

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/15/2021
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NAME OF PROVIDER OR SUPPLIER BRIAR PLACE NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 6800 WEST JOLIET INDIAN HEAD PARK, IL 60525
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S 000	Initial Comments Complaints: 2193141/IL133679 - F691G, F580G	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210c)3) 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 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	S9999	Attachment A Statement of Licensure Violations	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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

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S9999	<p>Continued From page 2</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>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on interview and record review, the facility</p> <p>1) failed to follow their notification of change in policy and procedure to include notification to the attending physician of skin excoriation around an ostomy site, and failed to notify the legal guardian of a transfer to the local hospital for 1 (R1) resident reviewed for notification of change. 2) the facility failed to follow their colostomy policy by not ensuring the ostomy device was well fitting to prevent excoriation around ostomy site and failure of observation of Ostomy care for 1 (R1) resident reviewed for ostomy care. This failure resulted in R1 developing an excoriated skin area. This failure resulted in R1's initial excoriated site going untreated and increasing in size to 14cm x 14cm before the physician was notified</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>and then R1 required hospitalization</p> <p>R1 was admitted with the diagnosis of Crohn's disease, Ileostomy, Anxiety, Major Depression Disorder. R1's brief interview for mental status dated 5/17/21 document a score of twelve which indicates moderate impairment. R1 was assessed to be alert and oriented to person, place and time. R1's minimal data set section H (Bladder and Bowel) dated 5/22/21 documents: Ostomy</p> <p>R1 was observed with redness and excoriation to the left lower quadrant measuring at 14cm x 14cm, on 5/7/21 by V30 (Nurse). Brown dried substance on pants and bed pad similar to stool.</p> <p>Progress note dated 5/7/21 documents: R1 was noted to have large (below breasts to pelvic area) excoriated, draining area. Doctor called, R1 will be transferred to the hospital for evaluation. R1 is her own guardian.</p> <p>On 6/2/21 at 10:36am, V20 (R1's guardian) said the facility explained it was a misunderstanding that she was not contacted when R1 went to hospital (on 5/7/21). The nurse V30 (Nurse) was under the impression that R1 was responsible for herself. V20 said she would expect to be notified of any changes in condition.</p> <p>On 6/2/21 at 2:04pm, V3 (ADON) said, V30 (Nurse) discharged R1 to the hospital (on 5/7/21) and failed to call the guardian. V30 made a mistake.</p> <p>On 6/3/21 at 2:01pm, V30 (Nurse) said, I did not call the guardian because R1's face sheet documents guardian/self. R1's face sheet did not include a power of attorney.</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>R1's Letter of Office -Temporary Guardian dated 3/8/21 documents: R1 has been appointed a temporary guardian of the person and estate by an order of the court.</p> <p>R1's nursing progress notes dated 5/12/21 document Resident was re admitted to facility from Hospital. Resident's colostomy bag is intact, abdomen is free from excoriation.</p> <p>On 6/1/21 at 12:05pm, R1 said the redness went away after she was at the hospital but the redness is starting to come back again. R1 said she was using different bags at the hospital and they helped with ostomy leaking. R1 said she requested the facility to order those bags but has yet to receive them. R1 said she is using previous ostomy supplies provided by facility and she is responsible for all of the care. R1 said the facility only provides supplies and does not change or empty the bag.</p> <p>On 6/3/21 at 9:31AM, V25 (NP) said R1 was being treated for both cellulitis and excoriation from fluid leaking from ostomy site in May. Ostomy leaking could be from not a good seal around ostomy. On V25's assessment dated 5/27/21 there was about one inch of redness around stoma site. V25 said she was unaware of any further changes surrounding R1's skin or ostomy site. On 6/10/21 at 10:19 AM, V25 (NP) said on 6/3/21 she changed the treatment plan to R1's skin around ostomy site. V25 said area had worsened from previous assessment (5/27/21). V25 said she is unable to determine how long it would take for excoriation to develop on R1. V25 said if she had been notified of change in condition she would have seen R1 and performed an assessment and determine if a change would</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>be needed.