

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008213	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER SANDWICH LIVING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 902 EAST ARNOLD STREET SANDWICH, IL 60548		
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S 000	Initial Comments Annual Licensure and Recertification Survey	S 000		
S9999	Final Observations Statement of Licensure Violation 1 of 4 300.615e) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) This requirement was not met as evidenced by: Based on interview and record review the facility failed to conduct resident background checks prior to admission to the facility. This applies to four of five residents (R5, R75, R225, R226) reviewed for identified offenders in the sample of 13. The findings include: R226's facesheet shows admission to the facility on 11/12/24 and a CHIRP (Criminal History Information Response Process) was not	S9999		

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

TITLE

(X6) DATE

Electronically Signed

12/20/24

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S9999	<p>Continued From page 1</p> <p>completed until 11/22/24.</p> <p>R225's facesheet shows admission to the facility on 11/15/24 and a CHIRP was not completed until 11/19/24.</p> <p>R5's facesheet shows admission to the facility on 10/2/23 and a CHIRP was not completed until 2/13/24.</p> <p>R75's facesheet shows admission to the facility on 11/7/24 and a CHIRP was not completed until 12/4/24.</p> <p>On 12/5/24 at 10:35 AM, V2 (Chief Operations Officer) and V1 (Administrator) said a resident's background check must be completed prior to admission to the facility for the safety of all the staff and residents.</p> <p>(C)</p> <p>Statement of Licensure Violation 2 of 4: 300.661</p> <p>Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.</p> <p>(Source: Amended at 45 Ill. Reg. 11096, effective August 27, 2021)</p> <p>The requirement was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to complete yearly healthcare worker background checks on 6 employees (V16, V17, V18, V19, V20, and V21). This deficient practice</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>had the potential to affect all residents in the facility.</p> <p>The findings include:</p> <p>The CMS (Center for Medicare and Medicaid Services) 671 dated 12/3/2024 shows there are 24 residents in the facility.</p> <p>On 12/5/24 at 10:00 AM, V7 (Business Office Manager/BOM) said healthcare workers background checks are completed when a new employee is hired. V7 said she was not aware they needed to be checked annually.</p> <p>The facility provided healthcare worker registry form for V16 shows her background was checked on 8/15/19.</p> <p>The facility provided healthcare worker registry form for V17 shows her background was checked on 3/7/23.</p> <p>The facility provided healthcare worker registry form for V18 shows her background was checked on 5/14/21.</p> <p>The facility provided healthcare worker registry form for V19 shows her background was checked on 7/26/23.</p> <p>The facility provided healthcare worker registry form for V20 shows her background was checked on 4/3/12.</p> <p>The facility provided healthcare worker registry form for V21 shows her background was checked on 1/16/14.</p> <p>On 12/5/24 at 10:35 AM, V2 Chief Operations Officer and V1 Administrator said an employee's background check must be completed yearly for the safety of all the residents.</p> <p>(C)</p>	S9999			

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S9999	Continued From page 3 Statement of Licensure Violation 3 of 4: 300.610a) 300.1210b) 300.1210c) 300.1210d)2)3)4)A)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 300.1210 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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	S9999		

