDER OR SUPPLIER COVENANT HLTH CR CTR-NORTHBK		STREET ADDRESS, CITY, STATE, ZIP CODE 2155 PFINGSTEN ROAD NORTHBROOK, IL 60062			
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S 000	Initial Comments	S 000			
	Annual Health				
S9999	Final Observations	S9999			
	Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210c)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a 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 decubitus ulcers or a weight loss or gain				

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

08/02/18

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S9999	Continued From page 1 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 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. Restorative measures shall include, at a minimum, the following procedures: c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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 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)	S9999			

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S9999	Continued From page 2 These Regulations were not met as evidenced by: Based on observation, interview and record review, the facility failed to provide physician-ordered pain medication prior to performing wound care for 1 resident reviewed for pain. This failure caused R1 to endure pain during wound care procedures for his facility-acquired stage-3 pressure sores. Findings include: Per facility face sheet dated 6/27/18, R1 is a 94 year old resident originally admitted to the facility on 2/28/18 with diagnoses of: unspecified falls, weakness, orthostatic hypotension, atherosclerotic heart disease, pain in left foot, cellulitis of right lower limb, and generalized weakness. R1's BIM(Brief Interview for Mental Status) score is a 15 on the latest MDS (minimum data set) dated 6/5/18 and shows he is cognitively intact. R1's first facility-acquired wound to his sacrum was first observed on 6/1/18. Per V17 (Wound Physician) notes titled "Wound Care Specialist Evaluation" shows, "Stage 3 Pressure Wound Sacrum. Etiology: Pressure. MDS 3.0 Stage: 3. Wound size (L X W X D): 2.5 x 2.0 x 0.1 cm. Indication: Remove Necrotic (Dead)Tissue and Establish the Margins of Viable Tissue. Recommendation: Off-load wound, Reposition	S9999			

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S9999	Continued From page 3 per facility protocol." R1's other facility-acquired wound shows per the Wound Care Specialist Evaluation dated 6/1/18: "Stage 3 Pressure Wound of The Right Upper Back. Wound Size (L X W X D): 1.0 x 1.0 x 0.1 cm. Recommendations: Off-load wound, reposition per facility protocol. Wound Care Specialist Evaluation dated 6/22/18 states, "Patient has a wound on their upper back. He presents with a stage 3 pressure wound of the right upper back of at least 21 days duration. Appetite: Fair. Musculoskeletal system: Deconditioning. Wound Size: 4.5 x 2.5 x 0.1 cm. Wound Progress: Deteriorated. Wound Deteriorated. recent wound culture revealed pseudomonas (infected). Recommendations: Off-load wound, reposition per facility protocol." On 6/25/18 at 11:45 am, V12 (LPN-Licensed Practical Nurse) performed wound care for R1. V12 peeled off the bandage while R1 started grimacing and moaning loudly with pain saying, "oh my god that hurts." V12 stated to R1, "Are you in pain? R1 responded loudly, "yes!" V12 stated, "Ok, let me finish this first, I'm almost done." V12 continued to remove the old dressing from the first wound, went to the bathroom to wash her hands, and returned to cleanse the wound and apply clean dressing. R1 stated again several times during the procedure, "That really hurts. I'm in real pain, you have to stop." V12 stated again, "Where does it hurt (R1)?" R1 stated, "My knee and my back, are you almost done?" V12 stated, "I just need to finish your other wound but I have to come back because I ran out of ointment." V12 then proceeded to leave the room to obtain more wound care items.	S9999		

