

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007868</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/06/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VILLA AT SOUTH HOLLAND, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>16300 WAUSAU STREET SOUTH HOLLAND, IL 60473</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		
S9999	<p>Complaint Investigations 2194251/IL135063 and 2194598/IL135519</p> <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610 a) 300.1210 b) 300.1210 d)5)</p> <p>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.</p> <p>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.</p> <p>d) Pursuant to subsection (a), general</p>	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

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

TITLE

(X8) DATE

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S9999	<p>Continued From page 1</p> <p>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> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to follow their Skin Management Policy, and failed to immediately assess and treat a new skin impairment for 1 of 3 residents (R2) reviewed for pressure ulcers in a total sample of 6. This failure resulted in R2 developing a pressure ulcer to the right ischium and buttock that was debrided and classified as a stage 4 ulcer.</p> <p>Findings Include:</p> <p>The face sheet documents R2 was admitted to the facility on 6/10/20, with a diagnosis of breast cancer with metastasis to the bone. The Physician's Wound Assessment, dated 6/19/20, documents on admission, R2 was observed with a stage 3 pressure ulcer to the left buttocks and a deep tissue injury to the left heel.</p> <p>The Nurse's Notes, dated 5/3/21, documents during ADL care staff observed a pressure ulcer forming on the right gluteal fold that measured 2.5cm, and the wound nurse was notified.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>The Wound Assessment, dated 5/19/21, documents R2 was noted with new skin impairments, an unstageable wound to the right ischium and an unstageable wound to the right hip. The Treatment Administration Records for May documents treatments were initiated on 5/18/21.</p> <p>The Nurse's Notes, dated 6/8/21, documents R2's wounds to the right ischium and right hip were debrided by the Physician and were classified as stage 4 pressure ulcers after the procedure.</p> <p>The Nurse's Notes, dated 6/12/21, documents R2 was noted with body tremors and transferred to the hospital for evaluation.</p> <p>The Hospital Records, dated 6/12/21, documents R2 was admitted with altered mental status and increased shaking. R2 was noted with a stage 4 pressure ulcer to the right hip and the right buttocks. R2 was treated for possible sepsis of the right hip wound.</p> <p>On 7/29/21 at 2:00 PM, V12 (Wound Nurse) stated, "Initially R2 was being seen for a breast cancer tumor. The Nurse reported seeing an area to the right hip. I don't recall being told anything about the right ischium prior. I'm not sure of when I was notified but I saw the resident once I was informed of the skin breakdown to the hip and I did a body assessment and notified the Wound Doctor about the wounds."</p> <p>On 8/3/21 at 2:05 Pm, V11 (Wound Nurse) stated, "When the staff identifies skin breakdown and inform us, a skin assessment is done no later than the next day. The Nurse that identified the</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>area is responsible for notifying the family and calling the Doctor to get treatment orders until we come in and assess the resident."</p> <p>On 8/3/21 at 4:05 PM, V16 (Wound Nurse) stated, "I noticed that R2 was developing a pressure ulcer in the area of the gluteal fold. I reported it to the regular staff. When you notice skin issues you are supposed to notify the wound care nurse and they take over from there. I told the wound care nurse and the resident was put on the list to be seen. I'm not sure of the name of the nurse that I spoke to or when the resident was seen. I did not notify the Doctor or the resident's family. I did not treat the area, I left it to the wound nurse."</p> <p>The Skin Management Policy documents the facility will ensure residents that are admitted to the facility are evaluated to determine appropriate measures and individualized interventions to prevent, reduce and treat skin breakdown. The facility will properly identify and evaluate residents whose clinical conditions increase the risk for impaired skin integrity, and pressure ulcers; to implement preventative measures, and to provide appropriate treatment modalities for wounds according to industry standards of care. If a resident is admitted with or there is a new development of a pressure ulcer, staff will consult the Physician and resident representative and re-evaluate the resident's care plan and risk factors.</p> <p>(B)</p>	S9999		
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