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S9999	<p>Continued From page 4</p> <p>administered as ordered by the physician.</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>4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:</p> <p>A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.</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 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 observation, interview, and record review the facility failed to identify a wound prior to becoming a deep tissue injury (DTI), failed to ensure pressure ulcer interventions were in place, and failed to ensure weekly wound assessments were done for 2 of 5 residents (R11, R19) reviewed for pressure ulcers in the sample of 13.</p> <p>These failures resulted in R11 being at an increased risk of infection and delayed wound</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>healing.</p> <p>The findings include:</p> <p>1. R11's face sheet printed on 12/4/24 showed an admission date of 7/13/24 and diagnoses including but not limited to fracture of right lower leg, urinary tract infection, pneumonia, and peripheral vascular disease. R11's facility assessment dated 10/21/24 showed no cognitive impairment and staff assistance required for transfers and toileting hygiene. The same assessment showed R11 is always incontinent of urine and bowel.</p> <p>R11's pressure ulcer risk assessment dated 11/1/24 showed a moderate risk for pressure ulcer development.</p> <p>R11's December 2024 physician orders report showed an order start dated 10/6/24 for: "Check lower leg, with CAM (controlled ankle movement) boot on for increased edema or complications. Notify MD if changes/occur, every day and night shift." The report showed a second order start dated 11/10/24 for: "Right heel: cleanse, paint right side of heel with betadine, wrap with kerlex, apply heel boot, every day and night shift."</p> <p>On 12/3/24 at 9:22 AM, R11 was lying in bed and complained of pain to her right foot, which was wrapped in a white gauze bandage (kerlix) from the ankle to the toes. Her right heel was lying directly on the bed and the left heel had a blue heel boot on it. A sign was posted above the bed showing heel boots to be on at all times. R11 said she has a sore on her right foot but was not able to explain the cause. A black medical boot (CAM boot) was lying on the floor at the foot of the bed.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>On 12/3/24 at 11:47 AM, V11 and V12 (Certified Nurse Aides) stated R11 has a sore on her right heel. It was caused by the medical boot she wears when she is out of bed. Her heels need to be floated or a heel protector on them to take any pressure off the areas. At 11:50 AM, V14 (Registered Nurse) entered the room and said R11 had surgery on her right leg due to a fall at home. She wears the medical boot daily and it has caused a sore on her foot. V14 stated she was not sure if the boot rubbing has been addressed with the physician or family yet. V14 was unable to provide any specifics related to the stage or characteristics of the wound.</p> <p>R11's progress note dated 11/10/24 at showed: "...Writer observed a circular, non-blanchable purple discolored area measuring 3x3 (centimeters). Skin intact, no drainage or odor observed. No (complaint) pain or discomfort. Area cleansed with wound cleanser, betadine applied along with kerlix dressing. Resident tolerated dressing change. MD faxed and made aware. Return orders pending. Will endorse to oncoming shift to follow up. POA make aware and was happy that she was informed. Treatment in place. Will continue with current care plan."</p> <p>R11's November TAR (Treatment Administration Record) showed an order start dated 7/16/24 for weekly skin checks every Tuesday. The TAR was documented every Tuesday with no skin changes for the entire month, including the three Tuesdays after the 11/10/24 progress note showed a wound.</p> <p>R11's electronic and paper medical records were reviewed by this surveyor. No documentation could be located related to any heel wound assessments after the 11/10/24 progress note.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>R11's care plan was reviewed by this surveyor. There was no focus area or interventions in place related to the wound.</p> <p>On 12/4/24 at 11:51 AM, V4 (Nurse Consultant) stated there are no wound assessments for R11 after the day it was identified on 11/10/24. V4 said there are no wound rounds or weekly assessments available. Nothing is in the progress notes either.</p> <p>On 12/4/24 at 2:35 PM, R11's right heel was observed during the dressing change with V6 (Registered Nurse/RN). A dark purple, half-dollar size pressure ulcer was still located on her right heel.</p> <p>On 12/5/24 at 8:39 AM, V3 (Director of Nursing) stated wounds should be found before reaching an advanced stage. Residents can get more skin break down and have the risk for infection. V3 said a deep, dark purple area would be an unstageable pressure ulcer. That is an advanced stage wound. Any resident with a pressure ulcer should be followed by the wound physician. A wound assessment should be done immediately by the nurse on duty. A full physician wound assessment should be done within a day or two after that and then on a weekly basis. The weekly assessments are important to be sure that the treatment is working. There is no way of knowing if the wound is getting better or worse if there are no assessments. Interventions need to be in place right away. The care plan shows how to direct the wound care being provided. Interventions explain from shift to shift what is needed for good wound healing.</p> <p>R11's Wound and Skin Record dated 12/5/24 at 9:34 AM (only performed after this surveyor</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>requested the wound to be assessed) showed a right heel deep tissue injury, dry with cracks around it, black color on both sides and purple/redness within the wound.</p> <p>The facility Pressure Ulcer Prevention and Guidelines policy reviewed dated 9/2024 states under the procedure section: "3. The skin check assessment tool will be used with new onset and referred to the treatment nurse for follow-up with the Physicians as indicated."</p> <p>The facility Wound Assessment policy review dated 9/2024 states: "It is the policy of this facility to do a systemic ongoing wound assessment on all wounds in order to determine the response to nursing care and treatment modalities." The policy states: "2. A complete wound assessment will be done weekly by a licensed nurse for all wounds, ulcers, and impairment in the skin integrity. 3. The weekly wound assessment documentation will be recorded weekly on the weekly pressure sore log and/or other skin condition log."</p> <p>2. R19's order summary sheet documents his diagnoses to include multiple sclerosis and pressure ulcer of unspecified buttock, stage 4. The current orders include dressing orders for the left buttock and sacrum, and the right buttock.</p> <p>On 12/3/24 at 10:37 AM, R19 said he has wounds to his buttocks. The nurses change the dressings twice a day.</p> <p>On 12/4/24 at 3:02 PM, V6 (RN) performed the dressing change for R19, and he was observed to have a large and deep Stage 4 pressure injury to his left buttock and sacral area. He had an additional wound to his right buttock.</p>	S9999			

