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 B. WING IL6010227 05/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **601 WEST LINCOLN AVENUE CASEYVILLE NURSING & REHAB CTR** CASEYVILLE, IL 62232 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION PREFIX (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) S 000 **Initial Comments** S 000 Complaint # 2243506/IL146578 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)2) 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

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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

PRINTED: 07/28/2022 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: _ C B. WING IL6010227 05/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **601 WEST LINCOLN AVENUE CASEYVILLE NURSING & REHAB CTR** CASEYVILLE, IL 62232 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID 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 TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 resident to meet the total nursing and personal care needs of the resident. 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: 2) All treatments and procedures shall be administered as ordered by the physician.

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 requirements were not met as evidenced by:

Based on interview, observation and record review the facility failed to prevent a pressure ulcer, failed to promote the healing of an existing pressure ulcer, and failed to provide pressure ulcer treatment as ordered for 1 of 3 residents (R2) reviewed for skin breakdown in the sample of 5. This failure resulted in R2 developing a stage 3 pressure ulcer to her coccyx.

Finding include:

R2's Physician Order dated 08/20/21 documents a diagnosis of pressure ulcer of sacral region, stage 3.

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03/21/22, 03/24/22, or 03/27/22.

04/09/22, 04/16/22, or 04/29/22.

R2's April 2022 TAR has no documentation wound care was provided on 04/02/22, 04/07/22,

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wound. Resident has a red area to right proximal thigh consistent with cellulitis- hospital paperwork

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volume of 0.52 cubic cm. There is a moderate amount of serosanguineous drainage noted. Wound bed has 51 - 75% epithelialization.

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will remain in place. Follow up with (contracted

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since. It hasn't had any infection in it." When

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