(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			/SUPPLIER/CLIA ATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
Detail to Allow			A. BUILDING:					
	IL6003750		B. WING		02/20/2024			
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
TIMBER	POINT HEALTHCARE	CENTER		SPRING ST DINT, IL 6232				
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
S 000	Initial Comments			S 000				
	Complaint Survey:	2420270/IL16	8984					
S9999	Final Observations			S9999				
	Statement of Licens	sure Violation	s:					
	300.1210b)							
	Section 300.1210 ( Nursing and Persor		irements for					
	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.							
	These Requiremen evidenced by:	ts were NOT	MET as					
	Based on observati review, the facility fa pain was controlled basis for one of one sample of three. Th having excruciating	ailed to ensur , and assess e reviewed for ese failures r	e a resident's pain on a daily pain in the esulted in R2					
	Findings include:							
	The facility's Pain-C documents, "The st changes in levels of physician who will a	aff will discus f comfort with	s significant the attending					

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

03/08/24 **Electronically Signed** 

TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6003750		B. WING			C <b>20/2024</b>
	PROVIDER OR SUPPLIER POINT HEALTHCARE	CENTER	205 EAST	DRESS, CITY, S SPRING STI DINT, IL 6232			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENC / MUST BE PRECEDED SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
\$9999	Continued From particles accordingly. This may regular and PRN (a find the best combit tolerable side effect non-pharmacologic R2's Care plan, dath has increased poted discomfort related to the care plan also interventions: Monitor pain: location, dualleviating factors, a and record any nonguarding, moaning, diaphoresis, withdrameasures: (distract Evaluate/record/reparticles Physician's or document that R2 medication orders: 7.5-325 mg one tablet of mg two tablets ever pain.  R2's Pain Observation that R2 states that R2's MAR (Medicated 2/1-2/15/24, pain being assessed administration of particles and particles on big area on my right thing that was way	lay include adjusting an eleded) analges nation of effectiver its, or possible addual interventions."  led 11/14/23, documential for complication the diagnosis of documents the following factors are treatlessness, gring awal, etc.); Use partion, imagery, relax for effectiveness."  ders, dated 1/14-2 mas the following proxycodone-acetan olet every six hours every eight hours; ry four hours as new tion, dated 2/7/24, she has almost contain add on a daily basis ain medication.  B a.m., R2 was ale election. R2 stated I my backside. I have tealf. It is from a set to restrict of the state	ments, "R2 ons and arthritis. lowing complaints uality, s; Monitor ain: (e.g. nacing, in relief cation, etc.)  /14/24, ain ninophen s; ibuprofen Tylenol 325 eeded for documents nstant pain.  Record), ation of R2's with the rt leaning have two we a really stocking	S9999			

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STATE FORM 6899 Y58B11 If continuation sheet 2 of 5

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED				
					•			
IL6003750		B. WING		1	0/2024			
		120000700			ULIL	0/2027		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
TIMPED	DOINT LIE ALTUCADE	205 EAST	SPRING ST	REET				
HIMBER	POINT HEALTHCARE	CAMP PC	INT, IL 6232	20				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)		
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE		
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE		
				DEFICIENCY)				
S9999	Continued From pa	ge 2	S9999					
	(Cartified Nurse Aid	le) to not put it on. They tell						
		wn more, but I hate to use the						
		more than I need to I don't						
		rts so bad when they get me						
		ot a bad hip that if they move						
		awful pain. The hip needs						
		von't do surgery on me. I						
		nen they change my						
	,	on my leg is awful. It burns so						
		t. I swear every single time I						
		backside hurts when they do						
		I'm going to cry, but I'm able						
		normally. I just pray they would						
		't have to go through that						
	pain."	3 3						
	'							
	On 2/14/24 at 9:10	am,, R2 was alert lying in bed.						
	R2 asked V3 (wour	nd nurse) if V3 could do her						
	buttocks wound dre	essing changes before doing						
	her legs since it wa	s so painful for the dressing						
	changes on her leg	s. V2 (Director of Nursing)						
	was also present di	uring R2's wound care. R2						
	stated, "I'm sorry I'm going to yell out and							
	probably cry becaus	se these hurt so bad." V3						
		border foam dressing from						
		2's left ischium. V3 cleansed						
		ormal saline. During the						
		grimacing. R2's coccyx wound						
		th depth. The base of R2's						
		cer was 75% covered yellow						
		). So it is undetermined as to						
	how deep the actual wound is. V3 began to pack							
		and R2 began to cry out, "Ow						
	,	ase stop. Ow!." V3 replied with						
		tinued performing wound						
		to cry out until V3 covered the						
		ne border foam dressing. R2						
		rea with depth to R2's left						
	ischium. As V3 began packing that area, R2							

