Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ COMPLETED C IL6007181 B. WING 11/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **304 MAPLE AVENUE** ARCADIA CARE AUBURN AUBURN, IL 62615 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation 2148442/IL140261 S9999 Final Observations S9999 Statement of Licensure Violation: 300.610a) 300.1010h) 300.1210b) 300.1210c) 300.1210d)1) 300.1210d)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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a Attachment A resident's condition that threatens the health. Statement of Licensure Violations safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest

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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ C IL6007181 B. WING 11/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **304 MAPLE AVENUE** ARCADIA CARE AUBURN **AUBURN. IL 62615** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 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. 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 1) Medications, including oral, rectal, hypodermic. intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician. These requirements were not met as evidenced Based on observation, interview and record

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: \_ COMPLETED C IL6007181 B. WING 11/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 304 MAPLE AVENUE ARCADIA CARE AUBURN **AUBURN, IL 62615** SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 review, the facility failed to provide adequate wound treatment, timely updates to physician of wound deterioration, and failed to administer antibiotics as ordered by the physician for one of 3 residents (R7) reviewed for wounds in the sample of 13. This resulted in R7's surgical incision becoming infected with Methicillin Resistant Staphylococcus Aureus (MRSA) and dehiscing, requiring R7 to undergo surgical debridement of the wound. Findings include: On 11/19/21 at 9:17 AM, V18 (Certified Nursing Assistant/CNA) gave R7 a shower and washed R7's hair. V18 then notified V5 (Licensed Practical Nurse/LPN) that R7 was ready for V5 to change R7's dressing to her right hip. V5 entered the shower room and washed her hands and put on gloves. V5 removed the old dressing that was dated with yesterday's date from the incision. The old dressing had a half dollar sized area of dark red drainage on it. V5 washed her hands and applied a new dressing over the drainage without cleansing the wound first. V5 stated, "The order states to put on a dry dressing, so that is what I did." R7's Face Sheet documents diagnoses as Methicillin Resistant Staphylococcus Aureus Infection (MRSA), Unsteadiness on Feet, Fracture of Unspecified Part of Left Clavicle, Personal History of Breast Cancer, Hypertension, and Repeated Falls. R7's Minimum Data Set (MDS) dated 10/1/21 documents R7 is alert and oriented, and requires extensive assist with bed mobility, transfers and toileting.

**FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6007181 11/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **304 MAPLE AVENUE ARCADIA CARE AUBURN AUBURN, IL 62615** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 R7's Care Plan dated 11/11/21 documents R7 is on isolation related to MRSA found in surgical wound on her right hip. Under interventions, it includes, "Provide medications as ordered and report any signs and symptoms of adverse reactions to the MD (Medical Doctor) as needed." R7's Hospital Discharge Instructions dated 9/24/21, following hospitalization for fractured hip. document, "Comments: Take medications as prescribed and return for worsening symptoms." The Follow-up instructions include: Contact Physician for the following problems: \*Notify surgeon with signs and symptoms of infection: temperature greater than 101F, redness, warmth or tenderness around your incision, increased swelling around your incision, drainage or odor from your incision. Under Wound Care, Drain Care or Dressing Instructions, it documents: Discharge Wound Care Instructions: Treatment: Keep splint/dressing dry and intact; Keep Mepilex in place. Okay to shower with Mepilex in place." R7's Treatment Administration Record (TAR) dated 9/1/21 - 9/30/21 documents the order. "Surgical incision to right hip - Monitor for s/s (signs and symptoms) of infection every shift until healed." The start date of this order was 9/29/21 even though R7 was readmitted on 9/24/21. There was no order for treatment of incision with Medilex dressing. R7's TAR dated 10/1/21 - 10/31/21 documents the same order to monitor R7's surgical incision for s/s of infection every shift. R7's TAR dated 11/1/21 - 11/30/21 documents a new order on 11/1/21: Cleanse surgical site to

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right hip with normal saline. Pat dry. Apply maxorb to wound bed. Cover with dry dressing

