Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005490	A. BUILDING: ______ B. WING ______	C 10/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT LINCOLN	2202 NORTH KICKAPOO STREET LINCOLN, IL 62656

(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	S 000		

Complaint #1826704 / IL/106506

S9999	Final Observations	S9999		

Statement of Licensure Violations:

300.610a)
300.1210b)
300.1210d)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 300.1210 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

Attachment A
Statement of Licensure Violations

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005490	A. BUILDING: ______ B. WING ______	C 10/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT LINCOLN	2202 NORTH KICKAPOO STREET LINCOLN, IL 62656

(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	S9999		

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.

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 evidenced by:

Based on interview and record review, the facility failed to complete daily skin assessments and implement pressure relieving interventions for one of three residents (R2) reviewed for pressure ulcers in the sample of four. These failures resulted in R2 developing two avoidable pressure ulcers to R2's left and right heels, that subsequently progressed to an unstageable status before being identified.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005490	A. BUILDING: ______ B. WING ______	C 10/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT LINCOLN	2202 NORTH KICKAPOO STREET LINCOLN, IL 62656

(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	S9999		

Findings include:

The National Pressure Ulcer Advisory Panel's Pressure Injury Prevention Points, dated 4/16, documents, "Inspect the skin at least daily for signs of pressure injury, especially nonblanchable erythema."

The facility's Skin Assessment Policy and Procedure, dated 5/17, documents, "Intact, healthy skin is the body's first line of defense. It is the policy of this facility to monitor the skin integrity for signs of injury and irritation. In addition to ongoing assessment of the skin, the facility will implement measures to protect the resident's skin integrity and to prevent skin breakdown. On admission, a head-to-toe assessment of the resident's skin will be completed by a licensed nurse along with the admission nursing history. Resident's who are determined 'AT HIGH RISK' for the development of pressure ulcers will have a head-to-toe skin assessment done by a licensed nurse or CNA (Certified Nursing Assistant) daily and documented on the Treatment Administration Record (TAR) or Daily skin Assessment sheet."

R2's POS (Physician Order Sheet) dated 8/1/18 to 8/31/18 documents R2, age 29, was admitted to the facility on 8/3/18 with the diagnoses of Quadriplegia, pressure ulcer of sacral region, and tracheostomy.

R2's Admission Observation Report, dated 8/3/18, documents R2 has pressure ulcers present on R2's left buttock and coccyx area. This same report documents R2 is not able to verbalize complaints, not able to verbalize illness, requires two assist or mechanical lift for transfer,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005490	A. BUILDING: ___ B. WING ___	C 10/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT LINCOLN	2202 NORTH KICKAPOO STREET LINCOLN, IL 62656

(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	S9999		

and R2 is not able to bear weight. This report also documents R2's Sensory perception as very limited and responds only to painful stimuli, cannot communicate discomfort except by moaning, or restlessness or has sensory impairment that limits ability to feel pain/discomfort over half of body. This same report also documents R2 as Bedfast, completely immobile does not make even slightly changes in body or extremity position without assist, no history of foot ulcers, and no pressure ulcers present on R2's left or right heels.

R2's Braden Assessment's dated 8/7/18 and 8/12/18 document a score of 10, indicating R2 is "High Risk."

R2's MDS (Minimum Data Set) Assessment dated 8/10/18, documents R2 as total dependent for all cares and impairment on upper and lower extremities on both sides for Range of Motion.

R2's (TAR/Treatment Administration Record) dated 8/1/18 to 8/31/18, documents an order for skin checks on Tuesday and Thursday and was signed as being completed on Tuesdays and Thursdays. Also on this same TAR, the following order was received on 8/13/18: "Place foam over (R2's) left and right heel wounds daily and as needed. Place heel boots and float heels. May remove heel boots for hygiene, laundry, treatments and skin checks."

R2's plan of care dated 8/7/18, documents R2 requires Total staff participation to reposition in bed and R2's pressure ulcer plan of care documents an intervention of observe skin every shift and report any changes to nurse immediately.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005490	A. BUILDING: ____ B. WING ____	C 10/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT LINCOLN	2202 NORTH KICKAPOO STREET LINCOLN, IL 62656

(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	S9999		

R2's progress notes dated 8/3/18 documents, "(R2) arrived to facility via ambulance. (R2) noted to have open area on left buttock and another open area on his coccyx." R2's progress notes dated 8/13/18 documents, "Wound rounds today per (V14) Wound Physician and (V18) Wound Nurse. Two new areas assessed to right and left heels DTI (deep tissue injury), soft boots placed and foam dressings to heels per physician orders."

R2's Wound Evaluation and Management Summary, signed by V14 (Wound Physician) and dated 8/13/18, documents, "Unstageable DTI of the left heel measuring 5 cm (centimeters) x 3 cm x not measurable. Also Unstageable DTI of the right heel measuring 3 cm x 3 cm x not measurable. Recommendations as heel protectors when in bed ."

On 10/17/18 at 9:40 a.m., V14 (Wound Physician) stated, "(R2's) pressure ulcers to his right and left heels were acquired at the facility and found during our wound rounds. The wounds could have been avoided if preventative interventions were provided. He did not have heel protectors on the day that they were discovered when (I) was there. (R2) can not move himself. The ulcers should have been identified by the facility before they had progressed to unstageable."

On 10/17/18 at 11:47 a.m., V23 (RN/Registered Nurse) stated, "(I) was the nurse for (R2) on 8/13/18. (I) helped turn (R2), along with V18 and V14, and that is when (R2's) pressure ulcers were found. (R2) did not have heel protectors on prior to finding the pressure ulcers and (I) got an order at that time to apply the heel protectors."

On 10/17/18 at 9:38 a.m., V2 (DON/Director of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005490	A. BUILDING: ______ B. WING ______	C 10/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT LINCOLN	2202 NORTH KICKAPOO STREET LINCOLN, IL 62656

(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 Nursing) stated, "We do skin checks as ordered or weekly. CNAs (Certified Nursing Assistants) don't do actual skin checks, they just report if they see any areas during cares." On 10//17/18 at 12:19 p.m., V18 (Wound Nurse) stated, "(I) do skin checks twice a week most of the time, the ulcers found on (R2) were from pressure, and if daily skin checks would have been completed, (R2's) heel pressure ulcers would have been identified earlier." (B)	S9999		