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 08/23/2021

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

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S 000	Initial Comments Complaint Investigation : 2125935/IL00137154	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b) 300.1210d)5) 300.1220b)2) 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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 services to promote healing, prevent infection, and prevent new pressure sores from developing. Section 300.1220 Supervision of Nursing	S9999		

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S9999	Continued From page 2 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. These requirements were not met evidenced by: Based on observation, interview, and record review, the facility failed to implement a physician ordered pressure ulcer treatment, failed to identify wounds as pressure ulcers, failed to properly evaluate pressure ulcer risk factors to determine individualized pressure ulcer preventive measures, and failed to implement care planned pressure ulcer treatment, and prevention measures for one (R1) of three residents (R1, R2, R3) reviewed for pressure ulcers in a sample of three. These failures resulted in R1 developing two stage four pressure ulcers which required hospitalization and surgical debridement. Findings include: 1. R1's list of current diagnoses includes Paraplegia. R1's Minimum Data Set (MDS) assessment dated 6/24/21 documents R1 is cognitively intact and requires extensive assistance for bed mobility, is totally dependent on two staff for	S9999		

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S9999	Continued From page 3 transfers, and uses a wheelchair for mobility. R1's pressure ulcer risk assessment dated 3/11/21 documents R1 is at high risk of developing pressure ulcers related to R1's very limited ability to respond meaningfully to pressure-related discomfort, is chairfast and must be assisted into a chair or wheelchair, has a very limited ability to change and control his body position, and requires moderate to maximal assist with moving to prevent shearing of skin. R1's pressure ulcer risk assessment dated as completed 6/24/21 documents that R1 was at moderate risk of developing a pressure ulcer. R1's pressure ulcer care plan intervention dated 3/10/21 states, "Assess (R1) for presence of risk factors. Treat, reduce, eliminate risk factors to extent possible," and "Use padded heel boots to relieve pressure on the heels." R1's care plan intervention dated 6/21/21 states, "Assess pressure ulcer for stage." R1's care plan interventions dated as created 7/15/21, after R1's discharge to the hospital 7/14/21, by V3 (Wound Nurse) document's that R1 refuses to see the facility wound physician and " Instruct (R1) to not use straps on foot pedals to secure feet due to increase friction/pressure." R1's care plan does not include a pressure ulcer prevention measure to ensure R1's wheelchair footrests don't cause pressure to R1's feet. R1's nursing progress notes dated 6/21/21 state, "Callous/Blister-like area noted on bottom/outer right foot. He states that he had a similar event happen on the bottom of his left foot & (and) it opened and became a callus. R1 states he "wears the same shoes every day. On his w/c (wheelchair), he places his shoes in a black strap	S9999		

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S9999	Continued From page 4 that keeps them from slipping off, his footrests." R1's nursing progress notes dated 7/2/21 documents there was a change in condition of R1's right foot wound, "Right plantar foot blister rupture and wound noted to have an odor, redness and maceration around edges, slough/necrotic tissue noted." R1's nursing progress notes dated 7/7/21 documents V12 (R1's Physician) examined R1 on that date at which time R1 informed V12 that he had an appointment with a Wound Clinic on 7/9/21 to evaluate R1's right plantar foot wound. R1's nursing progress note dated 7/14/21 documented by V3 (Wound Nurse) states, " Resident refusing care/orders from facility wound MD (V4). (R1) stated he has his own wound MD he is seeing and would not like any recommendations from facility wound physician." R1's Wound Management notes dated 6/21/21 through 7/9/21 documented by V3 (Facility Wound Nurse) shows that R1 developed a fluid filled blister to the bottom of R1's right and left feet on 6/21/21. Those notes were entered into R1's medical record on 7/2/21. These notes also documented on 7/2/21 R1's, right foot blister wound had a decline in which the blister ruptured and was draining a purulent (Pus) drainage which had an odor. R1's left foot Wound Management note from 7/2/21 documents R1's left foot wound had redness, and warmth, but does not describe whether the original blister was still intact. These same wound notes documented on 7/9/21 R1's right and left foot wounds were improving with each wound containing 100% (percent) Eschar (dead tissue) with a light amount of drainage. None of V3's wound notes document whether	S9999		

