

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002950	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/08/2024
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NAME OF PROVIDER OR SUPPLIER FAIR HAVENS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1790 SOUTH FAIRVIEW AVENUE DECATUR, IL 62521
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation 2465222/IL175139	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210 b) 300.1210 d)2) 300.1210 d)5) 300.1220 b)2) Section 300.1210 General Requirements for Nursing and Personal Care 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. 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: 2) All treatments and procedures shall be administered as ordered by the physician. 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 services to promote healing, prevent infection,	S9999		

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

TITLE

(X6) DATE
07/25/24

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S9999	<p>Continued From page 1</p> <p>and prevent new pressure sores from developing.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to complete wound treatments, wound measurements, and wound monitoring for a resident as ordered by the primary care physician. This failure affects one resident (R4) out of three reviewed for wound care on a sample of five. This failure resulted in R4's facial wound becoming infested with parasitic fly larvae (maggots).</p> <p>Findings include:</p> <p>R4's Census Detail and Minimum Data Set List (undated) documents R4 was originally admitted to the facility 02/13/2019.</p> <p>R4's current Diagnosis List (undated) documents R4 experiences medical diagnoses including Cognitive Communication Deficit, Age-Related Cognitive Decline, Repeated Falls, Need For Assistance With Personal Care, Alzheimer's Disease, Dementia, Unspecified Severity, With</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Psychotic Disturbance, and Disorder Of The Skin And Subcutaneous Tissue.</p> <p>R4's Primary Care Physician Progress Notes from V14, Primary Care Physician, dated 3/22/2024, documents R4 was experiencing a lesion on the right cheek which was progressively increasing in size. The same note has the lesion size listed as approximately 2 in (inches) by 1.5 in with necrotic tissue.</p> <p>R4's wound assessment notes provided from 3/22/2024 through 6/28/2024 do not include consecutive weekly wound assessment measurement notes recorded in the clinical record. R4's wound assessment notes dated: 3/22/2024, 4/12/2024, 4/25/2024, 5/6/2024, 5/22/2024 6/7/2024, 6/13/2024, 6/20/2024 and 6/28/2024 do not contain wound measurements.</p> <p>R4's Physician order, dated 4/19/24, documents apply warm compress to R(right) cheek to loosen any dried blood. Cleanse cheek with soap and water every shift as needed. R4's Treatment sheet schedule for Jun (June) 2024 is missing treatment documentation for: warm compress order - 6/8/24, 6/20/24, 6/21/24, 6/22/24 and 6/28/24. R4's Treatment sheet schedule for Jun (June) 2024 is further missing documentation for: monitoring cancer lesion to R lateral face for 6/8/24, 6/20/24, 6/21/24, 6/22/24 and 6/28/24.</p> <p>There were no orders in R4's record documenting therapeutic use of maggots for any wound treatment.</p> <p>R4's Nurses note, dated 7/1/2024 11:43 AM, states R4 is awake and restless. V13 (Nurse) went in cleaned R4 up changed bed linen and gown. R4 was moaning and grunting so V13 gave</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R4 morphine then cleaned the wound to R4 face and surrounding covered with wet to dry dressing to slow bleeding and eliminate/slow unwanted fly and gnat attention.</p> <p>R4's Physician order, dated 7/2/24, documents cleanse R(right) cheek with generic wound cleanser/ND, pat dry. Apply gauze moistened in Dakin's (treatment diluted bleach solution used to prevent and treat skin and tissue infections) ¼ strength to wound bed. Cover with ABD (dressing) and secure with retention tape.</p> <p>On 7/3/2024 at 1:30 PM, V16, Nurse, states the maggots were noticed on 6/30/24, and that everyone (Doctor, Nurse Management and family) was notified including hospice team. V16 states the Wound Nurse (V12) helped remove the maggots from the wound.</p> <p>On 7/8/2024 at 11:05 AM, V12 states V12 was informed of the maggots in R4's wound on 7/1/24. V12 states V12 and V13 cleaned the wound and removed the maggots from the wound.</p> <p>On 7/8/2024 at 11:05 AM, V12, Licensed Practical Nurse/Wound Nurse, stated R4's wound to the right side of the face was measured in the past, but has not been measured in last few weeks. V12 states the clinical record (EMR) shows the last measurement was taken.</p> <p>On 7/8/2024 at 11:53AM, V3, Assistant Director of Nursing, states V3 was informed of the maggots in R4's wound on 7/1/24, and V12 and V13 had cleaned and removed them from the wound.</p> <p>(B)</p>	S9999		