PRINTED: 08/24/2022

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: IL6007116 B. WING 07/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 SOUTH LINCOLN INTEGRITY HC OF SMITHTON SMITHTON, IL 62285 **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation: 2245277/IL148734 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210a) 300.1210b) 300.1210c) 300.1220b)3) 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. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician

Illinois Department of Public Health

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

of any accident, injury, or significant change in a resident's condition that threatens the health.

safety or welfare of a resident, including, but not

limited to, the presence of incipient or manifest

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

Illinois D	epartment of Public	Health	10.5	. 164	FOR	MAPPROVED	,
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION 3:	(X3) DAT	TE SURVEY MPLETED	
		IL6007116	B. WING		07	C //25/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY.	STATE, ZIP CODE		123/2022	
INTEGRI	TYHC OF SMITHTON	107 SOUT	TH LINCOLI N, IL 62285	N			
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	percent or more wit facility shall obtain a of care for the care injury or change in a notification.	a weight loss or gain of five hin a period of 30 days. The and record the physician's plan or treatment of such accident, condition at the time of					
N I	Section 300.1210 G Nursing and Persor	eneral Requirements for al Care		:			
	with the participation resident's guardian applicable, must descomprehensive care includes measurable meet the resident's and psychosocial neresident's comprehe allow the resident to practicable level of inprovide for discharg restrictive setting barneeds. The assessment the active participation applicable. (Section	3-202.2a of the Act)					
	and services to attai practicable physical, well-being of the reseach resident's complan. Adequate and pare and personal caresident to meet the care needs of the resident.	rovide the necessary care n or maintain the highest mental, and psychological ident, in accordance with prehensive resident care properly supervised nursing are shall be provided to each total nursing and personal sident.					
	be knowledgeable at	oout his or her residents'					

Ilinois Department of Public Health

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DAT	E SURVEY
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	respective resident	care plan.				
	Section 300.1220 S Services	upervision of Nursing				
	b) The DON shall s nursing services of	upervise and oversee the the facility, including:				
	each resident based comprehensive ass and goals to be accumulated and personal care a representing other sactivities, dietary, are are ordered by the part the preparation of the plan shall be in writing	essment, individual needs omplished, physician's orders, and nursing needs. Personnel, services such as nursing, and such other modalities as physician, shall be involved in the resident care plan. The ang and shall be reviewed and with the care needed as				
	These requirements by:	were not met as evidenced				
	review, the facility fa assessments and da act on a change of o (R2) reviewed for wo	on, interview, and record iled to perform weekly skin aily wound treatments, and condition for 1 of 3 residents bunds in the sample of 5. This worsening skin condition and 2.				
	Findings include:					[
*	documents R2 has a	print date of 07/18/22, diagnosis of Type II d Cerebral Infarction.			-	

Illinois E	Department of Public	Health		· · · · · · · · · · · · ·	FORM	APPROVE
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		107 9011	TH LINCOLN			
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	R2's Minimum Data documents R2 is co	a Set (MDS), dated 06/02/22, ognitively intact.		5		
12	Completed on 06/2 occasionally incontiskin complications. also has a diagnosi 05/15/22, Medical issue. 05/29/22, Rig 07/07/22, Noted disand top of foot, dark adequate skin integ 05/15/22 Treatment podiatrist. 07/01/22 07/07/22 Order reconstruction area for signification: odor, drain Medical Doctor (ME Observe and assess documents "Skin as	st Care Plan Review 3/22, documents "Skin: (R2) is inent of bladder and at risk for "It further documents "(R2) is of Diabetes Mellitus (DM). Is sue to right great toe, toenail ght great toenail came off. Is coloration to right toenall, toe is purple in color. Will maintain grity throughout next review. It per orders and referral to X-ray obtained of right foot, elived for Doppler to right foot, elived for Doppler to right foot, pssible." It also documents gns and symptoms (s/s) of nage, color, size. Notify b) of abnormal findings. Is regularly." It further Is sessment weekly, Treatment Great toe as ordered."	8			
	R2's Nurses Note, of documents "Reside pain to right foot, up great toe noted to hof infection. Small a drainage noted under Slight redness and sodor noted. Vital Sigoxygen (02) saturation (RA). V10, Nurse Programmer Wound Care Physic Mediprocity (secure Received new order Clindamycin 450 mill	dated 05/15/22 at 9:36 AM, nt (R2) complained of (C/O) on inspection residents right ave signs and symptoms (s/s) mount of blood tinged er toenail of right great toe. Swelling noted no warmth or gns (v/s) 98.3, 20, 78, 122/78, on (sat) 98% on Room Air ractitioner (NP), and V8, ian made aware via messaging platform).				

