Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 12/05/2023 IL6009120 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1021 WEST E STREET** ST PAUL'S SENIOR COMMUNITY **BELLEVILLE, IL 62220** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure and Certification S9999 Final Observations S9999 Statement of Licensure Violations: 330.720b) Section 330.720 Admission and Discharge **Policies** No resident determined by professional evaluation to be in need of nursing care shall be admitted to or kept in a sheltered care facility. Neither shall any such resident be kept in a distinct part designated and classified for sheltered care. These Regulations are not met as evidenced by: Based on observation, interview and record review the Facility failed to ensure residents with skilled nursing needs were not being housed in a shelter care facility for 4 of 4 residents (R300. R310, R302, R303) reviewed for admission policies in the sample of 43. Findings include: 1. On 11/28/2023 at 9:03 AM, R300, R301, R302 and R303 were all living on the sheltered care unit of the facility. Attachment A 2. On 11/28/2023 at 9:05 AM, R300 was in his Character Licensure Violations room, and he stated he has a sore on his bottom and staff put bandages on it and do treatments every three days. R300 stated the nurse on duty does his treatments.

Illinois Department of Public Health

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

TITLE

(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: COMPLETED A. BUILDING: B. WING IL6009120 12/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1021 WEST E STREET** ST PAUL'S SENIOR COMMUNITY BELLEVILLE, IL 62220 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 On 11/28/2023 at 9:22 AM, V24, Licensed Practical Nurse stated, "I do treatments on (R300), (R300), has a pressure ulcer on his coccyx that we change every 3 days and then (outside contractor) comes in once a week and does treatment for him as well." R300's Physician Order Sheet (POS) documents he is to have his coccyx area cleaned with NS (normal saline), Pack with Hydrofera Blue, cover with ABD pad, secured with tape every 72 hours for wound to coccyx every three days and as needed. R300's Treatment Administration Record documents he received treatment every three days for the entire month of November 2023. On 11/30/2023 at 10:30 AM, R300 had a pressure ulcer on his coccyx. The open area was about the size of a dime and deep in appearance. The area was not red in appearance around the wound. 3. On 11/28/2023 at 9:15 AM, R301 stated "Staff put powder on me every morning and they put medicine on my shoulders and legs for a rash that I constantly have." On 11/28/2023 at 9:24 AM, V24 stated, "I do an antifungal treatment on (R301) once a day and she has a treatment I do on her shoulders and leas. The area first appeared like cellulitis and now we just put lidocaine on the area two times a day and it looks so much better." R301's POS dated November 2023 documents and order for Diclofenac sodium external gel 1%

diclofenac sodium, (topical), apply to left shoulder

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AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
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(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		COMPLETE	
S9999	Continued From page 2		S9999				
	shoulder. (start date external gel 4% (lid externally every mo to RLW for pain. Storder for Miconazol under left breast top skin rash.	ning at bedtime for apply to (L) e 4/20/2023). Lidocaine ocaine) give 1 application rning and at bedtime for apply art date 4/27/2023 and an e Nitrate Powder 2% apply to bical two times a day for fungal month of November 2023					
	documents she received treatment per her POS every day from 11/1/2023 to 11/30/2023.						
	4. On 11/29/2023 at 9:18 AM, R303 was laying in her bed with a bandage covering her head. R303's POS for November 2023 document she has an order for clobetasol propionate cream 0.5%, Apply to top of head topically one time a day for rash. Triamcinolone Acetate External Cream 1%, apply to scalp area topically at bedtime for inflammation.						
	R303's TAR also do external cream trian	ent she received the om 11/16/2023 to 11/29/2023. cuments she received the ncinolone acetate cream for oth of November 2023.					
	On 11/29/2023 at 9:: has cancer and she we treat daily and w	26 AM, V24 stated "(R303) has an area to her head that rap it with gauze."					
	November 2023 doc Intestinal obstruction hemorrhage, chronic ulcer with hemorrhage	or unspecified duodenal ge, and colostomy status.					
On 11/29/2023 at 9:33 AM, R304 was in her room			5				

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