

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014666</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/16/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RIVER CROSSING OF ST CHARLES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>850 DUNHAM RD</b> <b>ST CHARLES, IL 60174</b>
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(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		
	<p>Complaint Investigation :2175592/IL136743, 2175598/IL136750</p> <p>S9999 Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.1210b) 300.1210d)5)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>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:</p> <p>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.</p>	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>These requirements were not met evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide timely incontinence care for a resident who is identified as high risk for skin breakdown. This failure caused R3 pain/discomfort, and aggravation of the skin condition to his buttocks.</p> <p>This applies to 1 of 7 residents R3 reviewed and observed for incontinence care in the sample of 15.</p> <p>The findings include:</p> <p>R3 has multiple medical diagnoses which include morbid obesity, idiopathic peripheral autonomic neuropathy, muscle wasting, atrophy, and urinary tract infection (UTI). MDS (minimum data set) dated 6/12/21 documents R2 is alert, oriented, requires extensive assistance with toileting.</p> <p>On 8/11/21 at 11:15 AM, R3 was resting in bed, awake, alert, and oriented. R3 stated he needs his incontinence brief changed, and the last time he was changed was between 4:00 AM-4:30 AM. R3 also said since he came to the facility, he had a UTI multiple times, because he was not being changed routinely and they were not cleaning him properly.</p> <p>On 8/11 21 at 11:46 AM, V7 (CNA) who was assigned to R3 responded to R3's request for incontinence care. V7 stated that he had not</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>change R3 since the beginning of the shift. V7 proceeded to provide incontinence care. R3 was heavily saturated with urine and had a bowel movement.</p> <p>R3's skin on his buttocks looks peculiar, with textured warty appearance (with grooves in between the cluster of warts like skin texture), looks raw, red, and tender.</p> <p>On 8/13/21 at 9:00 PM, R3 stated the last time he was changed was before dinner around 5-5:30 PM.</p> <p>On 8/13/21 at 9:40 PM, V24 (Certified Nursing Assistant/CNA who was assigned to R3) stated they (CAN's) are supposed to check and change residents for incontinence every 2 hours. V24 also stated she completed her assignment at this time.</p> <p>On 8/13/21 at 10:05 PM, V29 (Night shift CNA) provided incontinence care to R3. R3 was wearing double layered incontinence brief and was heavily saturated with urine. The buttocks part of the diaper has tinge or stains of blood. The bleeding was coming from one of the grooves in between the warty like formation of the skin R3's buttocks. It was red in color and has raw appearance. R3 stated it's painful with a burning like sensation.</p> <p>On 8/13/21 at 11:15 PM, V30 and V31 (both nurses) stated that the skin is denuded with MASD (Moisture Associated Skin Damage) with striations.</p> <p>On 8/15/21 at 2:48 PM, V20 (Wound Physician) stated the last time he saw R3 was the year before. R3 has Elephantiasis Nostras Verrucosa</p>	S9999		



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S9999	<p>Continued From page 3</p> <p>to the buttocks, it's like a lymphedema. He has dependent edema in the buttocks and is high risk for skin breakdown. R3 had severe/chronic MASD (Moisture Associated Skin Damage) or Incontinent Associated Dermatitis. Exposure to urine can aggravate skin condition.</p> <p>R3's most recent skin assessment dated 8/3/21 documents R3 has no skin impairment.</p> <p>R3's active care plan document's R3 has potential for skin alteration related to moisture-associated dermatitis and generalized rash related morbid obesity, impaired mobility related to spending days in bed using his laptop, watching Netflix, playing video games, and poor hygiene.</p> <p>R3 is continent of bowel and bladder but at times will just "go" in bed wanting to be cleaned by staff. Keep skin clean and dry. R3's to practice good personal hygiene; encourage to be (Out of Bed) daily. Use lotion on dry skin.</p> <p style="text-align: center;">" B "</p>	S9999		