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:** A. BUILDING: _ COMPLETED B. WING IL6012991 08/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 MARIAN PARKWAY VILLAHEALTH CARE EAST SHERMAN, IL 62684 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX 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 Survey S9999 Final Observations S9999 Statement of Licensure Violations: 1 of 2 300.610a) 300.1210b) 300.1210d)2) 300.1210d)5) Section 300.610 Resident Care Policies 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 The facility shall provide the necessary b) care and services to attain or maintain the highest

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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

TITLE

Attachment A

Statement of Licensure Violations

(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 IL6012991 08/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 MARIAN PARKWAY VILLAHEALTH CARE EAST SHERMAN, IL 62684 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 resident to meet the total nursing and personal care needs of the resident. Pursuant to subsection (a), general d) nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: All treatments and procedures shall be administered as ordered by the physician. 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 requirements are not met as evidenced by: Based on observation, interview and record review, the facility failed to identify, monitor and provide treatments as ordered to prevent the worsening or formation of pressure ulcers for 3 of 4 residents (R41, R6 and R22) reviewed for pressure ulcers in the sample of 37. This failure resulted in R41's Stage III pressure ulcer worsening to an unstageable pressure ulcer. Findings include: 1. R41's Current Face Sheet Documents R41 was readmitted on 7/25/22 with diagnoses of Peripheral Vascular Disease, and Chronic Kidney Disease.

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 IL6012991 08/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 MARIAN PARKWAY **VILLAHEALTH CARE EAST** SHERMAN, IL 62684 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 R41's Minimum Data Set (MDS) dated 8/1/22 documents R41 is cognitively intact and requires extensive assistance of one staff member for transfer, dressing, toileting and personal hygiene. R41's Care Plan dated 8/4/22 documents to provide wound care per treatment order. R41's Braden Pressure Ulcer assessment dated 7/25/22 documents R41 is a high risk for pressure uicers. R41's Physician Order (PO), start date 7/29/22 documents "Silver sulfadiazine cream 1% Apply to Left lateral foot topically every day shift for Pressure Injury. Cleanse wound with normal saline, apply cream to open area, apply dry gauze and cover with optifoam daily." R41's Physician Order (PO), start date 7/29/22. documents "Apply Double Cream to left inner ankle for excoriation daily, every day shift." On 08/09/22 at 11:16 AM, V14 Licensed Practical Nurse, Wound Nurse, provided wound dressing changes to R41. R41's left heel and left outer ankle (lateral foot) old dressing was dated 8/7. R41's left lateral foot had a black scabbed area with a small amount of clear drainage on R41's old left lateral dressing noted. No measurement was taken. R41's right heel old dressing was dated 8/6. V14 verified the dates on R41's dressina. On 8/10/22 at 9:31 PM, V14, stated she wasn't able to get all the treatments done on Monday so R41 had left R41's wound dressings to be done by the staff nurses and they did not get done.

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V14 verified that R41 had an order for daily silver

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
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S9999	Continued From pa	ge 3	S9999	- 1		16 kg	
	old dressing dated a heel dressing dated changed daily. V14 night shift and they treatments if she is to since date is from resident gets silver a has not gotten as or R41's Skin Assessm R41 has a left heel p (cm) by (x) 2.8 cm, r 4.8 cm and a left out cm x 2 cm x 0.2 cm, R41's Skin Assessm R41's left heel press Right heel pressure,	eent dated 7/25/22 documents pressure ulcer 3 centimeters ight heel pressure 5.7cm x ter ankle pressure ulcer 3.4 stage 3 pressure ulcer. ent dated 8/3/22 documents ure ulcer is 2.1cm x 1.3 cm, 4.7cm x 4.5 cm x 0.1cm and all foot) pressure ulcer 4.3				4	
	to left inner ankle and 8/7/22, however obseintact wound dressin verified treatment ha 8/6 and 8/7/22. On 08/11/22 11:18 Al (DON) stated she expected when treat expects wound treatre physician orders.	wed ordered daily treatment deleft lateral foot on 8/6 and dervation on 8/9/22 of R41's gand interview with V14 denot been completed since MV2, Director of Nursing pects staff to document treets are done and	19				

