

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008973	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2024
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NAME OF PROVIDER OR SUPPLIER ASCENSION SAINT JOSEPH VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 659 EAST JEFFERSON STREET FREEPORT, IL 61032
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 4 300.610a) 300.1010h) 300.1210b) 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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.	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		03/01/24

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S9999	<p>Continued From page 1</p> <p>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 of notification. (B)</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>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 pressure sores shall receive treatment and</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>These REQUIREMENTS was not met as evidence by:</p> <p>Based on observation, interview, and record review the facility failed to notify the physician of a new pressure wound, failed to initiate a treatment upon identification of a new pressure area, and failed to complete weekly assessments after identification of a new pressure wound. This failure resulted in R31's pressure wound deteriorating to a stage 3 before a wound treatment was initiated.</p> <p>The findings include:</p> <p>R31's face sheet showed she was admitted to the facility on 6/30/23. R31's facility assessment dated 1/4/24 showed her diagnoses to include non-traumatic brain dysfunction, coronary artery disease, hypertension, peripheral vascular disease, and dementia. The same assessment showed R31 has severe cognitive deficits.</p> <p>R31's care plan initiated 7/20/23 showed, "[R31] is at risk for impaired skin integrity due to cognitive deficits, impaired mobility, incontinence, PVD (peripheral vascular disease) and advanced age.... Daily skin inspection; report any changes in skin or signs of possible skin breakdown or redness..."</p> <p>R31's 10/28/23 Nursing Note showed, "Found very small 1.2 cm x 1.3 cm x 0.2 cm to resident coccyx, resident stated her buttocks was hurting and examined, did wash with NS (normal saline) and allied foam dressing. Resident spends a lot of time in her recliner and will need to reposition</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>more often. Will ask MD (physician) for TX (treatment) and plan."</p> <p>R31's 10/29/23 Shower Sheet showed a dressing was present to R31's sacral region.</p> <p>R31's October 2023 eTAR (electronic Treatment Administration Record) showed no treatment orders for the wound identified on 10/28/23 to her coccyx.</p> <p>R31's 11/17/23 Nursing Note showed, "... Resident has an open area between buttock, seen by wound care nurse and will see wound care nurse practitioner on Tuesday 11/21/23..."</p> <p>R31's 11/17/23 Wound Assessment Report showed a Stage 3 pressure ulcer was identified to R31's coccyx measuring 1.3 cm x 1.20 cm x 0.4 cm. This assessment showed the wound to be 50% granulation tissue and 50% slough.</p> <p>R31's 11/21/23 Wound Nurse Practitioner visit note showed, "... Pressure ulcer of sacral region, stage 3..."</p> <p>On 2/6/24 at 2:10 PM, R31 said, "I have a dressing change either every day or every other day. Sometimes it is more often than they hope because the dressing will come off."</p> <p>On 2/7/24 at 12:59, R31's dressing to her sacral region was being changed by V30 (Wound Care Nurse) and V16 LPN (Licensed Practical Nurse). R31 stated she does not sleep in her bed. V30 replied to R31 and said, "I know, that's probably why you have this wound."</p> <p>On 2/08/24 at 11:47 AM, V30 (Wound Care Nurse) said she was not aware that R31's</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>pressure area had been identified originally on 10/28/24. V30 said she was not notified. V30 said the facility does weekly skin checks on everyone which is documented on the residents eTAR as completed. V30 said the CNAs (Certified Nursing Assistant) complete shower sheets with every shower and turn them into her. V30 said the nurses notify her immediately of any skin changes and a treatment is started right away when a wound is found. V30 said the facility has a protocol for new wounds that the nurses follow. V30 confirmed there were no wound assessments found between 10/28/24 and 11/17/24.</p> <p>On 2/08/24 at 12:54 PM, V2 DON (Director of Nursing) said she expects treatment to be started immediately when a wound is first identified. V2 said this is important for wound healing so they can get a treatment started and get the nurse practitioner seeing the resident to follow the wound.</p> <p>The facility's policy and procedure revised 11/2022 showed, "Skin Identification, Evaluation and Monitoring, Purpose: The purpose of this policy is to outline a method of identification, evaluation, and monitoring for alterations in skin integrity. Communities will implement preventative measures and an individualized care plan will be formulated upon completion of findings.... A. Complete a general skin check to evaluate for changes in skin integrity. B. Document in medical record the finding of general skin check... 2. If new wound is identified: a. Initiate protective dressing b. Notify health care provider of findings and for further treatment orders. 3. Notification/Education of resident and resident representative of finding and physician orders... Skin Integrity Treatment Program. The</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>treatment program will focus on the following strategies: A. Eliminate or reduce 1. the source of pressure using positioning techniques 2. other sources of skin injury by evaluating the cause and providing interventions B. Pain Control C. Preventative measures to reduce the risk of further tissue loss.</p> <p>(B)</p> <p>2 of 4</p> <p>300.615f)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.