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: \_\_\_ B. WING IL6007116 07/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 SOUTH LINCOLN INTEGRITY HC OF SMITHTON SMITHTON, IL 62285 **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 4 S9999 twice a day (BID), and to set resident (R2) up an appointment with podiatrist. Power of Attorney (POA), (V19) made aware of the above." R2's Nurses Note, dated 05/15/22 at 1:45 PM. documents "Antibiotics delivered at this time. First dose given." R2's Nurses Note, dated 05/16/22 at 1:36 PM, documents "Temperature, Pulse, Reparations (TPR), 97.8, 18, 68, 140/68, 96% RA. Resident (R2) continues on Antibiotic (ABT) /Related to (RT) great toe infection. No Adverse Side Effects (ASE) noted. Denies any pain or discomfort at this time." R2's Nurses Note, dated 05/16/22 at 10:22 PM. documents "resident (R2) continues ABT/ RT right toe infection temperature (t) 98.5, pulse (p) 77, respirations (r) 18, blood pressure (b/p) 123/68, no complaints of pain (c/p), or discomfort noted, all care given as per care plan." R2's Nurses Note, dated 05/17/22 at 7:06 AM, documents "Resident (R2) continues (cont) on ABT/ RT right toe infection no c/p or discomfort noted. " R2's Nurses Note, dated 05/19/22 at 2:42 PM. documents "Resident (R2) remains on ABT / RT right Great toe. No ASE noted PO fluids encouraged. Denies pain or discomfort at this time." R2's Nurses Note, dated 05/22/22 at 1:24 PM, documents "ABT for right toe complete; No ASE or changes noted; vitals Within Normal Limits (WNL); no s/s of infection noted."

Illinois Department of Public Health

STATE FORM

R2's Nurses Note, dated 05/23/22 at 2:06 PM,

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_				<u> </u>	DEFICI	ENCY)		
	S9999	Continued From page	ge 5	S9999				
		documents "Resider	nt (R2) remains on ABT follow					
		up (F/U) R/T right gr	reat toe, no ASE noted, PO				ŀ	
		fluids encouraged. T	reatment (TX) continues as				•	
		ordered well tolerate	ed by resident denies pain or					
		discomfort at this tin	ne."					
		Dala Niversa Nata d	lata 1 05/00/00					
		documents "Pesider	lated 05/23/22 at 6:02 PM, nt (R2) continues ABT F/U for	i				
		infection to right toe	no ASE, changes or					ļ
		complaints of (c/o) p	pain noted; vitals WNL; fluids			•		
		offered and encoura	ged; resting quietly at this			,	1	I
		time; call light within	reach."				i .	l
		DOI: Nivene Nate of	at d 05/04/00 at 45 54 54	ĺ				ı
	1	documents "Residen	ated 05/24/22 at 12:51 PM, of (R2) remains on ABT F/U	}				
		R/T right great toe. n	no ASE noted, PO fluids					
		encouraged. TX con	tinues as ordered well					
		tolerated by resident	. Denies pain or discomfort at					ĺ
		this time."						ı
	8	D2'o Nurooo Noto de	oted 05/04/00 -1.0.00 D14					
	1	documents "Residen	ated 05/24/22 at 9:26 PM, It (R2) remains on ABT F/U	]				ı
	1.	R/T right great toe. n	o ASE noted, PO fluids	1			1	
		encouraged. TX cont	tinues as ordered well					
	1	tolerated by resident	(R2). Denies pain or					
		discomfort at this time	e."					
		P2's Nurses Note de	ated 05/05/00 =1 4.40 A14				1	
	1	documents "Resident	ated 05/25/22 at 4:18 AM,					
	2	Clindamycin related to	o infection to right great toe				ĺ	
	1	on 05/19/22. Great R	ight toe assessed and			•	P.	
		appears discolored re	elated to previous application					
	1.	of betadine. Noted ha	ardened black scab around				İ	
		toenail. Toe and foot s	slightly swollen. Also noted					
		lower right extremity	edematous plus 2 (+2) with					
		reaness noted to inne	er aspect of right lower				- 1	
		extremity. Readened : fouch, and resident or	area is swollen, warm to omplains of pain upon					
		nalpation of area. Will	i alert day nurse to notify					
		family and MD of resid	dent's current condition and					
	1 7							