Illinois Department of Public Health STATE FORM

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 IL6012991 B. WING 08/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 MARIAN PARKWAY VILLAHEALTH CARE EAST SHERMAN, IL 62684 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX **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 4 S9999 and double cream. R41 stated she expects the facility to follow the order. The Facility's Wound and Ulcer Policy and Procedure dated 1/10/2018 documents: It is the policy of this facility to provide nursing standards and for assessment, prevention, treatment, and protocols to manage residents at any level of risk for skin breakdown and for wound management. Protocols may include any or all of the following based upon the needs and condition of the resident. Additional measures may be added at the discretion of the facility. Weekly skin checks, changes in condition are promptly reported. When a resident is found to have a wound: document assessment of the wound, initiate treatment protocol, document wound/ulcer treatment on treatment administration record. Assessment of progress toward healing is completed at least weekly, if there is regression, the physician is notified of the condition change. treatment per physician orders until the wound and/or ulcer is healed 2. R22's Admission Record, print date of 8/10/22, documents that R22 was admitted on 9/30/2011 with diagnoses of End Stage Renal Disease, Type 2 Diabetes, Hypertension and fracture of the left femur (7/22/22). On 8/9/22 at 8:31 AM, R22 was in the dining room with left leg immobilizer covering her pants. R22's MDS, dated 7/29/22, documents that R22 is cognitively intact, requires extensive assistance of 2 staff members for bed mobility and R22 is totally dependent on 2 staff members for transfers.

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R22's Ulcer/Wound documentation, dated

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 IL6012991 08/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 MARIAN PARKWAY VILLAHEALTH CARE EAST SHERMAN, IL 62684 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 7/23/22, document, "Date ulcer/wound was initially identified: 7/23/22. L (left) heel outer Pressure 0.3 (cm) length, 0.4 (cm) width, 0.1 (cm) depth. Suspected Deep Tissue Injury, Peri wound Skin: Deep purple tissue over bony prominence." R22's Ulcer/Wound documentation, dated 7/27/22, document, "Date ulcer / wound was initially identified: 7/23/22. Left heel. Pressure 1.7 length, 1.3 width, 0.1 depth. Suspected Deep Tissue Injury. Peri wound Skin: area is purple in color, skin intact." There were no documented Ulcer/Wound assessment in R22's medical record from 7/27 through 8/10/22. R22's July and August 2022 Treatment Administration Records (TARs), documents, "Left heel: Cleanse area with skin integrity, pat dry. apply xeroform open area, cover with optifoam centie. Change daily. Float heels on pillow when in bed. Start date 7/25/22." There was no documentation R22's treatment was done on 7/26/22, 7/28/22 and 8/1/22. R22's Physician's Order, dated 8/1/22 with start date of 8/2/22, documented "Left heel: Cleanse area with skin integrity, pat dry, apply skin prep. cover with optifoam gentle. Change daily. Float heels on pillow when in bed. Every day shift." R22's Ulcer/Wound documentation, dated 7/23/22, document, "Date ulcer/wound was initially identified: 7/23/22. Right buttock 2.5 cm length, 3.3 cm width, 0 depth. Stage 1. Peri wound Skin: intact but fragile. Scant drainage." There was no documented Ulcer/Wound

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 IL6012991 B. WING 08/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 MARIAN PARKWAY **VILLA HEALTH CARE EAST** SHERMAN, IL 62684 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 6 S9999 assessment in R22's medial record from 7/23/22 through 8/9/22. R22's July 2022 TAR documents, "Right buttocks: Cleanse area with Skin integrity, pat dry and apply Exuderm change Q (every) 3 days every day shift every 3 day(s) for open area -Start Date 07/25/2022 0600 D/C (discontinue) 07/28/2022." R22's August 2022 TAR documents" Right buttocks: Cleanse area with Skin integrity, pat dry and apply Exuderm change Q 3 days every night shift every 3 day(s) for open area -Start Date 07/28/2022." R22's Ulcer/Wound documentation, dated 8/9/22. document, "Date ulcer / wound was initially identified: 7/23/22. Right buttock 1.5 cm length, 1.6 cm width, 0.1 depth. Stage II. Peri wound Skin: Area has a 100% granulation tissue with macerated edges. Scant drainage." R22's pressure ulcer had increased in depth and was now classified as a Stage II pressure ulcer. R22's Ulcer/Wound documentation, dated 7/23/22, document, "Date ulcer/ wound was initially identified: 7/23/22. Left ankle (outer) bruising 0.7 cm (centimeters) length, 0.7 cm width, 0 depth. Unstageable. There was no other Ulcer/Wound documentation in R22's medical record regarding R22's left outer ankle pressure ulcer/pressure injury. There were no treatments orders documented in R22's medical record for R22's left ankle pressure ulcer. R22's Ulcer/Wound documentation, dated 7/23/22, document, "Date ulcer / wound was initially identified: 7/23/22. Right inner ankle

