FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED IL6010037 B. WING 07/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4054 ALBRIGHT LANE WILLOWS HEALTH CENTER ROCKFORD, IL 61103 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) **Initial Comments** S 000 Annual Survey S9999 Final Observations S9999 Statement of Licensure Violations I of II: 300.610 a) 300.1210 b) 300.1210 c) 300.1210 d) 2)3)4)A) 300.1210 d)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 Attachment A Statement of Licensure Violations resident to meet the total nursing and personal care needs of the resident.

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

c) Each direct care-giving staff shall review and

TITLE

(X8) DATE

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Illinois Department of Public Health  STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010037  NAME OF PROVIDER OR SUPPLIER  STREET ADI			(X2) MULTIPLE CONSTRUCTION A. BUILDING:  B. WING			(X3) DATE SURVEY COMPLETED	
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S9999	Continued From pa	ge 1	S9999				
	be knowledgeable a respective resident	about his or her residents' care plan.					
	d) Pursuant to subscare shall include, a and shall be practic seven-day-a-week I	section (a), general nursing at a minimum, the following ed on a 24-hour,					
	<ul><li>2) All treatmer administered as ord</li><li>3) Objective of resident's condition,</li></ul>	nts and procedures shall be lered by the physician. bservations of changes in a including mental and					
	determining care re- further medical eval	as a means for analyzing and quired and the need for uation and treatment shall be aff and recorded in the ecord					
	24-hour, seven-day- include, but not be li A) Each re	re shall be provided on a a-week basis. This shall mited to, the following: sident shall have proper daily				;	
	oral hygiene, in addithe physician.	ncluding skin, nails, hair, and ition to treatment ordered by					
	pressure sores, hea breakdown shall be seven-day-a-week b enters the facility with	t rashes or other skin practiced on a 24-hour, asis so that a resident who hout pressure sores does not					
£8	clinical condition der sores were unavoida pressure sores shall	monstrates that the pressure able. A resident having receive treatment and					
	and prevent new pre	healing, prevent infection, essure sores from developing.  T was not met as evidenced					
	by:	was not met as evidenced					
	Based on observation review the facility fail ment of Public Health	n, interview, and record ed to assess and implement		·			

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: \_ IL6010037 B. WING 07/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4054 ALBRIGHT LANE WILLOWS HEALTH CENTER ROCKFORD, IL 61103 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 2 S9999 treatment orders for a resident with pressure injuries for one of one resident (R25) reviewed for pressure injuries in the sample of 13. These failures resulted in R25's pressure injuries worsening. The findings include: R25's Braden Scale for Predicting Pressure Sore Risk dated 6/23/2022 shows R25 is at risk for pressure injury development. R25's Care Plan started 11/30/21 shows, "Impaired skin integrity related to pressure ulcer plantar aspect of left heel, unstageable. Wound care/dressing change as ordered. Monitor wound progress and document and measure weekly. Notify medical doctor if wound does not demonstrate signs of healing. Wound care nurse to follow." On 7/19/22 at 8:10 AM, V5 (Certified Nursing Assistant/CNA) removed R25's heel protective boot from R25's left heel. There was a large amount of dry drainage in R25's boot in the heel area. There was a washcloth noted inside of the boot in the heel area. R25 had a thick kerlix wrap wrapped around her left heel and foot. There was a large amount of orange/tan drainage noted to the outside of R25's dressing. There was no date on the dressing to verify when the dressing was last changed. V5 replaced R25's heel boot onto her left heel and wheeled her out to the dining room. At 9:30 AM, V5 and V6 (Licensed Practical Nurse/LPN) already had R25 in bed and the dressing to R25's left heel was freshly changed. V6 said she just changed the dressing to R25's left heel. V6 said the pressure injury to R25's left heel had a lot of purulent drainage. V6 said the

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dressing to R25's left heel is usually done 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:** A. BUILDING: \_ COMPLETED IL6010037 **B. WING** 07/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4054 ALBRIGHT LANE** WILLOWS HEALTH CENTER ROCKFORD, IL 61103 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID ID PROVIDER'S PLAN OF CORRECTION PREFX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 night shift. V6 said she did not see a date on the original dressing on R25's left heel. V6 said R25's left heel is necrotic. V6 said the pressure injury is covering R25's entire heel. V6 said she cleansed R25's left heel with peri cleanser, applied (name brand topical treatment) to the wound bed, applied two thick ABD pads, and wrapped the left heel in gauze wrap. V6 said this was the same treatment that V6 originally removed from R25's heel. V6 said the facility has not had a wound care nurse since June 2022. On 7/20/22 08:38 AM, the same dressing was noted to R25's left heel with no drainage noted to the outside of the dressing. R25 still had the same heel protective boots on that had dried drainage in the heel area. R25's Treatment Record for 7/2022 shows R25's wound to left heel was only measured on 7/8/2022 from 7/1/2022-7/18/2022. Orders dated 4/13/2022 for left heel wound-cleanse area and pat dry. Apply skin prep to periwound. Apply (name brand topical treatment) to wound bed cover with calcium alginate. Apply non bordered foam and wrap with (gauze). Change every other day and as needed. R25's progress notes from the nurse practitioner dated 5/10/2022 shows R25's chief complaint was a pressure injury to her left heel, stage 3. "Patient initially with a blood-filled blister to her left heel that was intact and has developed a firm eschar. Wound with significant improvement with recent adjustments to her wound care. Pressure injury to plantar aspect of left heel, unstageable measuring 4.7 cm (centimeters) length X 3.7 cm width X 0.2 cm depth. There is some drainage noted. Will have staff cleanse area and pat dry,

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apply skin prep to periwound, apply (name brand

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Dining Services) said there should not be a black substance on the ceiling above the clean, drying

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