Illinois Department of Public Health

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were sent as well as insulin and syringes. Family was educated on the above. Pts (R2's) daughter

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:** A. BUILDING: COMPLETED C IL6007116 **B. WING** 07/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **107 SOUTH LINCOLN** INTEGRITY HC OF SMITHTON SMITHTON, IL 62285 SUMMARY STATEMENT OF DEFICIENCIES (X4)D ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 called up to facility around 7pm stating that she was looking at pts (R2's) toe and was upset that she was not made aware of the situation. She voiced concerns regarding pt (R2) getting in to see a podiatrist stating that she had requested this months ago. As of 7/1/22 there is an active order for pt (R2) to be evaluated by podiatry. A note will be left for MDS nurse/admins to ensure that referral is followed up with. Family stated that pt (R2) was doing well otherwise, no further concerns were voiced at that time." R2's Nurses Note, dated 07/06/22 at 1:42 AM. documents "This nurse spoke with the staff member assigned to patient (R2) podiatry referral. Staff member stated that she had been in contact with the appropriate office, had left several messages, and was going to attempt to make contact again tomorrow. Will touch base with staff again tomorrow and update pt (R2) and family when able." R2's Nurses Note, dated 07/06/22 at 10:49 AM. documents "Podiatrist referral faxed to (V20, Podiatrist) 1-618-857-2698. Will advise family when appointment (appt) is scheduled." R2's Nurses Note, dated 07/07/22 at 2:26 AM, documents "No word from podiatry office throughout evening or night shift, pts (R2's) POA (V19) called facility to check on referral update. Info was given to POA, will pass on to day shift to follow up again with podiatry office in the am and update family with appointment date." R2's Nurses Note, dated 07/07/22 at 10:57 AM, documents "Resident (R2) has a podiatry appointment on 7/21/22 at 10am with (V21. Podiatrist)."

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**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:** A. BUILDING: \_ COMPLETED C IL6007116 B. WING 07/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **107 SOUTH LINCOLN** INTEGRITY HC OF SMITHTON SMITHTON, IL 62285 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE 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 8 S9999 R2's Nurses Note, dated 07/12/22 at 11:01 AM. documents "This nurse (V3) sent message thru Mediprocity to (V8). Resident (R2's) right great toe is slightly swollen, no warmth to touch, faint pedal pulses also noted. Toe is taut and tight. (V8) sent message back thru Mediprocity and continue same order, betadine BID." R2's Nurses Note, dated 07/12/22 at 12:28 PM. documents "Resident (R2) requested to go to local hospital Emergency Department (ED) in regard to her right great toe wound. This nurse (V3) contact (V10) and (V8) via Mediprocity for order and received. Order placed and POA was notified. Emergency Medical Services (EMS) was called. Local Hospital was called, and report was given. Administrator (ADM) aware." R2's Nurses Note, dated 07/13/22 at 7:28 AM, documents "Call placed to local hospital. Spoke with (V22), Nurse at Center 136. Resident (R2) was admitted with osteomyelitis." R2's Weekly Skin Record, dated 05/10/22 at 9:29 AM, documents "Skin warm and dry to touch. color natural, skin turgor fair, no open or red areas noted. Peripheral Pulses Palpable (PPP) X 2 no edema noted." R2's Weekly Skin Record, dated 05/17/22 at 9:29 AM, documents "Skin warm and dry to touch. color natural, skin turgor fair, no open areas noted, no red areas noted. Right great toe remains slightly swollen and small amount of drainage noted to under toe nail on right great toe, ABT and TX continues as ordered. PPP X 2 no edema noted." R2's Weekly Skin Record, dated 05/20/22 at 9:10

linols Department of Public Health

AM, documents "Skin warm and dry to touch.