</p> <p>On 6/3/21 at 9:38am, V2 (DON) said, the treatment nurse and floor nurse should be looking at R1's ostomy site. R1 is competent to complete her own ostomy care, but it needs to be supervised to make sure R1 is doing it right. The leakage could be contribute to R1 doing her own ostomy care. R1 did not have any new treatment put in place since surveyor requested the measurement of R1's excoriation.</p> <p>R1's medication and treatment record dated May 2021 did not document any assessment or monitoring of ostomy site.</p> <p>On 6/4/21 at 10:44 AM, V26 (NP) said R1 was sent to hospital in May after being treated in-house for possible cellulitis to abdomen. V26 (nurse practitioner) stated if the ostomy bags (#8578) from the hospital were working and did not cause skin irritation or leakage, the facility should have covered to those supplies/bags that work. V26 said, R1 is not capable of changing her own ostomy bag. R1's ostomy care must be supervised. V26 said it would take one to two days for excoriation to appear on the skin. she was not notified of any changes to R1. V26 said she would have changed R1's plan of care or initiated treatment after an assessment to prevent area from getting worse. V26 said she would have increased supervision and monitoring of ostomy site.</p> <p>R1's physician progress notes dated 5/12/21 document: R1 has had colostomy for many years, had been leaking causing skin infection. Despite improvement in treatment continued issues with bag caused symptoms to worsen, Treated with antibiotics and seen by colostomy RN. Skin</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>improving, slight erythema no tenderness, otherwise no other concerns reported, colostomy intact and with belt in place. Chronic leaking bag-resolved, continue to use belt, and eliminate use of calk only used as filler, and ensure proper cutting of bag.</p> <p>R1's physician progress notes dated 5/27/21 document: Red irritated skin about 1/2 inch wide surrounding the periphery of the ileostomy bag site. R1 often does not get a good seal on the ostomy pouch which causes skin irritation when there is leakage. Nursing to follow up with R1 regarding her colostomy self-care. Triamcinolone 0.1% cream to any irritated skin around the site BID until further notice.</p> <p>R1's physician progress notes dated 6/3/21 document: R1 is having her clothing and bedding changed per nursing after her ostomy bag leaked stool. The erythema of the abdomen has increased to a larger area again. Per nursing, the bag is frequently leaking due to R1 picking at it. Nurses are changing the bag at least once per day related to poor seal between the skin and the bag. R1 states the area is painful and it is tender to touch. Rash Present, Erythema of the abdomen 5-6 inches square around the stoma area and extending outward with tenderness.</p> <p>R1's Care plan dated 3/13/21 documents: R1 is at risk alteration in skin integrity. Intervention: any skin integrity issues/concerns will be conveyed to the Charge Nurse for further evaluation and treatment changes/new interventions and the doctor will be called as needed. Administer wound care treatment per doctor orders. R1 has incontinence of bowel. Intervention: observed for signs of skin irritation and or breakdown. Report irritation/breakdown to the physician.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>Facility policy titled Colostomy care dated 4/20 documents: Residents with colostomy will receive colostomy care as needed. Colostomy care will be done to keep stoma and surrounding skin area clean, to remove and dispose of secretions, to prevent excoriation and eliminate odors. Any significant observations or changes in appearance are supposed to be recorded in the nurse's notes and the physician notified. Ileostomy care will be done in the same manner as colostomy care.</p> <p>Facility policy titled Change in Condition Physician Notification Policy dated 4/20 documents: All significant changes in the resident status are thoroughly assessed and physician notification is based on assessment finding and is to be documented in the medical record. Medical care non-emergency problems are communicated to the attending physician and family in a timely, concise and thorough manner generally within twenty-four hours or sooner. Responsible party is to be notified of change in condition.</p> <p>(B)</p>	S9999		