STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012579	A. BUILDING: _____ B. WING _____	C 08/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IMBODEN CREEK SENIOR LIVING	180 WEST IMBODEN DECATUR, IL 62521

(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 Complaint Investigations 2466814/IL177225 and 2466644/IL176989	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210 b) 300.1210 d)2) 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: 2) All treatments and procedures shall be administered as ordered by the physician. These requirements are not met as evidenced by: Based on record review and interview, the facility failed to provide physician ordered wound care for a surgical incision. This failure affects one resident (R1) on a sample of three reviewed for wound care in the sample list of 37. This failure resulted in R1 experiencing a wound infection which required being sent to the hospital for a	S9999		

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S9999	Continued From page 1	S9999		

surgical debridement and multiple intravenous antibiotics. This past non-compliance occurred from 8/14/24 when the facility failure to monitor and treat R1's surgical incision through 8/22/24 when R1 was discharged from the facility.

Findings include:

R1's Face Sheet Admission Record documents R1 was admitted to the facility 8/8/24. This same record documents R1 was being admitted to the facility for medical diagnoses including Surgical Aftercare Following Surgery on the Nervous System (lumbar laminectomy, procedure to remove portions of vertebrae to relieve nerve pain), Post-Laminectomy Syndrome (pain following surgery), and Dislocation of Internal Left Hip Prosthesis.

R1's Physician Order Sheet, dated 8/8/24 through 8/22/24, documents a physician order initiated 8/13/24 for facility nursing staff to complete wound care daily as "lower lumbar surgical incision, cleanse with normal saline, pat dry, apply dry dressing, every day shift and as needed." This same Physician Order Sheet documents facility nursing staff were to "monitor lower lumbar surgical incision for s/s (signs and symptoms) of infection or dehiscence every shift, notify MD (Medical Doctor) if complications."

R1's Treatment Administration Record dated for August 2024 documents facility nursing staff did not provide R1's incision cleaning and dressing on 8/14/24, 8/17/24, and 8/20/24. This same record documents facility nursing staff did not complete monitoring of R1's surgical incision on these same dates during the day shift.

R1's Nursing Progress Note, dated 8/22/24,

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S9999	Continued From page 2	S9999		

documents, "Resident had follow-up appointment this AM for back, doctor (V16, Surgeon) called and is sending resident straight to (local hospital emergency room) for direct admit related to infection to back incision."

On 8/27/24 at 10:03 AM, V12, Daughter of R1, stated, "(R1) had to have a second surgery to remove E. coli (Eshericia coli, bacteria present in fecal material) from the incision. The nurses at the facility did not do the cleanings of her incisions like they were supposed to, the dressings they had would never stick in place, they left her on the bedpan for over an hour, she was left laying on her back almost all the time, now she has rashes under her breast and in her groin, and bed sores on her backside." V12 concluded by stating, "(R1) is still in the hospital and has to stay here until the antibiotics are done."

R1's partial Hospital Record, dated from 8/22/24 through 8/27/24, documents the hospital had obtained cultures from R1's dehisced (surgical incision split open) and draining back incision fluid and surrounding tissues, both of which resulted in heavy growth of E. coli. This same record documents R1 received preliminary doses of intravenous antibiotics including Vancomycin 1 gram every 12 hours requiring strict blood level monitoring and dosing by the hospital pharmacy, and Zosyn 3.375 grams every 8 hours, as a broad spectrum treatment until the susceptibility reports from R1's cultures could be processed to determine a more targeted antibiotic regimen. This record documents R1's laminectomy had been conducted on 8/3/24, with a subsequent discharge to (the facility name) on 8/8/24. This record documents V16's (R1's Neurosurgeon) comments during her evaluation of R1 in the

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hospital as, "Multiple samples are growing E. coli as a result of fecal contamination and not from surgery, consistent with (R1's) statements of poor quality care at (the facility name) and V16 is in consultation with the Infectious Disease Department of the hospital." This record documents V16's further evaluation of R1 as, "Rashes under both breasts and groin, and bed sores on the buttocks not present at discharge from the hospital on 8/8/24." This record documents V16 conducted a surgical debridement of R1's lumbar incision, removing staples, noting a large amount of brown purulent material and liquid, surgically trimming the edges of the incision, and noted the muscle layer was also separated which required a deep debridement through the muscle layers, sanitized the deep debridement with 2 rounds each of Betadine Iodine and Hydrogen Peroxide, placing 1 gram of Vancomycin below the muscle layer, and 1 gram of Vancomycin above the muscle layer before being able to re-close the incision. This record documents R1's intravenous antibiotic was changed on 8/26/24 to Ceftriaxone 2 grams daily.

On 8/28/24 at 4:45 PM, V18, Vice President of Administrative Operations, and V19, Vice President of Clinical Operations, stated they had become aware of the issues with R1's wound care treatments on 8/22/24, when R1's daughter (V12) had called the facility.

(A)