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 IL6007116 **B. WING** 07/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 SOUTH LINCOLN INTEGRITY HC OF SMITHTON SMITHTON, IL 62285 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 9 S9999 color natural, skin turgor fair, no open areas noted. Right great toe shows improvement no redness warmth or swelling noted ABT continues as ordered Tx continues as ordered." R2's Weekly Skin Record, dated 05/27/22 at 9:10 AM, documents "Resident skin intact; no new areas noted; area to rt toe healing; ABT complete." R2's Weekly Skin Record, dated 06/03/22 at 9:10 AM, documents "Skin warm and dry to touch, color natural, skin turgor fair, no open or red areas noted. TX continues to right great toe R/T lifted toe nail that fell off no S/S of Infection noted no redness warmth, swelling or drainage noted no Odor noted. PPP X2 no edema noted." R2's Weekly Skin Record, dated 06/24/22 at 9:10 AM, documents "No new redness, skin tears or redness noted." R2's Weekly Skin Record, dated 07/01/22 at 9:10 AM, documents "Skin warm and dry to touch; intact; no open areas or redness." R2's Weekly Skin Record, dated 07/08/22 at 9:10 AM, documents "Resident is currently in the hospital." Review of R2's electronic medical records on 07/14/22 at 2:30 PM, does not show any documentation from V8 that he has seen R2. R2's Electronic Medical Record was reviewed on 07/14/22 at 3:30 PM, and 21 days elapsed from the Weekly Skin assessment done on 06/24/22

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until the one done on 07/01/22. R2's electronic medical records has no documentation that she was in the hospital on 07/08/22. It doesn't

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S9999	Continued From pa	ge 10	S9999		<del></del>	
	document that she requested to be ser 07/12/22 at 12:28 F	went to the hospital until she nt out for evaluation on PM.				
	documents R2's wo 05/15/22. Site of No right, Type of Non-F of wound, PT= Part Thickness: PT, Size D=Depth centimete from previous week	nd Care Log, dated 06/07/22, bund "Facility Acquired date: on-PU: great toe, Side of body: PU other: scabbed area, Stage ial Thickness, FT=Full at L=Length, w=width, or (cm): pin point, Progression at no change, Current at BID, Date of last Tx change:				
	documents R2's wo 05/15/22, Site of No right, Type of Non-P of wound: PT= Parti Thickness: PT, Size D=Depth (cm): pin p previous week: no c	d Care Log, dated 06/14/22, und "Facility Acquired date: in-PU: great toe, Side of body: PU other: scabbed area, Stage al Thickness, FT=Full in: L=Length, w=width, point, Progression from thange, Current treatment: of last Tx change: daily."				
	documents R2's wor 05/15/22, Site of Noright Type of Non-PU other off, Stage of wound, FT=Full Thickness: I D=Depth (cm): pin p previous week: no cl Betadine BID, Date of further documents "C The Facility's Wound documents R2's would	d Care Log, dated 06/21/22, und, "Facility Acquired date: n-PU: great toe, Side of body: er: scabbed area- toenail fell PT= Partial Thickness, PT, Size: L=Length, w=width, oint, Progression from hange, Current treatment: of last Tx change: daily." It Care Plan updated: PRN."  I Care Log, dated 06/28/22, und "Facility Acquired date: n-PU: great toe, Side of body:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6007116			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		07	C /25/2022	
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	right Type of Non-PU oth wound, PT= Partial Thickness: PT, Size D=Depth (cm): pin progression from progressi	ner: scabbed area, Stage of Thickness, FT=Full e: L=Length, w=width, point revious week: no change, Betadine BID				
	documents R2's word object to the control of the co	evious week: Changes in treatment: Betadine, Date of			**	
	05/15/22, documents	oply to Right Great toe				
1	the month of May 20 receive the ordered t	inistration Record (TAR), for 22, documents R2 did not reatment of Betadine great toe on Thursday 05/19				