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S9999	Continued From page 4 While V12 went to obtain more wound supplies, R1 was asked if he was given any pain medication prior to the nurse conducting his wound care. R1 stated, "No, they never give me pain medications before they do my dressing changes." Asked if he requests them, "No but shouldn't they be asking me if I need them. Sometimes, they just barge in here and tell me it's time to do your dressing change and I don't even have a chance to tell them I'm in pain because I'm not. It's only when they're turning me here and poking at my skin is when it hurts." Asked how much it hurts from a scale of 1-10 when the nurse does his wound care, R1 stated, "11. It's like they put a cold knife to your skin it's that painful." At 12:10 PM V12 returned with her wound supplies and laid them beside R1's bedside table. V12 did not ask whether R1 was still in pain nor if he needed any pain medications before she started. V12 asked R1 to grab on to the side rail as he struggled to turn over to his left side. Asked if there were any aides to help her turn and reposition R1 and assist in the wound care, V12 stated, "No (R1) can do this, he usually can turn himself. I usually do this myself with him." (R1's latest MDS dated 6/5/18 shows that (R1) requires a 2-person assist with bed mobility.) Asked if she gave R1 any pain medications prior to the procedure, V12 stated, "No I didn't give him anything." R1's Physician order sheet dated 6/27/18 shows: "Acetaminophen (Tylenol) 500 mg tablets (1-2 tabs) PRN (as needed) for pain or fever every six hours starting 3/1/18. There were no other physician orders received to pre-medicate R1 prior to his daily wound care procedures.	S9999		

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S9999	Continued From page 5 R1's MAR (Medication Administration Records) for May and June do not show any type of pain medication given to R1 prior to wound care. R1's care plan does not address pain related to pressure sore treatments. 6/26/18 interview at 3:00 PM with V2 (DON), V2 was asked to provide any policy on pain relief. V2 stated, "We don't have any policies on pain." Asked how her nurses address pain, V2 stated, "My nurses will use other nonpharmacological methods to address pain such as massage and we would refer them to therapy for e-stim (electronic stimulation). Asked if residents should be pre-medicated for pain prior to wound care, V2 stated, "Not always, they (residents) would have to ask for it, I guess." Asked again about a policy and procedure, V2 stated, "No we don't have one, we just use the same protocols you (public health) would use which would be the CMS (Centers for Medicare/Medicaid Services)." Asked how her nurses would obtain access to this policy and procedure, V2 stated, "They'd have to go on the CMS website." Asked again if her nurses are provided a policy and procedures on providing pain relief for their residents, "V2 stated, "We don't have any actual printed policies and procedures on pain. Nurses should know this and if they don't they are directed to go onto the CMS website." 6/27/18 Interview with V17 (Wound Doctor) states, "Stage 3 pressure ulcers can be very painful. I would provide pain medications prior to performing wound care an hour prior to lessen any pain the resident may experience. If the resident is in pain during the procedure, the procedure should stop immediately and not be	S9999		

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S9999	Continued From page 6 finished. The attending physician should be contacted so they can prescribe a more effective analgesic for pain." Abstract literature from "Ostomy Wound Management" dated 2009 states in part, "Pain is an ever-present problem in patients with pressure ulcers. The literature established that 1) pressure ulcers cause pain; 2) pain assessment was typically found to be self-reported using different versions of the McGill Pain Questionnaire, Faces Rating Scale, or Visual Analog Scale; 3) pain assessment instruments should be appropriate to patient cognitive level and medical challenges; 4) in some cases, topic medications can ease pain and although information on systemic medication is limited, pain medications have been found to negatively affect appetite; and 5) wound treatment is painful, pain on nutrition, and pressure ulcer pain considerations for special groups (e.g., children, end-of life patients, and bariatric patients.) The NPAP (National Pressure Ulcer Advisory Panel) presents this white paper as the current scientific knowledge base on the topic. Pain is an ever-present problem in patients with pressure ulcers. As a protective physiologic mechanism, pain is defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage. Irrespective of a patient's age or health status, pressure ulcer pain needs to be assessed and treated because it has widespread physical and psychosocial implications for the patient, family and clinician. Pathophysiology of Pressure Ulcer Pain: Pressure ulcer pain may be caused by tissue trauma from sustained loads, inflammation, damaged nerve endings, infection, dressing changes, debridement, operative procedures, and other treatments. The skin has	S9999			

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S9999	Continued From page 7 more sensory nerves than any other body organ. As the pressure ulcer cellular damage expands, chemicals are released that irritate nociceptive nerve terminals. Nociceptive pain is an appropriate physiological response to a painful stimulus and involves acute or chronic inflammation." (C)	S9999			