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 IL6012991 B. WING 08/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 MARIAN PARKWAY VILLA HEALTH CARE EAST SHERMAN, IL 62684 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPRO PRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 (outer) pressure 0.5 cm (centimeters) length, 0.8 cm width, 0.1 depth. Suspected Deep Tissue Injury. Peri wound Skin: Deep purple tissue over bony prominence." There was no other wound/pressure documentation for R22's medical record regarding R22's right ankle pressure ulcer/pressure injury. There were no treatments orders documented for R22's right ankle in R22's medical record. R22's Ulcer/Wound documentation, dated 8/9/22, documents, "Date ulcer / wound was initially identified: 7/23/22. Right heel: Pressure. 1.0 length, 0.9 width, 0.1 depth. Suspected Deep Tissue Injury. Peri wound: Area is purple in color skin intact. There was no other wound/pressure ulcer documentation in R22's medical record prior to 8/9/22 regarding R22's right heel pressure ulcer/pressure injuries. R22's July and August TARs document, "Right heel: Clean heel with skin integrity, pat dry, apply skin prep and allow to air dry. Cover with Optifoam gentle. Change daily. Float heels on pillow when in bed every day shift for soft heel. -Start Date 07/25/2022 0600." R22's TAR does not document R22's treatment to her right heel was completed on 7/26/22 and 7/29/22. R22's Ulcer/Wound documentation, dated 8/9/22. documents, "Date ulcer / wound was initially identified: 8/09/22. Coccyx. Pressure. 10 (cm) length. 8.5 (cm) width. 0.1 (cm) depth. Stage II. Peri wound: Area has small stage 2 pressure injuries with DTI (deep tissue injury) surrounding.

Illinois Department of Public Health
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	New treatment in pla	ace. Scant drainage."				
	area on coccyx and	TAR documents, "Cleanse apply exuderm to coccyx and days and PRN. start date of		sk:		89
	week was really bus measurements were	04 AM, V14, stated, that one sy and that is why the en't done and that she did not went over 2 weeks without	u.			
Tip Control of the Co	Nurse/Wound Nurse the left heel and right left heel old dressing area the approximat covered in a scab, the down to the back of in the heel. The area prep was applied the dressing. R22's left of tissue injury the application appears to be fithat R22 is wearing, applied. R22's right pale pink skin over it.	M, V14, Licensed Practical e changed R22's dressings to not heel. V14 removed R22's g. R22's left outer heel has an te size of a quarter that is hen there is a line that runs the heel with a small open slit a was cleansed, and sure en covered with a foam outer upper ankle had a deep roximate size of a dime. The from the immobilizer brace No dressing/treatment was outer heel pressure ulcer has t. R22's coccyx wounds were ed related to R22's extreme		Ti and the second secon	, o	μ <u>ν</u>
-	8/10/22, documents, and apply exuderm to days and PRN (as no area on coccyx and change every three coshift every 3 days. Loskin integrity, pat days.	ary Report, print date of "Cleanse area on coccyx to coccyx and change every 3 eeded). as needed. Cleanse apply exuderm to coccyx and days and PRN. every night eft heel: Cleanse area with y, apply skin prep, cover with ange daily. Float heels on				8 4

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 IL6012991 B. WING 08/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 MARIAN PARKWAY VILLAHEALTH CARE EAST SHERMAN, IL 62684 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 9 S9999 pillow when in bed, every day shift, Right heel: Clean heel with skin integrity, pat dry, apply skin prep and allow to air dry. Cover with Optifoam gentle. Change daily. Float heels on pillow when in bed every day shift for soft heel." On 8/11/22 at 11:19 AM, V2, Director of Nursing stated, "I would have expected that the nurses would have caught (R22's) coccyx wound before it got as big as it did." 3. R6's Admission Record, dated 8/10/22, documents that R6 was admitted 10/13/2020 and has diagnoses of Major Depressive Disorder and Hypertension. R6's MDS, dated 8/5/22, documents R6 is severely cognitively impaired and requires extensive assistance of 1 staff member for dressing. R6's Health Status Note, dated 7/31/22, documents, "Area on res (resident) left outer ankle has re-opened, area measures 1cm (centimeters) X 1cm. TX (treatment) was initiated as follows: Cleanse with wound cleanser, pat dry and sure prep peri wound. Apply Xeroform to wound bed and cover with dry drsg (dressing)." R6's Ulcer/Wound documentation, dated 7/3/22, documents, "L (left) outer heel blister 3.0 (cm) x 2.5 (cm) x 0.1 (cm)." R6's Ulcer/Wound documentation, dated 8/2/22, documents, "L lateral heel blister 2.7(cm) x 2.3 (cm) x < 0.1 (cm). Peri wound: Blistered opened up. Area is 75% macerated with some drainage and 25 % granulation tissue." R6 has no other wound documentation available

