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 IL6011381 12/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1095 TWILIGHT DRIVE** ARCADIA CARE MORRIS **MORRIS, IL 60450** 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) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint 2179443/IL141548 S9999 Final Observations S9999 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 Attachment A physician of any accident, injury, or significant Statement of Licensure Violations

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

change in a resident's condition that threatens the health, safety or welfare of a resident, including,

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
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S9999	Continued From pa	ge 1	S9999				
	but not limited to, the manifest decubitus of five percent or manifest percent or manifest The facility shall obtain of care for the	ne presence of incipient or ulcers or a weight loss or gain ore within a period of 30 days. tain and record the physician's care or treatment of such hange in condition at the time				W)	
	Section 300.1210 G Nursing and Person	eneral Requirements for hal Care					
	care and services to practicable physical well-being of the reseach resident's complan. Adequate and care and personal cresident to meet the care needs of the resident.	ude, at a minimum, the					
		care-giving staff shall review ble about his or her residents' care plan.	į				
	resident's condition, emotional changes, determining care red further medical evalu- made by nursing sta- resident's medical re-	servations of changes in a including mental and as a means for analyzing and quired and the need for uation and treatment shall be off and recorded in the ecord.				±ii	
	nursing care shall in	clude, at a minimum, the e practiced on a 24-hour,					

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C IL6011381 **B. WING** 12/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1095 TWILIGHT DRIVE** ARCADIA CARE MORRIS **MORRIS, IL 60450 SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD) BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 2 S9999 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 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Regulations were not met as evidenced Based on observation, interview, and record review, the facility failed to identify a pressure ulcer prior to becoming a stage 3 for one resident (R2), failed to identify one wound prior to stage 2 for two residents (R2, R3), failed to implement physician orders for wound care for one resident (R3). These failures resulted in R2 obtaining an

pressure ulcer care.

The findings include:

avoidable Stage 3 pressure ulcer. These failures apply to 2 residents (R2, R3) reviewed for

1. R2's electronic face sheet printed on 12/28/21

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PRINTED: 02/05/2022 FORM APPROVED

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to right buttock identified on 12/6/21."

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 IL6011381 B. WING 12/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1095 TWILIGHT DRIVE ARCADIA CARE MORRIS **MORRIS, IL 60450** SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 R2's weekly skin observations dated 12/11/21 and 12/18/21 showed open area to right upper buttock with treatment in place. No new skin issues identified. R2's wound physician evaluation and management summary dated 12/22/21 showed. "Stage 3 pressure wound of the right buttock. duration greater than 16 days. Surgical excisional debridement today. Stage 2 pressure wound of the left buttock; duration greater than 7 days." The facility's weekly pressure/non-pressure injury log dated 12/17/21 showed, "Acquired Pressure Ulcers: (R2) identified on 12/6/21 right buttock stage 3, left buttock stage 2 identified on 12/15/21." R2's physician orders dated 12/1/21 showed. "Cleanse superior right buttock with normal saline, pat dry, and apply calcium alginate to wound bed and cover with island dressing." No wound care orders were documented for R2's left buttock pressure ulcer. On 12/22/21 at 10:46 AM, R2 stated, "I have been here 2-3 months and have sores on my butt. I'm not sure how many I have but they don't take good care of the sores as far as I can tell. I never should have gotten them; my family are the ones that finally had them look at my butt and they found the first sore. After that, I don't know how many others I have right now. They finally got me a cushion for my recliner that I sit on and that seems to be helping." On 12/22/21 at 10:15 AM, V5 (Licensed Practical Nurse-LPN) stated, "We do skin checks weekly

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and check all wounds daily and on shower days.

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 IL6011381 12/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1095 TWILIGHT DRIVE ARCADIA CARE MORRIS MORRIS, IL 60450** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 5 S9999 Any new skin concerns are documented and forwarded to the wound care nurse. We notify the doctor if the wound care nurse isn't here and put an initial treatment in place until wound care can assess it. The aides see residents' skin multiple times each day so there's really no reason why we shouldn't be able to prevent wounds from occurring unless a resident refuses care or something like that but we would have to document that." On 12/22/21 at 11:05 AM, V4 (LPN) stated, "Any new wounds identified should be reported to the nurse immediately who then notifies the resident's physician and begins treatment right away. Failure to do this could result in the wound getting worse." On 12/28/21 at 10:48 AM, V7 (wound care nurse) stated, "(R2) has one wound on each buttock and they were both acquired here at the facility. Wounds should definitely be identified prior to a stage 3 but he never notified us of any discomfort. His family actually asked us to assess his skin and that's when we found the first wound on 12/6/21. The second wound was identified on 12/15/21. We do skin checks weekly and on shower days for every resident. I'm not sure why his weren't found earlier." On 12/29/21 at 10:00 AM, V13 (wound physician) stated, "(R2) has a stage 3 pressure ulcer on his right buttock and a stage 2 pressure ulcer on his left buttock. My first visit with him was on 12/6/21 when he acquired a stage 3 ulcer on his right buttock. On 12/15/21 another wound was discovered on his left buttock and is a stage 2. He was not admitted with either of these wounds. they were both acquired at the facility. These wounds are avoidable and should have been