</p> <p>This REQUIREMENT was not met as evidence by:</p> <p>Based on interview and record review the facility failed to check the Illinois Department of Corrections (IDOC) website and check the Illinois State Police (ISP) website within 24 hours of admission.</p> <p>This applies to 5 of 5 residents (R25, R90, R147, R246, R298) reviewed for identified offenders in the sample of 5.</p> <p>The findings include:</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>R25's undated Admission Checklist showed an admission date of 1/31/24. The checklist showed a checkmark next to "National sex offender." The Admission Checklist does not have a section for IDOC or ISP sex offender checks.</p> <p>R90's Detail Admission / Discharge Report showed an admission date of 1/20/24.</p> <p>R90's undated Admission Checklist showed a checkmark next to "National sex offender." The Admission Checklist does not have a section for IDOC or ISP sex offender checks.</p> <p>R147's undated Admission Checklist showed an admission date of 1/17/24. The checklist showed a checkmark next to "National sex offender." The Admission Checklist does not have a section for IDOC or ISP sex offender checks.</p> <p>R246's undated Admission Checklist showed an admission date of 1/25/24. The checklist showed a checkmark next to "National sex offender." The Admission Checklist does not have a section for IDOC or ISP sex offender checks.</p> <p>R298's undated Admission Checklist showed an admission date of 1/31/24. The checklist showed a checkmark next to "National sex offender." The Admission Checklist does not have a section for IDOC or ISP sex offender checks.</p> <p>On 2/07/24 at 1:34 PM, V8 (Admissions) stated she is responsible for resident background checks. V8 stated she does not have copies of any sex offender background checks she has done and does not have documentation of when they were done. V8 stated she does check the ISP sex offender website; however, she was not</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>aware she also needed to check with the IDOC website. V8 stated the purpose of the doing sex offender background checks is to ensure resident safety from sex offenders.</p> <p>(C)</p> <p>3 of 4</p> <p>300.650d)</p> <p>Section 300.650 Personnel Policies</p> <p>d) The facility shall check the status of all applicants with the Health Care Worker Registry prior to hiring.</p> <p>This REQUIREMENT was not met as evidence by:</p> <p>Based on interview and record review the facility failed to check a staff member (V32) against the health care worker registry following the completion of his fingerprint background check. This failure has the potential to affect all residents in the facility.</p> <p>The findings include:</p> <p>The CMS 670, dated 2/6/24, showed 89 residents reside in the facility.</p> <p>On 2/6/24 at 9:00 AM, health care worker background (HCWB) checks were requested to include V32's Housekeeping, health care worker registry checks.</p> <p>The facility's staff roster showed V32's hire date was 2/22/22.</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>V32's undated Health Care Worker Registry check showed, "Worker Eligibility: Not Yet Determined."</p> <p>V32's file showed a request for fingerprints was entered on 2/3/22 and he was fingerprinted on 2/15/22.</p> <p>The facility was unable to provide any health care worker registry checks following V32's fingerprint checks. (Nearly two years after fingerprints had been completed.)</p> <p>On 2/08/24 at 8:25 AM, V21 Associate Experience Advisor stated corporate Human Resources (HR) was responsible for HCWB checks. V21 stated she had been told what was available for HCWB checks had been provided.</p> <p>On 2/08/24 at 8:36 AM, V33 Corporate HR stated HCWB checks were completed by a third party, and she would have to research V32's registry check.</p> <p>On 2/08/24 at 8:39 AM, V1 Administrator stated she would contact corporate HR for information regarding V32's registry check.</p> <p>On 2/08/24 at 11:27 AM, V1 stated she had not heard back from corporate HR regarding V32's registry check. V1 stated the purposed of registry checks is to ensure staff with criminal histories are not employed and to keep residents safe.</p> <p>(C)</p> <p>4 of 4</p> <p>300.661</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>Section 300.661 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.</p> <p>This REQUIREMENT was not met as evidence by:</p> <p>Based on interview and record review the facility failed to conduct annual health care worker registry checks, while verifying employment, for staff (V32) in direct contact with residents. This failure has the potential to affect all residents in the facility.</p> <p>The findings include:</p> <p>The CMS 670, dated 2/6/24, showed 89 residents reside in the facility.</p> <p>On 2/6/24 at 9:00 AM, health care worker background (HCWB) checks were requested to include V32's Housekeeping, health care worker registry checks.</p> <p>The facility's staff roster showed V32's hire date was 2/22/22.</p> <p>V32's undated Health Care Worker Registry check showed, "Worker Eligibility: Not Yet Determined." and "Training and Work History: No employment history on record."</p> <p>On 2/08/24 at 8:25 AM, V21 Associate Experience Advisor stated corporate Human Resources (HR) was responsible for HCWB checks. V21 stated she had been told what was</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>available for HCWB checks had been provided.</p> <p>On 2/08/24 at 8:36 AM, V33 Corporate HR stated HCWB checks were completed by a third party, and she would have to research V32's registry check.</p> <p>On 2/08/24 at 8:39 AM, V1 Administrator stated she would contact corporate HR for information regarding V32's registry check.</p> <p>On 2/08/24 at 11:27 AM, V1 stated she had not heard back from corporate HR regarding V32's registry check. V1 stated the purposed of registry checks is to ensure staff with criminal histories are not employed and to keep residents safe.</p> <p>(C)</p>	S9999		