

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/04/2024
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NAME OF PROVIDER OR SUPPLIER TIMBERCREEK REHAB & HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2220 STATE STREET PEKIN, IL 61554
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S 000	Initial Comments Complaint Investigation 2427422/IL178053	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210c) 300.1210d)3)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. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a 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	S9999		

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

TITLE

(X6) DATE
10/22/24

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S9999	<p>Continued From page 1 of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>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:</p> <p>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.</p> <p>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</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to assess a wound and promptly initiate treatment upon identification of pressure ulcer for one of three residents (R2) reviewed for pressure ulcer wound treatment in the sample of eleven. This failure resulted in R2's pressure ulcer worsening to Unstageable.</p> <p>Findings include:</p> <p>Facility's Decubitus Care/Pressure Area Policy Revised 1/2018 documents: "2. The pressure area will be assessed and documented on the Treatment Administration Record/TAR or the Wound Documentation Record. 3. Complete all areas of the Treatment Administration Record or Wound Documentation Record. 1) Document size, stage, depth, drainage, color, odor, and treatment (upon obtaining from the physician); 4) Notify the physician for treatment orders."</p> <p>R2's Face Sheet documents R2's diagnoses include: Cerebral infarction, aphasia, weakness, metabolic encephalopathy, myocardial infarction type, atherosclerotic heart disease, essential hypertension, hyperlipidemia, type 2 diabetes mellitus.</p> <p>R2's current Care Plan documents: "(R2) is at risk for impaired skin integrity including skin tears, bruising and/or pressure related to very limited mobility, inadequate nutrition, and problems with</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>friction and shearing of skin due to needing maximum assistance for moving and changing position".</p> <p>R2's Braden Scale for Predicting Pressure Ulcer Risk Dated 6/22/24 documents a score of 13 (16 and less = High Risk for developing pressure ulcers).</p> <p>R2's Progress Note Dated 8/8/24 documents: "Quality Assurance/QA team reviewed (R2's) new pressure ulcer to coccyx. Nurse reported new open pressure ulcer to coccyx on 8/4/24".</p> <p>On 10/2/24 at 9:10am, V7 Licensed Practical Nurse/LPN stated she was the nurse for R2 on 8/4/24 and noted R2's coccyx wound.</p> <p>R2's Physician Orders Dated 8/2024 has no documentation of a physician ordered treatment obtained upon identification of R2's wound on 8/4/24.</p> <p>R2's Treatment Administration Record/TAR did not contain documentation that wound treatments were performed on 8/4/24 or 8/5/24.</p> <p>On 10/2/24 at 9:30am, V14 Certified Nursing Assistant/CNA stated she was R2's Caregiver on 8/5/24. V14 stated that during R2's bed bath, she observed an open area on R2's coccyx. V14 stated, "It was tiny, less than 0.5 cm/centimeters like a pin drop. It was open with a little redness around it. It was tiny."</p> <p>R2's initial Wound Assessment and Plan signed and dated 8/6/24 by V13 Wound Physician documents R2's pressure ulcer to her coccyx had an onset date of 8/4/24. The assessment documents R2's pressure ulcer was unstageable,</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>measures 3cm x 2cm, and the wound bed contains 70 percent slough (yellow tissue).</p> <p>On 10/2/24 at 11:10am, V13 stated, "I saw (R2's) coccyx wound on 8/6/24 when the treatment was started. The staff did not reach out to me prior to 8/6/24." V13 stated with no treatment in place, R2's pressure ulcer could worsen overnight.</p> <p>(B)</p>	S9999		