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 B. WING IL6007116 07/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **107 SOUTH LINCOLN** INTEGRITY HC OF SMITHTON SMITHTON, IL 62285 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 12 S9999 at 4 PM, Sunday 05/22 at 8 AM, and 4 PM, Monday 05/23 at 4 PM, Tuesday 05/24 at 4 PM. Wednesday 05/25 at 4 PM, Thursday 05/26 at 4 PM, and Saturday 05/28 at 8 AM, and 4 PM. R2's Physician's Order, with an order date of 06/26/22, documents "Betadine Solution (Povidone-lodine) Apply to Right Great toe topically every day and night shift for infection." R2's TAR, for the month of June 2022. documents R2 did not receive the ordered treatment of Betadine Solution to her Right great toe on Monday 06/06 at 4 PM, Tuesday 06/07 at 4 PM, Wednesday 06/08 at 4 PM, Thursday 06/09 at 4 PM, Friday 06/10 at 8 AM and 4 PM, Sunday 06/12 at 4 PM, Saturday 06/18 at 8 AM and 4 PM, Saturday 06/25 at 8 AM and 4 PM, Monday 06/27 at 4 PM, and Thursday 06/30 at 4 PM. R2's Physician's Orders, with an order date of 07/01/22, documents Betadine Solution (Povidone-lodine) Apply to Right Great toe topically every day and night shift for infection. R2's TAR, for the month of July 2022, documents R2 did not receive the ordered treatment of Betadine Solution to her Right great toe on Friday 07/01 on the AM or PM shift, Saturday 07/02 on the AM shift, Sunday 07/03 on either the AM or PM shift, Monday 07/04 on either the AM or PM shift, Tuesday 07/05 on either the AM or PM shift. Wednesday 07/06 on the PM shift, Sunday 07/10 on PM shift, and Monday 07/11 on either the AM or PM shift. R2's Emergency Department records, dated 07/12/22 at 1:46 PM, document Right foot: necrotic wound to the right great toe. Used

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	Doppler to detect De	orsalis Pedis (DP) pulse.	ľ			
	07/12/22 9:11 PM, of the local hospital wit Osteomyelitis, unspirand Toe gangrene.	partment records, dated locument R2 was admitted to the diagnosis of ecified site, unspecified type, partment records, dated	-			
	07/12/22 at 10:08 Pi osteoarthritis on x-ra Plan to admit with vascular consult.	M, document Possible ay. Will start vancomycin.				
	purple and red disco bottom of her foot. S shiny, and warm to the the right foot was mis missing some of the	O AM, R2's right foot had dark loring noted to the top and kin was noted to be tight, he touch. The great toe on ssing the toenail and was skin around where the 2's Rt. Great toe was also or).				
	haven't been putting every day, nor do the either. She said she a facility to look at her to she was ok. R2, state foot is a different cold (V10) said it was ok fR2 said that she had both said everything the wanted to go out	AM, R2 stated that they the betadine on her toe by look at her toe every day asked for a doctor out of the toe, and the facility told her ed, "I know I'm not ok, my or." R2 said that the NP from the test she had done. a Doppler and an x-ray, and was ok. Resident stated that to the ER to have it (foot) ed, "I don't want to lose my				
	Nursing (DON), and to	AM, V3, Interim Director of his surveyor went in to ther. V3 stated that she is				

llinois Department of Public Health

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	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G:	(X3) DAT	E SURVEY
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	She said that she do often. V3, stated, "the treatment, her toe do said that when she are checks for color, ter and that it should be treatment is done. So document in the propand she would define wound doctor if there of the last time V8 cames of the last time V8 cames of the last time V8 cames of the last to be sent out would get an order for them out. She said so out to the hospital	id not look like that." She assesses the resident she app., swelling, pedal pulses, assessed every time the she stated that she would gress notes any changes, itely contact the doctor or e were any changes.  1 PM, V3, DON, stated that he to the facility was on not see her (R2), but that cause no one brought it to his oe. V3 said that if a resident to the hospital that she from her doctor and send he did not hear R2 request to l. V3 stated that she would				
	that was when the to the toenail had come scab noted to the end anything for him to the continued the prescriber toe, after that he primary doctor.  On 07/14/22 at 8:35 / she has no notes or of Care Physician seen great toe.  On 07/14/22 at 12:05	AM, V8, Wound Care t he only seen R2 once, and enail came off. He said that off and that there was only a d of her toe, so there wasn't				

Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED ·C IL6007116 B. WING 07/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 SOUTH LINCOLN INTEGRITY HC OF SMITHTON SMITHTON, IL 62285 SUMMARY STATEMENT OF DEFICIENCIES (X4) D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) S9999 Continued From page 15 S9999 She said that it was sometime back in the beginning of June 2022, and that it did not look like it did when she seen it on 07/12/22. V3 said that the toenail was gone and that there was only a small area noted to her toe. V3 stated that she would expect the nurses to daily wound documentation on a wound. She would expect them to document if the wound had any signs & symptoms of infection, any redness, any drainage. V3 stated that if there were a change in condition that they would contact V8 or V10. V3 said that she would send them a message on Mediprocity along with a picture, and let the physicians know she noticed that the area didn't look like that the last time she assessed it. V3 stated that if the CNA's were to notice a change in condition, she would expect them to notify the nurse, the nurse would follow up with an assessment, and send the doctor a note. On 07/20/22 at 10:10 AM, When V10, NP was questioned about R2 having green tinged drainage from her rt. great toe bed, and would she expect the nurses to monitor for any changes of condition of R2's toe, and document on it more than once a week, V10, stated, "I can't answer that question. You will have to talk to (V9, Primary Care Physician)." V10 said she did not have any messages in her Mediprocity that the facility notified her about the drainage. V10 said V8, Wound care physician, was treating R2's toe. This surveyor explained to V10, V8 had told the surveyor he had signed R2's care back over to her primary care physician, V10, stated "Is there an order for that." V10 said she ordered a Doppler because R2 was still complaining of pain, and she (R2) was still not having any toenail growth, so she (V10) wanted to check the blood flow in R2's foot. V10 said V8 was in on the text

message about the Doppler, and she (V10) said linois Department of Public Health

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he (\don't order toe, see he would like.	V8) did not quest see that pt." Vered the betadingshe said that Vered they may lead they may lead they ment. When Vered to know the said she were foot, she would contact the farms to the said she would contact the farms.	stion it and did not state "I '10 also stated she never be solution treatment for R2's 8 is the one who ordered that. have put the order in under has never ordered a betadine '10 was questioned if she had be condition of R2's toe would be thing about it, V10 stated she of exactly what the toe looked could have asked for a picture ld want v/s taken, and she mily to see what they would nted that person to be sent				£.
On 0 states order also s asses	hen she would 7/20/22 at 10:2 d that she woul is for treatment stated that she ss the wound w	send them out to the hospital.  7 AM, V1, Administrator, id expect the nurses to follow s and to complete them. She would expect the nurses to then treating it. When V1 was in the nurses assess the				1
woun	d if the treatme	ents aren't being done, V1, er that question."				(f)
quest docur 06/21 R2 los 06/03 that h know,	ioned about the ments that R2's /22, but R2's N st her Rt. great /22. The Week er lifted toenail	O PM, V1, Administrator, was Wound care log, and why it Rt. great toenail came off on urses Notes documents that toenail on 05/29/22, and on ly Skin Record documents had fell off, V1 stated I don't e wound nurse is to update		æ: ⊗	**	
On 07	7/22/22 at 3:39	PM, V1 stated that she		9.		E)
		-Wound CareTeaching				
ois Department of TE FORM	f Public Health		899 246	JP11		

**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:** A. BUILDING: COMPLETED C IL6007116 **B. WING** 07/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 SOUTH LINCOLN INTEGRITY HC OF SMITHTON SMITHTON, IL 62285 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) COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 17 S9999 Protocols, with a Reviewed date of November 2019, documents the following "Certified Nurse Assist (CNA's): Skin check with Activities of Daily Living (ADL's) & 100% Skin check with bath/shower. Report any changes in skin to the charge nurse." It further documents, "Charge Nurse: Report wound area to physician during same shift discovered whenever possible, obtain order for treatment of wound, Order to include: Method of cleansing, Type of treatment, Specific location of area to be treated, Type of dressing or "leave open to air", Frequency of how treatment is to be performed, Treatment ending date." It later documents, "Complete weekly assessment of wound to include wound location, size in cc, shape, color, depth and presence of drainage, necrotic tissue, granulation present." It further documents, "Document on in Nurse's Note notification, interventions & current skin condition/wound description, Notify the physician of any changes in skin integrity or lack of progress." It documents, "Director/Assistant Director of Nursing: Assure inclusion of necessary interventions for prevention & treatment based on standards of practice and policy and procedure (P&P), Assure completion and documentation of daily skin checks on Treatment Administration Record (TAR), Assure completion of weekly progress note that includes wound location, size in cc, shape color, depth and presence of drainage, necrotic tissue, granulation present, and Assure treatment completed as ordered." It goes on to document, "Assure physician notification of changes in skin integrity. presence of signs & symptoms of infection and/or lack of healing progress." It also documents. "Discuss wound weekly in Interdisciplinary Team (IDT) meeting-Document review in nurse's notes." It further documents, "Administrator:

Assure above parties listed complete tasks as

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	Plans and charting	ove tasks, Review MDS, Care to determine compliance with and procedure. Review				
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