(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		A. BUILDING:		C		
IL6004840		B. WING		09/25/2024		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
JACKSO	NVILLE SKLD NUR &	REHAB	ST WALNUT NVILLE, IL 6			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga 2447464/IL178104	ation				
S9999	Final Observations		S9999			
	Statment of Licensu	ure Violations:				
	300.1210b) 300.1210d)6)					
	Section 300.1210 (Nursing and Persor	General Requirements for nal Care				
	care and services to practicable physica well-being of the re- each resident's con plan. Adequate and care and personal of	shall provide the necessary o attain or maintain the highest I, mental, and psychological sident, in accordance with aprehensive resident care I properly supervised nursing care shall be provided to each a total nursing and personal esident.				
	nursing care shall in	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis:				
	to assure that the re as free of accident nursing personnels	ry precautions shall be taken esidents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision prevent accidents.				
	These requirements	s are not met as evidenced by:				
	Based on observati	ion, interview, and record				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed 10/15/24

TITLE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			X3) DATE SURVEY COMPLETED	
		IL6004840	B. WING			C 25/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
JACKSO	NVILLE SKLD NUR &	RFHAB	ST WALNUT : NVILLE, IL 6:			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
\$9999	review, the facility for the air mattress is residents in the san This failure resulted floor from an unwith laceration on the rig several skin tears. Findings include: 1. R2's undated fact was admitted to the diagnoses of Parkin neurocognitive disocachexia, and hypotherical several skin tears. Findings include: 1. R2's undated fact was admitted to the diagnoses of Parkin neurocognitive disocachexia, and hypotherical several skin tears. R2's Minimum Data 7/30/2024, docume cognitive impairment wheelchair and is a bladder. R2's Care Plan, data that R2's problems impaired cognitive fluewy bodies, is at a related to balance psecoliosis, and medithe fall risk include keep call light within clutter free, keep pereach, and provide low bed was added was updated adding and bed reset by meroper functioning. R2's progress notes	ailed to ensure proper inflation in 3 (R2, R4, and R5) of 7 inple of 8 reviewed for safety. It in R2 being found on the nessed fall and suffering a ght side of the head and in the side of th	\$9999			
		was noted to be on the floor her right side tangled up in				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				С		
IL6004840		B. WING		09/2	5/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
JACKSO	NVILLE SKLD NUR &	REHAB	T WALNUT			
	01114141514071		IVILLE, IL 6			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
	side. There was a la approximately 1 cm approximately 1 cer hand approximately right knee approxim cleansed and dress cannot state what h intact. Fall was unw initiated. R2's physician orde PM documents morand reinforce as ne with normal saline, dressing. To also m of right hand two tin needed. To right side	as curled up laying on right acceration to right side of head a, a skin tear to right elbow ntimeter, a skin tear to right of 1 centimeter, a skin tear to nately 1 centimeter. All wounds sed. Resident denies pain and appened. Range of motion vitnessed. Neurology checks ars, dated 9/7/2024, at 10:06 nitor, steri-strips to right knee eded. To clean right elbow dry, apply xeroform & dry conitor steri-strips to the back nes per day and reinforce as the of head monitor steri-strips, per day and reinforce as				
	on 9/9/24 that the rodeflation. Bed was i	, dated 9/7/2024, documents oot cause was air mattress reset and properly functioning. r maintenance to check dded to bed.				
	back wheelchair in light blue discolorat cheek. R2 also had varies sizes to her f	55 AM, R2 was sitting in a high their room. A half dollar size ion was visible to R2's right multiple scabbed abrasions in forehead. When asked what ed that she didn't know.				
	why R2 had bruising on her forehead, an	10 AM, V11 (CNA) was asked g on her face and abrasions and V11 stated that she heard couple of weeks ago.				