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started crying out in pain again until the wound

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6003750	B. WING			C <b>20/2024</b>
	PROVIDER OR SUPPLIER POINT HEALTHCARE	CENTER 205 EAS	DDRESS, CITY, ST T SPRING STF OINT, IL 62320	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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 THE APPROPRIATE	(X5) COMPLETE DATE
\$9999	was covered with the dressing. Then, V3 roll from R2's right stating, "I don't like proceeded to remoright calf. R2 begander crying out as teeyes. She began to doing? Don't! Pleas R2's entire back of open/raw area. V3 with normal saline afor V3 to stop becan covered the wound impregnated gauze (abdominal) pad. Tigauze roll while R2 treatment was comeso sorry I was cryin changes just hurt so on 2/15/24 at 9:40 wound care, R2 hawhen she received	ne silicone border foam began to remove the gauze leg, and R2 began to cry this one it burns so bad!" V3 ved the dressing covering R2's to bite her blanket to muffle ars were coming out of her scream, "Ow! What are you se stop it's burning so bad!" her right calf was a large began to cleanse the wound and R2 began yelling out again use it was burning so bad. V3 with (Sodium Chloride dressing) and and ABD hen, she covered it all with a continued to cry out. After the pleted R2 kept repeating, "I'm g and yelling those dressing				
	stated, "(R2) has a hips and her legs. S cries if we turn her, bumps her wheelch changes she comp her right calf. She v burns.' She normal	2 a.m., V4 (Registered Nurse) lot of pain, especially in her She cries out a lot still. She roll her, or even if someone hair. When we do her dressing lains a lot about the burning in vill keep repeating, 'It burns. It ly gets her scheduled				
	dressing changes be when we give it at the about the wound ca	a.m., and then we do her between 6:30-7:00 a.m. Even hat time she still complains are and positioning during it as ribly bad hip. It hurts her more				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
IL6003750		B. WING			C <b>20/2024</b>		
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		20/202-	
TIMBER POINT HEALTHCARE CENTER  205 EAST SPRING STREET							
HIMIDER	POINT HEALTHCARE	CAMP PO	DINT, IL 6232	20			
(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 ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 4	S9999				
	to lay down then be	up in her wheelchair."					
	(R3) cries out in pai the (full mechanical legs hurting her. SI burns and is painful On 2/20/24 at 9:40	5 a.m., V6 CNA stated that in when they transfer her in I lift). She complains about her he complains that her right call I pretty frequently."  a.m., V5 (Nurse Practitioner) are that (R2) doesn't lay down					
	because of it hurting a hip that she need are not wanting to r pain with movemen with pain during the her right calf dressi	g during the transfer. She has s replaced, but the surgeons eplace it, and it causes her it. I know that she struggles dressing changes, especially ng change. If her pain isn't he oxycodone, I'm going to					
	out quite a bit during Thursday (2/15/24). like that before, but care. She had her s morning, but she do scheduled pain med complains of the rig dressing change. If	a.m., V2 stated, "(R2) did cry g the dressing change last . I've never heard her cry out we continued to do the wound scheduled pain medication that besn't have anything PRN. The dication should cover her. She ght calf wound burning with the someone complains of pain hange I just try to get it done vill stop sooner."	•				
	(B)						

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