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6007181 11/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 304 MAPLE AVENUE **ARCADIA CARE AUBURN AUBURN, IL 62615** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 TID (three times a day) and prn (as needed). According to this TAR, this treatment was not done as ordered on 11/2/21 (missed on night shift). 11/4/21 (only done once), 11/5/21 (not done on that date), 11/6/21 (only done on night shift), 11/7/21 (not done on that date), 11/8/21 (only done once on that date) and 11/9/21 (not done on that date). A new order documented on the TAR with start date of 11/12/21 documents: Surgical Incision to right hip - Monitor for s/s infection. Apply dry dressing daily and prn until healed. R7's Progress Note dated 10/13/21 at 1:02 AM documents, "Surgical incision slightly red by area of eschar. Continue to monitor." R7's Progress Note dated 10/13/21 at 3:43 PM documents, "Writer called to therapy room to assess surgical site to right hip. Part of scar tissue with scab showing redness/inflammation with area noted to have yellow colored drainage. MD (Medical Doctor) made aware as well as (surgeon's) office. Awaiting further orders at this time." According to R7's TAR there was no treatment being done to R7's surgical incision at this time. There was no documentation of a physician response to the notification of incision showing s/s of infection or further interventions by staff until 6 days later when R7's Progress Note dated 10/19/21 at 9:15 AM documents, "Called (primary care physician) and spoke with (staff) and informed them of her right hip incision. It has black scab on the upper half of the incision. The peri-wound is red and warm scant amount of greenish drainage reported by agency night nurse." R7's Progress Note dated 10/19/21 at 2:57 PM

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED				
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ARCADIA CARE AUBURN 304 MAPLE AVENUE AUBURN, IL 62615									
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	ROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD BE S-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5) COMPLETE DATE				
S9999	Continued From page 5		S9999						
39999	documents, "Writer him of resident's incan antibiotic order." R7's Progress Note documents, "Writer was sent to a voice left a message requents, "Receiventibiotic, Keflex 25 every 6 hours for 5 hip at surgical site. I pulled from the stat received 8 days after showing s/s of infectorders for wound tredocumented that the R7's Progress Note documents, "Antibio surgical incision with continues to be redocumented that the R7's Progress Note documents, "Antibio surgical incision with continues to be redocuments," "R7's Progress Note documents," "R7's Progress Note documents, "Writer"	called ortho doctor to inform cision assessment and to get Waiting on a call back."  dated 10/20/21 at 11:30 AM called ortho doctor again and mailbox. Writer once again lesting an antibiotic."  dated 10/21/21 at 3:18 PM red order to start resident on 0 milligrams (mg) by mouth days for infection in her right Order put in and medication med safe." This order was ar R7's incision started tion. There were no treatment extment even though it was a wound was draining.  dated 10/27/21 at 3:07 AM ratic completed for infection to nout adverse reactions. Site dened and slightly warm and w drainage from center where a cleansed with normal saline dated 10/27/21 at 12:02 PM phoned (surgeon's) office hiscence (the separation of	24444						
	the edges of a surgi mail left. Area showinfection. (R7) recent antibiotics for this re this time to recommon appointment to be so R7's Progress Note	cal wound) to right hip. Voice ing signs and symptoms of itly completed round of ason. Awaiting return call at end oral antibiotic/culture and							

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE COMP	(X3) DATE SURVEY COMPLETED					
		IL6007181	B. WING		C 11/23/2021						
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE							
ARCADIA CARE AUBURN  304 MAPLE AVENUE AUBURN, IL 62615											
(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 7		S9999								
	appointment with (surgeon) to debride/cleanse incision site to right hip."										
	R7's Progress Note dated 11/9/21 at 4:30 PM documents, "Resident back in facility from appointment today with (surgeon). Wound vac in place and suctioning properly. Not to be removed until Wednesday."										
	order date range of documents an order Clavulanate Tablet & 1 tablet by mouth ev				ev Va						
	11/5/21 documents Clavulanate 500-12: Tablet every 12 hour daily for 14 days. The on it had a handwritt that documented, "F	ation was ordered on 11/5/21	ed.								
	dated 11/1/21 - 11/30 receive doses of Am 500-125 mg as orde 11/9/21 (AM dose m AM and PM doses), 11/14/21 (PM dose r and PM dose missed 7 doses of her antibio ordered. Correspond 11/12/21, 11/13/21, 1 document her antibid	ninistration Record (MAR) 0/21 documents R7 did not exicillin-Pot Clavulante Tablet red on the following dates: issed), 11/12/21 (missed both 11/13/21 (PM dose missed), missed), 11/15/21 (both AM d). This indicated R7 missed otic in first week it was ding progress notes dated 11/14/21, and 11/15/21 otic was not available on illity's pharmacy manifest		est Al							

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