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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S <b>9</b> 999	Continued From page 6		S9999			
	recliner all day and have added that on ulcer can be avoida are being done. The as a moisture asso	ge 2 or stage 3. He sits in his didn't have a cushion, so we for him. I think any pressure able if the prevention measures ese wounds probably started ciated skin breakdown and essed before they were		8		
	Prevention Guidelin "Policy: To prevent of pressure ulcers and existing pressure ul facility to implement for all residents who have a pressure ulc Care: 1. Inspect ski close attention to be	titled, "Pressure Ulcer les" dated 7/25/2018 showed, the formation of avoidable it to promote healing of cers, it is the policy of this t evidence-based interventions of are assessed at risk or who her presentPreventive Skin in while providing care, paying ony prominences3. Avoid dent on an area of redness		źi i		
	showed R3 has diag	nce sheet printed on 12/28/21 gnosis including but not ulcer of sacral region, Stage 2, ness, difficulty in walking, and		- Act		
	R3's facility assessr R3 has no cognitive	ment dated 12/16/21 showed impairment.				
	sore on my left butto skin tag that gets ca goes. I know I have	AM, R3 stated, "I have a cocks that is healing but it's a aught at times. It comes and another area back there but I can't see it. I didn't have the when I came here."	2			
		d 12/19/21 showed, "(R3) 2 to her sacrum, with		E		

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(X3) DATE SURVEY

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STATEMENT OF DEFICIENCIES

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S <b>99</b> 99	Continued From page	ge 7	S9999			
S9999	increased risk for ac wound healing. Info resident/family/care breakdown. V7 (wothat R3 did not com 2 pressure ulcer to open blister to her le R3's shower sheets showed no open are R3's undated week! "Sacrum pressure ufacility on 12/15/21, R3's weekly skin ob showed, "Sacral wo The facility's weekly log showed, "Acquirulcer on sacrum ide R3's wound physiciadated 12/22/21 showed in the showed in the sacrum ide R3's wound physiciadated 12/22/21 showed in the sacrum ide R3's wound physiciadated 12/22/21 showed in the sacrum ide R3's wound physiciadated 12/22/21 showed in the sacrum ide R3's wound physiciadated 12/22/21 showed in the sacrum ide R3's wound physiciadated 12/22/21 showed in the sacrum ide R3's wound physiciadated 12/22/21 showed in the sacrum ide R3's wound physiciadated 12/22/21 showed in the sacrum ide R3's wound physiciadated 12/22/21 showed in the sacrum ide R3's wound physiciadated 12/22/21 showed in the sacrum ide R3's wound physiciadated 12/22/21 showed in the sacrum ide R3's wound physiciadated 12/22/21 showed in the sacrum ide R3's wound physiciadated 12/22/21 showed in the sacrum ide R3's wound physiciadated 12/22/21 showed in the sacrum ide R3's wound physiciadated 12/22/21 showed in the sacrum ide R3's wound physiciadated 12/22/21 showed in the sacrum idea R3's wound physiciadated 12/22/21 showed in the sacrum idea R3's wound physiciadated 12/22/21 showed in the sacrum idea R3's wound physiciadated 12/22/21 showed in the sacrum idea R3's wound physiciadated 12/22/21 showed in the sacrum idea R3's wound physiciadated 12/22/21 showed in the sacrum idea R3's wound physiciadated 12/22/21 showed in the sacrum idea R3's wound physiciadated 12/22/21 showed in the sacrum idea R3's wound physiciadated 12/22/21 showed in the sacrum idea R3's wound physiciadated 12/22/21 showed in the sacrum idea R3's wound physiciadated 12/22/21 showed in the sacrum idea R3's wound physiciadated 12/22/21 showed in the sacrum idea R3's wound physiciadated 12/22/21 showed in the sacrum idea R3's wound physiciadated 12	dditional skin breakdown and rm the givers of any new area of skin und care nurse) confirmed e into the facility with a Stage her sacrum and only had an eft buttock upon admission.  dated 12/16/21 and 12/19/21 eas or skin tears to R3's skin.  y wound evaluation showed, alcer stage 2 acquired in first observation."  servation dated 12/20/21 und, treatment in place."  pressure/non-pressure injury ed: (R3) stage 2 pressure	S9999			
		rs showed no treatment in I wound from 12/15/21 thru	<b>19</b>			
	stated, "I saw (R3) for days after she was a	0 AM, V13 (wound physician or the first time on 12/15/21, 2 admitted, for a Stage 2 r sacrum. I initiated treatment				
	stated, "(R3) has a s	8 AM, V7 (wound care nurse) stage 2 pressure ulcer to her care physician saw her 2 days		\$1 M		

(X2) MULTIPLE CONSTRUCTION

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING			(X3) DATE SURVEY COMPLETED C 12/29/2021			
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	treatment right awa show that we starte	12/15/21) and started y. I'm not sure why it doesn't d treatment but I'm sure we o we didn't catch her wound hould have."		₩ ₩					
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