STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016190	A. BUILDING: _____ B. WING _____	C 05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF PEORIA	6900 NORTH STALWORTH PEORIA, IL 61615

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S 000	Initial Comments Complaint Investigation 223498/IL146562	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1010h) 300.1210b) 300.1210d)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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician 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 decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 of care for the care or treatment of such accident, injury or change in condition at the time of notification. 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. 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. These requirements were not met as evidenced by: Based on interview and record review, The facility failed to provide wound management including assessing, documenting and notifying the medical provider of worsening signs and symptoms of infection for one resident (R1) of three residents reviewed for wound management. This failure	S9999		

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S9999	Continued From page 2 resulted in R1, with a wound infection, requiring hospitalization, intravenous antibiotics, and surgery. Findings include: POS (Physician's Order Sheet) dated 4/2021, indicates R1 was admitted to the facility on 4/17/21 with diagnoses that include Left Gluteal Necrotizing Fasciitis (serious bacterial infection that destroys tissue under the skin), Diabetes Mellitus, Colostomy, Stage 4 (Severe) Chronic Kidney Disease, Multiple Rib Fractures. Admission Progress Note dated 4/17/21 at 4:49pm, indicates R1 was admitted to the facility at 3:50pm (from the hospital). Note indicates R1 had surgery to left gluteal area due to cellulitis "area was debrided due to left gluteal and peri-anal necrotizing fasciitis." Note indicates wound vac to be placed on buttock wound. Admission Skin Assessment dated 4/17/21 at 7:18pm indicates: Coccyx wound 15cm (centimeters) x 32 cm x 10cm (depth) Sacrum wound 15cm x 32cm x 10cm Assessment indicates "Wound vac in place, continuous" No other descriptors of wound were documented. TAR (Treatment Administration Record) dated 4/17/21 to 5/17/21 indicates weekly skin checks were to be done every Saturday (4/17, 4/24, 5/1, 5/8 - 2021). TAR also indicates wound vac dressing was to be changed three times per week on Monday, Wednesday and Friday. All Focused Skin Observations (5/13, 5/12, 5/11,	S9999		

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S9999	Continued From page 3 5/10, 5/9, 5/8, 5/6, 5/4, 4/26, 4/25, 4/24, 4/20, 4/19, 2021) indicate R1's "wound vac in place" - no description or assessment of R1's wound was documented. Wound Management Assessment date 4/28/21 at 1:14am (coincides with wound vac change date on MAR) indicates right buttock wound measures 17cm x 12cm and wound healing status as "stable." No other descriptors of wound were included in assessment. No other wound assessments were found or presented on days wound vac was changed. Nurse Progress Notes dated 4/19/21, 4/20/21 and 4/30/21 indicate R1's wound vac was changed - no description or assessment of wound was included. Nurse Progress Note dated 5/5/21 at 11:17am, indicates V8 (Nurse Practitioner/NP) was in to see R1. Note indicates labs were ordered and pain medications ordered to be given 30 minutes prior to dressing/wound vac change. Note also indicates for staff to call V9 (Wound Surgeon) to see if he wanted a wet to dry dressing to be placed on R1 on the day of wound appointment on 5/25/21. No documentation was found to indicate V9 had been called per V8's recommendation. Nurse Progress Note dated 5/10/21 at 7:17pm indicates "Wound vac changed, R1 having extreme pain during treatment; peri-wound is red, beefy, angry, area toward right buttock has several areas of green slough, area in center draining green pus-like liquid, tunneling noted to	S9999		

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S9999	Continued From page 4 upper area on right side; several areas noted to be purple, bruise-like with foul odor also noted." On 5/5/22 at 10:43am V5 (Licensed Practical Nurse/LPN) stated "The way I described the wound (on 5/10/21) was just the normal way the wound looked. The wound was all the way to the bone. On that day it did seem like the pus was increasing - newer changes." V5 stated that she faxed V8's office to notify of the wound changes/condition. V5 stated that generally R1's wound stayed pretty much the same size but the redness, pus and odor were signs of infection. V5 stated "I think I did request an antibiotic - at least 2 times - especially when the green pus was showing up. At some point V8 (NP) told us to contact the wound physician or surgeon - I don't recall if they were contacted. We send a request or notifications to the clinic then we shred the request." V5 stated that wound assessments are dependent on who changed the dressing. V5 stated they were aware R1's WBC's (White Blood Cells) were also going up. No evidence V8 (NP) or V9 (Wound Surgeon) were ever notified of R1's wound condition or request for antibiotics was ever found or presented. On 5/4/22 at 1:20pm, V4 (Registered Nurse/RN) stated she was R1's nurse and changed R1's wound vac many times. V4 stated that R1's wound had signs and symptoms of infection from the beginning. V4 did not recall ever notifying V8 or V9 of wound condition. On 5/5/22 at 11:15am V6, RN (Registered Nurse) stated that from day one R1's wound had bad odor, then it got worse and permeated out into the hallway. V6 stated they had to empty R1's wound vac canister three times per day. There was so much drainage and that most	S9999		

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S9999	Continued From page 5	S9999		

wound vac canisters only get emptied when the vac gets changed every three days. V6 stated that she doesn't recall ever notifying V9 (Wound Surgeon) at any time. V6 stated that weekly skin assessments are usually in the nurse progress notes.

On 5/6/22 at 11:05am, V8 (NP) stated that with a wound as complex as R1's, if the nurses had notified her of issues with the wound - including signs and symptoms of infection - she would have told them to contact R1's wound physician or surgeon for orders. V8 stated that determining when to send a resident to the hospital with increasing WBC's (Leukocytosis) depends on individual resident status and other clinical information.

NP Notes dated 5/5/21 and 5/13/21 both indicate R1 was seen by V8 on those dates. Both notes indicate: Necrotizing Fasciitis/left gluteal area Excisional Debridement - managed per general surgeon; wound team to follow at facility. Both notes indicate the wound vac was in place during both visits on 5/5/21 and 5/13/21, so the wound was not actually visualized by V8.

Pharmacy manifest dated 4/17/21 to 5/14/21 indicates R1 had not received any antibiotics while at the facility.

Emergency Department note dated 5/14/21 at 6:12pm, indicates CBC (Complete Blood Count) is notable for leukocytosis. Wound is foul-smelling. R1 started on IV (Intravenous) Cefepime (antibiotic used to treat bacterial infections) and Vancomycin (antibiotic used to treat serious bacterial infections) after blood cultures obtained. Surgery was consulted given wound and recent necrotizing fasciitis. Surgery

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S9999	Continued From page 6 noted R1 had a developing abscess which may have been the cause of her leukocytosis. Surgery recommends admitting R1 to medicine service given her multiple medical issues and desire to be placed in a different skilled nursing facility. Surgery will plan for debridement. Emergency Department Note dated 5/14/21 at 8:37pm, indicates R1's wound vac was removed and pocket drained pus and blood. Surgery team advising surgery tomorrow. Clinical Impression: Wound Infection Facility Policy/Wound Care dated 03/04 documents: 1. Observe all wounds and notify physician of signs and symptoms of infection, swelling of the affected part, redness of affected part, and a sensation of heat, along with throbbing pain, tenderness, fever, evidence of pus or red streaks leading from the wound. 5. Current wound status must be documented no less than once per week and should be done on the Treatment Sheet or in the Nurses Notes as they occur. 6. Wound changes and other pertinent observations must be documented in the Nurses Notes as they occur. 7. The Physician must be notified of change in wound status. 9. In the case of drainage containing pus, and/or presence of odor, the physician should be consulted regarding culture and sensitivity of the wound. "A"	S9999		