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 IL6005466 B. WING 08/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1440 NORTH 10TH STREET QUINCY HEALTHCARE & SR LIVING **QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure and Certification 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 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 Attachment A Statement of Licensure Violations Section 300.1210 General Requirements for

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LABORATORY 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:** A. BUILDING: ___ COMPLETED B. WING IL6005466 08/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1440 NORTH 10TH STREET QUINCY HEALTHCARE & SR LIVING **QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 Nursing and Personal Care 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: 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. These regulations were not met as evidenced by: Based on observation, interview and record review, the facility failed to identify risk factors and implement measures to prevent the development of pressure ulcers for one of four residents (R26) reviewed for pressure ulcers in a sample of 25. These failures resulted in R26 developing an unstageable pressure ulcer to the left heel and a stage two pressure uicer to the COCCVX. Findings include: A Prevention of Pressure Injuries policy dated as revised 4/2020 states, "The purpose of this procedure is to provide information regarding identification of pressure injury risk factors and interventions for specific risk factors." This policy instructs to, "Conduct a comprehensive skin assessment upon (or soon after) admission, with

each risk assessment, as indicated according to

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R26's Wound Assessment dated 7/24/22 to

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ensure I have a pressure relieving mattress on

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: B. WING IL6005466 08/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1440 NORTH 10TH STREET QUINCY HEALTHCARE & SR LIVING **QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 4 S9999 my bed, and cushion in my wheelchair," and "Apply preventive barrier cream to my skin after cleansing me, and as needed." This care plan does not include any revisions for the prevention of skin integrity issues, such as pressure ulcers. until 7/5/22 which is after R26 developed the unstageable pressure ulcer to her left heel. R26's care plan intervention dated 7/5/22 states, " Apply heel protectors to both my feet and off load my heels when I lay down." This care plan does not include any additional interventions were added after 7/5/22 until 8/2/22, which is after R26 developed the stage 2 pressure ulcer to her coccyx on 7/24/22. R26's care plan intervention added as of 8/2/22 states, "I take high protein supplements to help my skin heal." On 8/9/22 at 10:30a.m. R26 was seated in a recliner in her room with her feet elevated on a footrest. There were fabric quilted boots on R26's feet with cut out areas in the heels leaving the heels exposed. R26's heels were resting on the footrest of the recliner without any part of the boot protecting R26's heels. R26's left foot appeared to be bent abnormally forward indicating R26 had foot drop. R26 was also seated directly on her buttocks/coccyx without a pressure relief cushion in place. There was a high-backed wheelchair in the corner of R26's room which also did not have a pressure relieving cushion in place. V3 (Certified Nurse Aide/CNA) and V4 (CNA) entered R26's room and proceeded to transfer R26 to the bed using a mechanical lift. Once R26 was lowered to the bed, V3 and V4 provided total assistance to turn R26 from side to side while

they performed a skin observation and

incontinence care. V3 verified R26 did not have a pressure relief cushion in her recliner stating that R26 has never had a cushion in her recliner since R26's admission to the facility. V3 also verified

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repositioning schedule should be more frequently

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ROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY
A. BUILDING: ______ COMPLETED

IL6005466

B. WING_

08/11/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

QUINCY HEALTHCARE & SR LIVING 1440 NORTH 10TH STREET QUINCY, IL 62301				
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, W	than every two hours. V1 verified that no additional pressure ulcer prevention measures were put into place after the initial interventions were added 4/19/22 until after R26 developed a left heel unstageable pressure ulcer on 7/2/22. V1 verified no new pressure ulcer preventive measures were added after R26 developed her left heel pressure ulcer and before she developed the stage 2 pressure ulcer to her coccyx 7/24/22. V1 stated that R26's weight loss was addressed by the facility's Registered Dietitian, but no new pressure relief interventions were implemented based on R26's increased risk for the development of pressure ulcers as a result of significant weight loss. V1 verified that R1's pressure relief boots were not implemented until after R1 developed the unstageable pressure ulcer to her left heel. V1 stated that R26 did not use a pressure relief cushion in her recliner because it made R26 sit too high and increased her fall risk.			
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