(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		
ANDILAN	OF CONTRECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		IL6009336	B. WING		08/1	≀ 2/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CARLINVILLE REHAB & HCC			TH OAK STR ILLE, IL 626			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / 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			
	First Revisit to Annu	ual Health Survey of 7/1/2024				
	First Revisit to Surv Investigation: 2444	vey date of 7/1/24, Complaint 820/IL174557				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)5)					
	Section 300.610 R	esident Care Policies				
	procedures governifacility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shall	dvisory physician or the ommittee, and representatives or services in the facility. The ly with the Act and this Part. It is shall be followed in operating I be reviewed at least annually documented by written, signed				
	Section 300.1210 Nursing and Person	General Requirements for nal Care				
	facility, with the par	nsive Resident Care Plan. A ticipation of the resident and dian or representative, as				

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

08/30/24 **Electronically Signed**

TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					TE SURVEY MPLETED	
		IL6009336	B. WING			R 12/2024
	PROVIDER OR SUPPLIER	751 NOR	DRESS, CITY, S T H OAK STRI ILLE, IL 6262			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
\$9999	applicable, must de comprehensive car includes measurable meet the resident's and psychosocial nesident's compreheallow the resident to practicable level of provide for discharg restrictive setting baneeds. The assess the active participat resident's guardian applicable. (Section b) The facility care and services to practicable physical well-being of the releach resident's complan. Adequate and care and personal of	evelop and implement a e plan for each resident that le objectives and timetables to medical, nursing, and mental eeds that are identified in the ensive assessment, which o attain or maintain the highest independent functioning, and ge planning to the least ased on the resident's care sment shall be developed with tion of the resident and the or representative, as in 3-202.2a of the Act) shall provide the necessary o attain or maintain the highest I, mental, and psychological sident, in accordance with inprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal	S9999			
		care-giving staff shall review ble about his or her residents' care plan.				
	nursing care shall in	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis:				
	pressure sores, hea breakdown shall be seven-day-a-week enters the facility w	ogram to prevent and treat at rashes or other skin practiced on a 24-hour, basis so that a resident who ithout pressure sores does not				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7. BOILDING.		F	2
		IL6009336	B. WING			2/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CARLIN	VILLE REHAB & HCC		H OAK STR			
	T		LLE, IL 626			
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S9999	Continued From pa	ge 2	S9999			
	sores were unavoid pressure sores sha services to promote and prevent new pr	emonstrates that the pressure lable. A resident having ll receive treatment and e healing, prevent infection, ressure sores from developing.				
	by:					
	Based on observation, interview and record review the facility failed to identify new wounds and treat existing wounds per physician orders for 1 of 3 residents (R5) reviewed for wounds in the sample of 18. This failure resulted in R5 being admitted to the hospital for intravenous antibiotic treatment for cellulitis infection on his scrotum.					
	Findings include:					
	On 8/6/24 at 2:55 Fin his room. There confirmed he does and the chair would therefore he is sittir except during show treatments. R5 states treatments to his supposed to but is lucky. No moisturin either his right or ordered. R5 had a stood so V10 Licen V3, Assistant Direct pull his pants down treatment. When R much stronger. The his chair right where he was sitting (cent sometimes he gets	PM R5 was sitting up in a chair was no bed in his room and he not have a bed because a bed I not both fit in his room, ag in his chair all the time ers or when he stands for ted he has not been getting abdominal folds daily like he more like every other day if he re absorbing treatment noted left abdominal fold as foul body odor noted when he sed Practical Nurse (LPN) and tor of Nursing (ADON) could to get to his abdomen for the 5 stood, the foul odor was ere was a stain on the pad on the his scrotum would be when the er/front of seat). R5 stated cellulitis on his scrotum and again because he had noticed				