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On 9/24/2024 at 9:20 AM, V12 (CNA) was asked

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLE				
IL6004840			B. WING		l l	C 25/2024
	PROVIDER OR SUPPLIER	REHAB 1517 WE	DDRESS, CITY, ST ST WALNUT S NVILLE, IL 62	STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
\$9999	about the bolster, a mattress to help he stated that hospice that she had a plair she heard the previside. On 9/24/2024 at 10 performed with V9 to the room and R2 stated that the matt side. R2 was curled side of the floor. V9 on one side of the with her mattress p the top of the mattrunplugged for a neresuscitation, (CPR often become unpluquite often. V9 add been called into roodeflating. On 9/24/2024 at 12 Health Information she worked the floor R2's fall. V14 state transfer herself. So little wiggly at times inflation problem. Tif the bed is raised and checks it out. On 9/24/2024 at 12 Director) was asked stated he has probl He stated that when new one. Many times worked the floor stated that when new one. Many times with the stated that when new one. Many times with the stated that when new one. Many times with the stated that when new one. Many times with the stated that when new one. Many times with the stated that when new one. Many times with the stated that when new one. Many times with the stated that when new one. Many times with the stated that when new one. Many times with the stated that when new one. Many times with the stated that when new one. Many times with the stated that when new one. Many times with the stated that when new one.	nd she stated that is a r not roll out of bed. V12 had brought this and before a air mattress. She stated that ious mattress deflated on one is 30 AM, phone interview (RN), V9 stated V9 was called was lying on the floor. V9 tress was deflating on one id up on the blankets on one is stated that R2 liked to curl up bed. R2 had not had issues rior to this. V9 stated that at less there is a plug that can be ed for cardiopulmonary (a). V9 stated that these plugs agged easily and this happens ed that a few times she has oms because the mattress is considered that R2 doesn't try to metimes in bed she gets a sea. Air mattresses are usually and they are pinching off the tubing to high. Maintenance comes with them all the time. In they go bad, they order a les, it is due to the resident's head or the feet of the bed				

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Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		SURVEY PLETED
		- WING		 	С	
		IL6004840	B. WING		09/2	25/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
JACKSC	NVILLE SKLD NUR 8	REHAB	ST WALNUT NVILLE, IL 6			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
\$9999	own air mattresses spare one lying aro He is unaware of all The process of V13 order program in pl Tells.com the staff address. I check th three times per day is fixed that day. Maissue is from the pomattress. I had one When asked if air maintenance or prethey do not. 2. R4's MDS dated has some moderated on 9/24/2024 at 11 has problems with replied that yes that do nothing. 3. R5's MDS dated he is cognitively into On 9/24/2024 at 11 mattress deflates of you're lying on a base on 9/23/2024 V1, Acensus and indicated on 9/24/2024 at 2:4 stated they do not has mattresses and do residents utilizing a	mattress. The facility buys their, and they usually have a und. They leak and deflate air. my specific care instructions. In sincludes that he has a work ace called Tells.com. In put a work order in, and I ee Tells system a minimum of the Most of the time the problem any times, the air mattress ositioning of the bed with the ee time that a motor went bad. mattresses have a eventative program, he stated 17/09/2024, documents that R4 ee cognitive impairment. 15 AM, R4 was asked if she her mattress deflating, she this happens a lot. They don't 8/15/2024 documented that act.				

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AND FLAN OF CORRECTION IDENTIFICATION NUMBER. A. BUILDING:		
	COMPLETED	
IL6004840 B. WING	09/25/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
JACKSONVILLE SKLD NUR & REHAB 1517 WEST WALNUT STREET JACKSONVILLE, IL 62650		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATION) TAG DEFICIENCY	(X5) COMPLETE DATE	
Seyes Continued From page 5 brand, but still has problems with these mattresses deflating. The air mattress manual provided by facility documents that it is indicted for the prevention and treatment of all stage pressure ulcers when used in conjunction with a comprehensive pressure ulcer management program. Included in the manual are entrapment guidelines stating that the use of bed rails is dependent on the setting as well as the facilities protocols. Proper patient assessment, monitoring, equipment uses, and maintenance are required to reduce entrapment risk. Make sure the air hoses are not kinked or tucked under the mattress. Also check to ensure the cardiopulmonary resuscitation, (CPR) valves are properly attached. It stated that after using for some time (approximately 3 months), clean the air filter cotton indite the enclosure base, steps as below: 1. Take out air filter cover and air filter cotton. 2. Wash air filter cotton with clean water, if the dirt sticks to the filter, soak the air filter cotton in the water. 3. Dry the air filter cotton then put it back to the air filter cover. (B)		

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