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S9999	Continued From page 5 R1's wounds were pressure ulcers or what stage they were. On 8/17/21 at 3:48p.m. and 8/19/21, at 8:05a.m. R1 stated "he is no longer a resident at the facility. R1 stated he did not receive appropriate pressure ulcer prevention measures while at the facility. R1 stated he is paralyzed from the waist down and has no feeling in his legs. R1 stated on 6/21/21 his nurse found blisters on the bottom of his right and left foot. R1 stated he asked the facility for an appointment to be evaluated by their wound physician. R1 stated the facility did not make him an appointment to see their wound physician until after he had made his own appointment for 7/9/21 with a wound clinic not associated with the facility. R1 stated his physician at the facility (V12) came into his room on 7/7/21 to listen to his heart but never looked at R1's feet. R1 stated he told V12 he had made an appointment with a wound clinic to address the wounds on his feet. R1 stated he had to "beg" the wound clinic to see him right away because he was worried about the condition of his feet. R1 stated on 7/9/21 he went to the wound clinic and was evaluated by V9 (Wound Physician's Assistant). R1 stated V9 told him he had an unstageable pressure ulcer to his right foot. R1 stated V9 sent him back to the facility with new treatment orders and an appointment to return to the wound clinic on 7/14/21. R1 stated no two nurses ever changed his dressings the same way. R1 stated the wound clinic orders did not include any ointments to be applied to his wounds but most of the time the facility nurses were applying an ointment or cream as part of the dressing change. R1 stated because of his paralysis he is unable to keep his feet on the pedals of his wheelchair. R1 stated he had to use straps to secure his feet in place on the	S9999		

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S9999	Continued From page 6	S9999		

wheelchair pedals or else they would fall off. R1 stated his plan was to discharge to an independent living environment which required he be independently mobile. R1 stated he can be independently mobile in his wheelchair if he has a means of preventing his feet from falling off the pedals. R1 stated the facility never recommended using different foot pedals to keep his feet in place. R1 stated when he returned to the wound clinic on 7/14/21, his right foot wound had worsened to a stage 4 pressure ulcer and his left foot had developed a stage 4 pressure ulcer on the bottom of his foot. R1 stated during his wound clinic appointment on 7/14/21, V9 was concerned enough about his right and left foot wounds she recommended sending R1 to the hospital for surgery with V8 (Wound Specialist). R1 stated he was admitted to the hospital on 7/14/21 and never returned to the facility. R1 stated on 7/13/21 or 7/14/21, V3 came into his room at the facility and said, "I hear you went out on your own to see a wound doctor." R1 stated he told her it was because she didn't make him an appointment to see the facility wound physician. R1 stated even though he is paralyzed and unable to use his legs, he wants to keep his legs and feet and expected the facility to help prevent him from developing pressure ulcers and to properly treat pressure ulcers if any did develop.

On 8/18/21 at 9:40a.m., 10:15a.m., 3:10p.m. and on 8/19/21 at 1:15p.m. V3 stated on 6/21/21 R1 developed two blisters, one on the bottom of his right foot and one on the bottom of his left foot. V3 stated she wasn't sure whether R1's blisters were pressure ulcers at that time because the wounds were on the bottom of R1's feet. V3 stated she thought R1's wounds may have developed because of the tennis shoes R1 liked

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S9999	Continued From page 7 to wear. V3 stated on 7/2/21 R1's right foot blister had ruptured and was draining a purulent (Pus) drainage. V3 stated R1's right foot wound had a foul odor and the wound bed contained eschar and slough (non-viable and dead tissue). V3 stated at the time R1 went to the wound clinic on 7/9/21, she thought R1's right foot wound was improving and R1's left foot wound was just a scab. V3 verified that at the time R1's right and left foot wounds developed, R1 was using a wheelchair with foot pedals with straps to keep R1's feet in place. V3 verified R1 liked to strap his feet tightly in the wheelchair foot pedals so his feet would not fall off. V3 ~~stated~~ R1's right and left plantar foot pressure ulcers could have resulted from the foot straps pressing the bottoms of R1's feet against the foot pedals of his wheelchair. V3 stated R1 did have pressure relief boots but R1 did not like to where them when he was in his wheelchair. V3 stated although she developed R1's pressure ulcer prevention and treatment interventions, she did not evaluate R1's foot pedals or refer R1 to Occupational Therapy to have his wheelchair foot pedals evaluated for an alternative means to support his feet without using straps in order to prevent pressure to the bottoms of R1's feet. V3 verified R1's treatment orders were not correct based on the orders received from V9 on 7/9/21. V3 stated R1 should not have had Santyl applied to R1's wounds but instead R1 should have only had the application of treatments and dressings as ordered by V9 on 7/9/21 with any previous treatment orders discontinued. V3 stated she did not know R1's left plantar foot wound had worsened. V3 stated the last time she examined R1's right and left foot wounds was on 7/9/21 at which time she thought the wounds were improving.	S9999		

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S9999	Continued From page 8 "A"	S9999		