STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013437	A. BUILDING: _____ B. WING _____	05/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND SENIOR LIVING	101 TROWBRIDGE ROAD NEOGA, IL 62447

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Annual Licensure and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 3) 300.610a) 300.1210b) 300.1210d)5) 300.1220b)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 300.1210 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	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1	S9999		

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:

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.

Section 300.1220 Supervision of Nursing Services

b) The DON shall supervise and oversee the nursing services of the facility, including:

3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

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S9999	Continued From page 2 These Requirements were Not Met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure a safe transfer and implement a pressure relieving intervention to prevent pressure wounds for two (R29 and R23) of seven residents reviewed for pressure sores from a total sample list of 39. These failures resulted in R29 developing an unstageable pressure sore and R23 developing a deep tissue injury. Findings include: 1.) R29's undated diagnoses sheet documents diagnoses including pulmonary emboli, muscle contractures, Parkinson's Disease, hypertension, depression, hemiplegia and hemiparesis of the right side and Lewy Body dementia. R29's care plan identifies R29 as at risk for skin integrity due to fragile skin, incontinence, and poor mobility. The interventions listed include using caution during transfer and bed mobility to prevent striking arms, legs, and hands against any sharp or hard surface. R29's Minimum Data Set dated 3/31/23 documents R29 as totally dependent for transfers with lower extremity impairment bilaterally requiring a mechanical lift and the assistance of two persons. R29's Minimum Data Set dated 3/30/23 documents R29 as moderately cognitively intact. On 5/15/23 at 10:30AM, R29 stated that his toes	S9999		

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S9999	Continued From page 3	S9999		

hurt, pointing to his left foot.

The facility provided weekly pressure ulcer wound report dated 5/7/23 to 5/13/23 documents R23 acquired a 1.0 centimeter by 0.6-centimeter unstageable wound to his left great toe on 5/4/23.

On 5/16/23 at 3:27PM, R29 was sitting up in a reclining, positioning chair wearing socks. Upon dressing change, the side of the left great toe was noted to have a scab that was black in color and dime sized.

On 5/17/23 at 9:53AM, V9 (Certified Nursing Assistant/CNA) stated, "R29 got his wound on his toe because they (staff) hit his toe on the (mechanical lift). You have to go slow with these people, or they get hurt."

On 5/17/23 at 11:55AM, V15 (Nurse Practitioner/NP) said that when a (mechanical lift) hits the skin with force, it can obviously cause a wound.

On 5/17/23 at 10:00AM, V2 (Director of Nursing/DON) stated, "I'm not gonna lie, it could have been prevented. We need to do some education."

2.) R23's undated diagnosis sheet documents that R23 was admitted on 10/6/22 for skilled therapy following a hospitalization for repair of a right hip fracture with the following diagnoses: Right Hip Fracture, Dementia, Anemia, Anxiety, Depression, Arthritis, Coronary Artery Disease, Asthma, Hypothyroidism, Kidney disease, Overactive bladder, Obesity, and Vitamin D deficiency. R23 requires a mechanical lift and two assist for transfers.

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R23's skilled evaluation dated 10/31/22 documents R23 has lower extremity impairment bilaterally, for range of motion.

The facility provided weekly pressure ulcer wound report dated 11/4/22 documents R23's deep tissue injury was identified on 10/19/22 on the right heel sized 17.1 centimeters by 4.3 centimeters by 5.2 centimeters with a treatment order to use liquid silicone barrier wipes on the heel.

On 5/17/23 at 9:53AM, R23's heel was reddened with a scab running vertically with the foot. Iodine was also noted on the heel with a boggy appearance.

On 5/17/23 at 9:54AM, V9 (CNA) said, "R23's right heel was open but now it is just red. It wasn't being floated when she got the wound."

On 5/17/23 at 10:05AM, V2 (DON) stated, "R23 came to us with a broken right hip, and she couldn't really move. Her heels didn't get floated like they should have been. The (deep tissue injury) wound happened and then it opened and yes, it was preventable."

On 5/17/23 at 11:48AM, V15 (NP) said that when a resident's heels are not floated and they rest on the bed, the likely result is preventable wounds.

(B)

Statement of Licensure Violations (2 of 3)

300.610a)

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S9999	Continued From page 5 300.1210b) 300.1210d)6) 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. 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:	S9999		

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S9999	Continued From page 6 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These Requirements were Not Met as evidenced by: Based on observation, interview, and record review, the facility failed to prevent a fall for one (R18) of five residents reviewed for accidents on the sample list of 39. This failure resulted in R18 sustaining a right hip fracture requiring surgical intervention. Findings include: R18's Fall Risk Care plan with an initiation date of 10/19/21 documents R18 is at risk for falls due to history of falls, confusion, gait, and balance problems, and R18 is unaware of safety needs. On 5/15/23 at 11:20 AM, R18 was sitting in a wheelchair in the doorway. When asked if R18 has fallen, R18 rubbed the top of her right leg and stated she has broken her leg. R18's Nurse's Notes dated 1/10/2023 at 9:09 PM document, "Nurse was at desk and heard sounds of something falling. Then heard (R18) yell help. When entered room (R18) was sitting at foot of bed yelling my hip is broke my hip is broke. (R18's) right leg had external rotation. (R18) stated she heard the phone ring and had to get up and answer it. (R18) was holding her portable in her hand." This note also documents R18 was sent to the emergency room for evaluation.	S9999		