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Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
711101 12711	TO CONTECTION	IDENTIFICATION NOMBER.	A. BUILDING:				
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NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
CARLIN	VILLE REHAB & HCC		H OAK STR				
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\$9999	drainage on the part of days but stated because his treatm Sunday morning. A folds with wound of applied antifungal prin his abdominal for by holding R5's bel R5's posterior scrotopen areas, some wound cleanser an without cleansing erantifungal powder on on all open areas to pull his pants drainage from oper sat him back down R5's Minimum Data documents he is all R5's Care Plan, reventated to decrease tattoos, Moisture As (MASD) to axillary, folds. The goal for (R5) will show signate the same signature of the s	d on his chair the last couple nobody has looked at it ent has not been done since /10 cleansed R5's abdominal eanser, dried the areas and powder to the areas of redness lds. V3 assisted with treatment ly up to make wounds visible. It was observed with several with yellow slough. V10 used d dabbed a few of the areas ntire scrotum, then she put on some parts of scrotum but as, then she and V3 assisted (which were soiled with a areas on his scrotum) and on same soiled pad. A Set (MDS) date 7/11/24 ert and oriented. A set (MDS) date 7/11/24 ert and oriented. A set (MDS) date and bominal this care plan documents: as of healing through next as include: Administer and monitor for needs pressure redistributing skin while up in chair; Evaluate oth, margins, peri-wound skin, and, exudates, edema, on, necrosis, eschar, and progress in wound healing its. Notify physician as and/or cellulitis infection to his and/or cellulitis infection to his	S9999				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			, ,	E CONSTRUCTION	(X3) DATE	SURVEY LETED
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NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET AD			STATE, ZIP CODE		
CARLIN	/ILLE REHAB & HCC		TH OAK STR ILLE, IL 626			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
	and signed by V5 Whad a new wound to MASD to surroundidrainage. Per the ameasured 7 centime with 80 % epithelial granulation, there we regarding description foul odor when she with the worder of the	d Assessment dated 8/6/24 Vound Nurse documented R5 o posterior scrotum that had ng skin, no odor and no ssessment the wound eters (cm) by 7 cm by 0.1cm tissue present and 20% vas no documentation by V10 on of R5's scrotal wounds or provided treatment on 8/6/24. Vound Assessments, dated and 7/17/24 all document no ary Report dated 8/8/24 dated 7/26/24: Cleanse groin, abdominal folds, chest at dry, apply antifungal powder terdry/dry skin sheet or a o abdominal fold, leaving wick Resident may self apply we as desired, as needed for duled removal.				
	(MDS) Coordinatate R5's doctor about h received orders to s Room for evaluation	PM V4, LPN/Minimum Data Set or, stated she had talked to his areas on his scrotum and send R5 to the Emergency in because he has a history of cons on his scrotum.				
	admitted to the hos	M V4 stated R5 has been pital for 7 days for intravenous eat the cellulitis to his scrotum.				
	under Emergency	rds dated 8/8/24 document , Room History and Physical, nts with a chief complaint of				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE	SURVEY LETED		
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
CARLINVILLE REHAB & HCC		TH OAK STR ILLE, IL 626					
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\$9999	Wound Assessmer Room for evaluation scrotum. The hospin of Abdomen/Pelvis which documents, the wall of the scrot stranding in the scrot educated to the hose Cellulitis of the pannexamination" it docto abdominal tendering generalized. Erythethe touch on both sthe umbilicus. Scrot tenderness. Erythethissues or was 2 cm Considerations: Ab On 8/8/24 at 2:35 F (DON) stated R5 had and skin problems scrotum. She stated work on this past Signature for signin Administration Recard Administration Recard Stated She talked V day shift, and she R5's dressing and cabnormal on his scanding and cabnormal on his s	and is in the Emergency of an open wound on his ital records include a CT Scan without Contrast dated 8/6/24 "There is diffuse thickening of tum with inflammatory otal fat suggesting cellulitis. Stion is seen to suggest ospital records, R5 was pital with diagnoses of otum and perineum and nus. Under "physical uments, "There was moderate ess. the tenderness was ematous tissue that is warm to ides of the abdomen below tum: there was mild ma involved the surrounding of by 2 cm. Diagnostic scess and Cellulitis. PM V2, Director of Nursing as a long history of infections in his abdominal folds and d V5, Wound Nurse, did not unday and confirmed V5's g out for Medication ords (MARs) and Treatment ords (TARs) is LT03. She 12, LPN, who worked Monday told V2 that she did change did not notice anything rotum. When R5's TAR dated august 31, 2024 was reviewed, I off R5's treatment for 8/5/24, gust 1,2024 to August 31, 5, Wound Nurse, did R5's ay day shift and Monday day	S9999				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE	SURVEY LETED	
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NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
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CARLIN	/ILLE REHAB & HCC		ILLE, IL 626				
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 6	S9999				
		work on Sunday and would to perform treatment as					
	confirmed she did r stated she did sign	M V5, LPN/Wound Nurse not work this past Sunday and off the TAR that she did R5's					
	the nurse who did it	ay because she confirmed with and then signed it off. V5 emember what nurse told her					
	she had done R5's treatment on Sunday. V5 stated she could not remember what happened						
	she confirms with the	d if she sees holes in the TAR nose nurses that treatments ins them off even though she					
	said something abo	ments herself. V5 stated R5 out there being "something w" and she asked if she should					
	look at his scrotum know, so she did no	and he stated he would let her of assess the area. She stated					
	when she answered	ne time last week in passing d his call light for something ed she did not do the treatment					
	on Tuesday, 8/6/24 she signed it off. Sh	, but she knew it was done so ne stated she saw R5's					
	but only saw some	eatment was done on 8/6/24 open areas but no drainage. not seen his wounds for a					
	while because he s with a pillow case s	elf-administers his treatment o she just confirms he has it in					
	V5 did not answer v	actually visualize the wounds. when asked if she thinks R5 is abdominal folds and cleanse					
	the wounds in his fo	olds, dry them and apply that is kept on the treatment					
		M V2 Director of Nursing t know how R5 would be able					

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to self perform his entire treatment to his

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY
		IL6009336	B. WING			R 12/2024
	PROVIDER OR SUPPLIER	751 NORT	H OAK STR			-
OARLIN	VIELE REITAB & 1100	CARLINVI	LLE, IL 626	26		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
S9999	abdominal folds and morbidly obese (over be able to hold up howounds in his skin of and place a pillow of moisture. She state case into the folds of about it and confirm his abdominal skin administering" his to the rest of his tree would not be able to complete a treator. The facility's policy, revised 3/2021 door facility to assess eatime of admission of identified. Each wouthereafter or with an the wound." This pophysician orders or ordered by the physician orders or ordered by the physician orders or ordered by the physician orders or ondered by the physician orders or ordered by the physician order or o	d scrotum because he is er 400 pounds) and would not his belly, cleanse and dry the folds, apply anti-fungal powder hase or dressing to absorb the d he is able to push a pillow of his abdomen but that is ned putting the pillow case into folds is not "self reatment because he cannot eatment. She confirmed R5 or reach his posterior scrotum ment there. Wound Assessment Policy, uments, "It is the policy of the high action of the interest that the wound is and will be assessed weekly by significant noted change in olicy did not address following administering treatments as	S9999			

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