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S9999	b) The facility scare 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 to mursing care shall in following and shall be seven-day-a-week but 3) Objective ob resident's condition, emotional changes, determining care resulted.	shall provide the necessary of attain or maintain the highest light mental, and psychological sident, in accordance with aprehensive resident care light properly supervised nursing care shall be provided to each estotal nursing and personal esident. subsection (a), general acclude, at a minimum, the perproperly supervised nursing and personal esident.	\$9999				
	Based on interview a failed to identify, mo interventions to addr residents (R34) revie sample of 37. This fa a significant weight I	ress weight loss for 1 of 3 ewed for weight loss in the ailure resulted in R34 having loss of 47.3 pounds indicating					
	a 28.3% weight loss Findings include: R34's Admission Redocuments that R34 and has diagnoses of			3 8	10 CE	٠	

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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) MULTIPL		(X3) DATE SURVEY COMPLETED 08/11/2022		
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	R34's Minimum Dat	a Set, dated 6/21/22,					
	documents that R34	is cognitively intact and	1				
		and one staff member					
	physical assist for d	ining.				<u> </u>	
	P2/I'm Waight Page	ed documents the fellowing				1	
	dates, times and po	rd documents the following					
	8/9/2022 10:01	119.5 Lbs. (pounds)	l i				
	V0101						
	8/3/2022 14:02	119.0 Lbs.					
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100	5/3/2022 17:55	131.0 Lbs. 161.6 Lbs.			79		
	4/19/2022 10:35	158.5 Lbs.					
	4/19/2022 09:49	158.5 Lbs.					
	4/1/2022 11:26	163.6 Lbs.					
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	3/1/2022 09:51	175.2 Lbs.					
99	2/22/2022 16:26	168.0 Lbs.					
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	2/19/2022 10:30 2/18/2022 12:19	166.8 Lbs.					
	2/10/2022 12:19	166.8 Lbs.					
W	There was no docur	nented weight in June 2022.			±		
	This weight log documents R34 had a significant weight loss of 47.3 pounds indicating a 28.3%		1				
			1				
	weight loss in 6 mor	nths.					
	R34's Health Status	Note, dated 6/3/22					
	documents, "Another call out to (V16 Physician)						
	office to request orders regarding res. c/o] [
	(complaint of) gastric reflux. Also requested a		1				
	Pranas needed) ord	er for Zofran per res				j	
	(resident)."						
	P3/1's Health Status	Note, dated 6/15/22,					
llingle Descri	ment of Public Health	THOLE, MAIEU OF 10/22,	1				

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING IL6012991 08/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 MARIAN PARKWAY **VILLA HEALTH CARE EAST** SHERMAN, IL 62684 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (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 DATE DEFICIENCY) S9999 Continued From page 13 S9999 documents, "RD Note-Weight/Skin Review-HT:62 in (inches). Wt:145#'s. BMI=26.5 wnl (within normal limits). DBWR (desired body weight range) =104-148#'s, Wt. within DBWR, Per weight exception report resident had 10.3% decrease in weight times 1 month and 13.1% decrease in weight times 4 months. Noted resident currently on ABT for UTI. Diet Rx: Reg. Reg, thin liquids Appetite is ~51% at meals currently. Meds reviewed and noted tramadol and Amoxicillin added since last review that may decrease appetite and weight; and gabapentin added that may increase appetite and weight. Per 6/13-pressure wound report resident has pressure wounds on left heel, left big toe, and LLE rear times 2. Resident remains on Vit C, Zinc and MVI w/minerals that supports healing. See recommendation to add Liquid Protein 30ml's one time per day to meet her needs for weight maintenance and wound healing of multiple wounds. Monitor and refer to RD Prn." R34's Health Status Note, dated 7/13/22, documents, "per 7/13 wound report resident has pressure wound on left heel and left big toe and DTI (Deep Tissue Injury) on right heel. Diet Rx (prescription): Reg (regular), Reg, thin liquid with Liquid Protein 30 ml one time per day. Appetite is ~26-50% of meals currently. Current wt. (weight): 157#'s. BMI (body mass index) =28.7H DBWR (desired body weight range) =104-148#'s, Wt. above DBWR but within UBWR for resident. Per weight exception report resident had 8.3% increase in weight times 1 month and 10.4% decrease in weight times 4 months. No new nutrition related med (medication) changes since last review. Resident remains on MVI (multivitamin) w (with)/minerals, Vit C (vitamin C) and Zinc that supports healing. No new labs to

assess. No changes recommended at this time.

