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 IL6009120 B. WING 07/22/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1021 WEST E STREET** ST PAUL'S SENIOR COMMUNITY BELLEVILLE, IL 62220 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG TAG DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigations 2245721/IL149273 2245574/IL149089 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)5) 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 b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological Attachment A well-being of the resident, in accordance with Statement of Licensure Violations each resident's comprehensive resident care plan. Adequate and properly supervised nursing

Ilinois Department of Public Health

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

TITLE

(X8) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS CITY S	STATE, ZIP CODE		07/22/2022	
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		BELLEVI	LLE, IL 6222				
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	care and personal cresident to meet the care needs of the re	care shall be provided to each total nursing and personal esident.					
	d) Pursuant to subscare shall include, a and shall be practice seven-day-a-week b	ection (a), general nursing it a minimum, the following ed on a 24-hour, pasis:					
	5) A regular program pressure sores, heat breakdown shall be seven-day-a-week be enters the facility wit develop pressure so clinical condition densores were unavoidal pressure sores shall services to promote and prevent new pressure sores pressure sores and prevent new pressure sores are sores and prevent new pressure sores shall services to promote and prevent new pressure sores are sores and prevent new pressure sores are sores a	n to prevent and treat t rashes or other skin practiced on a 24-hour, asis so that a resident who hout pressure sores does not res unless the individual's nonstrates that the pressure able. A resident having receive treatment and healing, prevent infection, ssure sores from developing.					
- i	These requirements by:	were not met as evidenced					
1 1 1 1	alled to assess, mon changes for 1 of 4 res pressure ulcers in the esulted in R1 being t	nd record review, the facility altor, and treat pressure ulcer sidents (R8) reviewed for a sample of 12. This failure transferred to the hospital for bridement of his right gluteal			į	εū	
F	indings Include:						
P	R8's Braden Scale for Risk dated 6/22/22 do ressure ulcers.	Predicting Pressure Sore ocuments is at high risk for			*		
_ 6	8's Admission Minim /29/22 documents fo ent of Public Health	r bed mobility the resident is				76	

FORM APPROVED 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 IL6009120 B. WING 07/22/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1021 WEST E STREET** ST PAUL'S SENIOR COMMUNITY BELLEVILLE, IL 62220 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 an extensive assist of 2 staff persons. R8's TAR (Treatment Administration Record) dated 6/22/22 documents cleanse open areas to right and left buttock and coccyx with normal saline every shift and apply mepllex (absorbent foam dressing). There were no measurements for these areas. This order was discontinued on 6/22/22. R8's TAR dated 6/23/22 documents cleanse open areas to right and left buttock and coccyx, and apply Triad cream (barrier cream). R8's Wound Line List dated 6/29/22 documents the deep tissue injury to the Coccyx measures 9 centimeters (cm) x 5 cm. (no change in treatment on this date.) There was no documentation of any assessment or measurements prior to this. R8's Physician Order Sheet dated 6/30/22 documents consult wound management. R8's Wound Consultant Form dated 7/1/22 documents the Wound measures 9 x 8.5x 0.1. R8's TAR dated 7/1/22 documents cleanse buttocks wound apply soaked Dakins and cover with a dry dressing twice daily. The Triad Cream was continued for 2 days after the open area was found before there was a change in treatment. The wound measurement increased from 9 x 5 cm to 9 x 8.5 x 0.1 in 2 days R8's Health Status Note dated 7/1/22 documents "wound doctor came in today and debrided the area on resident buttocks, resident has a new order for area to be cleansed with wound

cleanser apply soaked Dakins gauze and cover with dry foam dressing. MD also recommended

	Department of Public	Health	25		FOR	MAPPROVE	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	LE CONSTRUCTION	Town DA	TE 01 (7)	
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	1	_	03333				
	treatment well resident	he resident. resident tolerated dent POA (Power of Attorney)	1			ĺ	
	was called and voice	e mail to call the facility to get					
	more information. re	esident will continue to be		•			
	mornitored."						
	Dal- Division of		J			1	
	documento elegan	er Sheet (POS) dated 7/1/22				1	
1	Dakins, and cover w	buttocks wound apply soaked	ł	•			
	Daktilo, and OOVE	or a dry dressing.					
	R8's Health Status I	Note dated 7/5/22 at 5:54 PM					
- 1	documents "wound	to left buttock appears dark in					
1	color with odor. Find	lings reported to V11 (Nurse				1	
	Practitioner /NP) alo	ong with picture via er present and aware.					
ĺ	Findings reported to	nursing administration along	ł				
İ	with V11 (NP). Await	ting further orders."	ł				
	82						
- 1	R8's Health Status N	lote dated 7/5/22 at 6:06 PM	1				
1	documents daughter	present and took pictures of	1	•			
-	Hospital) hospital an	th surgeon at a (local d resident to be sent out for				i 1	
. 1	debridement. V11 (N	P) made aware					
	•	4.7				l	
	R8's Health Status N	lote dated 7/5/22 at 6:26 PM,	.]				
1	Ambulance in buildin	g to transport resident to					
	(local nospital.) Daug	phter and son present at the ident transferred from bed to	[,	
	stretcher by (emerge	ncy medical technicians)	}	•			
	EMS x2 and staff x2	without incident.					
			1.			ļ.	
	R8's Pressure Ulcer	Care Plan was not	}				
1	accumented in the E	lectronic Health Record.		•		ĺ	
	R8's Regional Teach	ing Hospital records dated				1	
	7/5/22 documents he	(R8) presents from nursing					
	home on account of t	vorsening decubitus wound.					
4	associated with fever	. He was admitted to the	[[
1	rehab facility about 1.	5 weeks ago. The patient's					
5	son is a nurse at this	facility, and he reached out					

	Department of Public	Health			FORM	APPROVED			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY			
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ALALAS OF PROPERTY OF CALLEY			DDRESS, CITY, STATE, ZIP CODE			07/22/2022			
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÷	to the patient's (R8) surgeon. R8's decubitus involves both gluteal regions. the upper portion is a stage 2. The right gluteal is large and unstageable due to brown dying skin. The patient (R8) was admitted, surgery treating for wound debridement of right buttock.								
	the Wound several the pictures the nighthospital and it never also saw the patient what happen I did rethe stated I sleep on could turn himself."	5 AM, V11 (NP) stated, "I saw times it was just pink. I saw at he (R8) went out to the looked like that. V13 (MD) (R8). I honestly have no idea amind the resident to turn, and my left side. The resident R8's MDS documents R8 ssist of 2 staff persons for							
	"They did a bedside wounds and he will g	AM, V12 (POA) stated, Debridement on my dad's go back to the operating room urgery and a wound vac."							
		(A)				1			
×									
nois Departm	ent of Public Health								