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S9999	Continued From page 7 R18's Nurse's note dated 1/11/23 at 12:06 AM, documents R18 was admitted to the hospital with a Right Intertrochanteric fracture. R18's Radiology report dated 1/10/23 documents R18 had pain in right hip after a fall. This report documents R18 has an Intertrochanteric hip fracture. R18's Surgical report dated 1/13/23 documents R18's fracture was surgically repaired. R18's Post Fall Evaluation form dated 1/10/2023 at 8:15 PM documents R18's fall was not witnessed and occurred in the Resident's room. The form documents the activity at the time of fall was self-transferring. This form documents the reason for the fall as going to answer the phone. This form documents, a right hip injury resulted due to the fall. This form documents an intervention to place phone within reach. On 5/16/23 at 11:01 AM, V2 (Director of Nursing/DON) walked down to R18's room. V2 stated after R18's fall on 1/10/23 they moved R18's bedside table from the corner of the room to the side of R18's bed so that she could reach her phone. V2 stated her phone was on her nightstand in the corner of the room when she fell on 1/10/23. V2 stated the root cause of the fall was that she tried to get up out of bed to answer the phone and could not reach it and fell. At that time, R18's phone was sitting on the edge of R18's bedside table and was within reach. R18's bed was place near the middle of the room and the corner of the room was approximately five feet from the corner of the room. (A)	S9999		

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S9999	Continued From page 8 Statement of Licensure Violations (3 of 3) 300.610a) 300.1010h) 300.1210b) 300.1210c) 300.1210d)3) 300.1220b)3) 300.1810f) 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	S9999		

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S9999	Continued From page 9 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 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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.	S9999		

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S9999	Continued From page 10 Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. Section 300.1810 Resident Record Requirements f) An ongoing resident record including progression toward and regression from established resident goals shall be maintained. These Requirements were Not Met as evidenced by: Based on observation, interview, and record review, the facility failed to notify the physician of unrelieved pain for two (R1 and R6) of two residents reviewed for pain on the sample list of 39. This failure resulted in R1 having unrelieved back pain causing decreased participation in day-to-day activities. Findings include:	S9999		

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On 5/15/23 at 11:10 AM, R1 stated her pain is never relieved. R1 stated while rubbing the lower part of her back her back hurts right now. R1 stated her pain was at least a nine (9 on a scale of 1 to 10). R1 stated they give her pain medications, but they do not help her. R1 stated she is in constant pain.

R1's care plan dated 3/14/23 documents that R1 has chronic back pain.

R1's MDS (Minimum Data Set) Pain Assessment written by V7 (Care Plan Coordinator) dated 3/2/23 documents R1 almost constantly has pain that makes it hard for her to sleep at night and limits her day-to-day activities. This assessment documents R1's pain as a 10 out of 10 on the pain scale with 10 being the highest.

There was no documentation in the medical record that the physician was notified of R1's MDS pain assessment results.

On 5/16/23 at 1:25 PM, V7 stated she completed the pain assessment for the MDS on 3/2/23. V7 stated she completes this quarterly. V7 stated I looked back and saw she received as needed pain medication a few times. V7 stated I determined that the doctor did not need called since she has as needed pain medications.

On 5/15/23 at 9:14 AM, R1 was calling out that R1 was in pain. At 9:16 AM, V4 (Registered Nurse/RN) asked if she was in pain and R1 stated yes but that Tylenol doesn't do anything and V4 replied that he has Tramadol for her. R1 was squinting her eyes and squirming in bed in an attempt to get comfortable.

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S9999	Continued From page 12 R1's Restorative Program Note dated 3/9/2023 at 1:34 PM, documents R1 walked 70 feet with a wheeled walker with 2 assist and that R1 complains that she has pain in her back all the time. R1's Restorative program Note dated 3/27/2023 at 1:26 PM, documents, "R1 did not want to walk today. She "stated she hurt all over really bad". Nurse is aware." 2.) R6's undated care plan documents that R6 is at risk for pain and that R6 is to be monitored for pain characteristics, including quality, severity, and location. R6's undated care plan documents that R6 is at risk for altered skin integrity due to pressure. R6's minimum data set, dated 5/16/23, documents R6 as cognitively intact. R6's minimum data set, dated 5/9/23, documents R6 requiring extensive assistance for repositioning and transfers. On 5/15/23 at 11:30AM, R6 stated while squirming in his wheelchair, "My butt hurts, I need to lie down. I have a sore on my butt." On 5/15/23 at 12:00PM, R6's undated physician order sheet does not document any scheduled or as needed pain medications. On 5/16/23 at 3:00PM, R6's coccyx was bright red with a recently closed opening at the intergluteal cleft. R6's facial muscles were grimacing.	S9999		

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S9999	Continued From page 13 On 5/16/23 at 3:10PM, V3 (Licensed Practical Nurse/LPN) stated, "This is better, still red but at least it is closed now. I will call the doctor to see if we can get him some pain medicine. On 5/17/23 at 10:08AM, V2 (Director of Nursing/DON) stated, "R6 is incontinent and doesn't move. He doesn't have the proper cushioning to help prevent the pressure sore. I don't see an order for pain control. He needs one, I don't know why he didn't get it yesterday. We have standing orders for pain medication. I will get this taken care of." The Facility's Pressure Ulcer Treatment Policy dated August 2008 documents that pressure ulcer treatment requires a comprehensive approach, including pain control. The Facility's Pain Assessment policy with a revision date of August 2008 documents, "2. Notify the physician of any unrelieved pain." The Facility's Undated Pain Management Program documents, "11. Documentation of assessments and the resident's response to the pain management plan will be made with each assessment. 12. The resident's physician will be notified of the resident's complaints of pain which are not relieved by comfort measures, including pain medications. (B)	S9999		