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 IL6012991 08/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 MARIAN PARKWAY **VILLA HEALTH CARE EAST** SHERMAN, IL 62684 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL 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 14 S9999 Diet and wound supplement along with vitamins and minerals remains appropriate to support healing. Monitor and refer to RD Prn. (Registered Dietician)" On 8/11/22 at 11:19 AM, V2, Director of Nurses (DON), stated that she just noticed (R34's) weight loss at the end of July. V2 also stated that the facility does weekly meeting to discuss weight loss and (R34) did not get noticed until the end of July. V2 also stated that R34 should have been weighed every month. V2 stated that R34 was moved from the rehabilitation wing to the room that she is in and maybe that caused some of the weight loss and also, she was put on Tramadol. V2 stated that R34 did have complaints of acid reflux and she has been seen and received medication for it. V2 stated that she did have an esophagram and she needs to see a specialist. On 8/11/22 at 1:19 PM, V16, Physician, stated, "I am an outpatient internal medicine doctor. (R34) is usually brought to my office by someone. I last saw her on July 27, 2022 and she was concerned about her wounds and her pain. I was unaware. I can only treat what I am told. I was unaware of her weight loss. She is now malnourished. This will not help her wound healing. She needs to be on a calorie count, fortified foods and supplements. I am not sure if her weight loss is a medical problem or it's just because she does not feel good. She has pain from those wounds. We should try and get her pain under control and maybe that will help." R34's August 2022 Order Summary Report. documents. "Weekly weights x 4 in the morning every Tue (Tuesday), Wed (Wednesday) for maintenance for four weeks. Start date 7/27/22.

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Regular diet, thin texture. Liquid Protein 30 ML

FORM APPROVED Illimois 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 IL6012991 08/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 MARIAN PARKWAY **VILLA HEALTH CARE EAST** SHERMAN, IL 62684 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 15 S9999 (milliliters) in the morning for wound healing." The Facility's "Weight Management Policy and Procedure" with a revision date of 2/2016 documents, "Each resident will be weighed at least once a month on a predetermined schedule. All residents will be monitored for significant weight changes to assure maintenance of acceptable parameters of body weight. Residents will be weighed using the same scale and in a consistent manner unless clinical condition warrants the use of a different scale or an altered manner. A change in scale or method will be noted if this occurs. A resident with a weight fluctuation of greater than five pounds (+ or -) will be re-weighed for accuracy. The new weight will be recorded in the medical record. Monthly weights will be obtained by the 10th of each calendar month and the Dietary Manager or designee will review the monthly weights by the 10th of the month. All scales will be calibrated at least monthly by the Facilities staff or their designee. At least monthly, resident weights will be compared to prior weights to identify any significant, severe or insidious weight changes. The Weight and Vitals Exception Report will be reviewed weekly by dietary staff to determine significant weight changes. Parameters of a significant weight change per OBRA (Omnibus Budget Reconciliation Act) guidelines will be used. Weight loss that occurs quicker than the OBRA guideline parameters will be addressed as they occur. (Example: If a 10% weight loss occurs in four months, the weight loss will be addressed at that time.) OBRA weight change parameters document significant change as 5% in 30 days or 10% change in 180 days. Any resident with a significant or insidious weight change will be

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referred to the dietitian for assessment of the residents' condition. They dietitian will implement

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 IL6012991 08/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 MARIAN PARKWAY **VILLA HEALTH CARE EAST** SHERMAN, IL 62684 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (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 16 S9999 any necessary clinical interventions or make recommendations regarding diet and supplementation to the physician. The physician will be notified of any significant weight change and be made aware of any recommendations made by the dietitian. The POA (power of attorney) for health care will be notified of significant weight changes. The interdisciplinary care plan team will assess the resident's overall condition to see if the weight change impacts more than one area of the resident's health status. A significant change assessment will be completed if there is a consistent pattern of changes, with either two or more areas of improvement/decline." (B)