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S9999	<p>Continued From page 9</p> <p>The last 3 months of wound assessments were requested from the facility. The last assessment was dated 11/15/24. The previous assessments were dated 10/25/24, 10/4/24 and 9/27/24.</p> <p>The facility Wound Assessment policy review dated 9/2024 states: "It is the policy of this facility to do a systemic ongoing wound assessment on all wounds in order to determine the response to nursing care and treatment modalities." The policy states: "2. A complete wound assessment will be done weekly by a licensed nurse for all wounds, ulcers, and impairment in the skin integrity. 3. The weekly wound assessment documentation will be recorded weekly on the weekly pressure sore log and/or other skin condition log."</p> <p>(B)</p> <p>Statement of Licensure Violation 4 of 4: 300.610a) 300.1010h) 300.1210b) 300.1210c) 300.1210d)3) 300.1220b)2)</p> <p>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</p>	S9999		

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S9999	Continued From page 10 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. 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. 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 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.	S9999		

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S9999	<p>Continued From page 11</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 were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to prevent an unplanned, significant weight loss for 1 of 2 residents (R8) reviewed for nutrition in the sample of 13.</p> <p>This failure resulted in R8 sustaining a 7.98% weight loss over 1 month.</p> <p>The findings include:</p> <p>R8's face sheet printed on 12/4/24 showed diagnoses including but not limited to cerebral infarction, Parkinson's disease, depression, vomiting without nausea, and dysphagia (difficulty swallowing). R8's facility assessment dated 10/1/24 showed no cognitive impairment and partial to moderate staff assistance for eating. The same assessment showed full staff dependence for transfers.</p> <p>On 12/3/24 at 12:23 PM, R8 was seated at the lunch table with a pureed texture meal in front of her. A magic cup nutritional supplement was next to her plate and R8 was using a sippy-type cup.</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>R8's head was down, and she was not eating. R8 appeared thin and fragile. R8 was missing multiple teeth. Several staff members approached R8 throughout the meal but none offered assistance or cueing. At 12:48 PM, R8 wheeled herself out of the dining room. Her lunch meal was completely untouched.</p> <p>R8's electronic medical record was reviewed and showed on 10/23/24 she weighed 106.5 pounds. On 11/28/24 she weighed 98 pounds. (This is a 7.98% loss in one month).</p> <p>R8's nutrition/dietary note dated 10/18/24 showed resident is under weight for her age and dietary recommendations were given. Those recommendations included pudding 2 times daily, magic cup daily, mighty shake 3 times daily, benecalorie to be mixed with thickened cranberry 2 times daily, and medpass 90 mL (milliliters) mixed with food.</p> <p>The same 10/18/24 nutritional note recommended Remeron (medication) to increase R8's appetite. The note stated resident will continue on weekly weights.</p> <p>R8's November and December 2024 medication administration records and progress notes were reviewed. There was no documentation of any follow up or administration of the dietary recommendations, other than the medpass and pudding.</p> <p>R8's physician order report showed an order start dated 10/24/24 for weekly weights to be done every Wednesday morning. There were no weights done until 11/13/24 (two weeks later).</p> <p>On 12/5/24 at 12:06 PM, V6 (Registered Nurse)</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008213	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER SANDWICH LIVING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 902 EAST ARNOLD STREET SANDWICH, IL 60548		
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S9999	<p>Continued From page 13</p> <p>stated weights should be done as frequently as ordered. The dietary staff and dietitian reviews them. Any big gains or losses need to be addressed. The dietitian gives recommendations if someone is losing weight. The nurses are responsible for getting the suggestions to the doctor. New orders are put in after he approves the suggestions. It should be done in a couple of days, 1 to 3 max. It is important the recommendations get followed up on quickly for healthy weight gain, wound healing, and good health. V6 stated R8 has "definitely" lost weight recently. V14 (Registered Nurse) just "dug into her chart two days ago and is looking into it."</p> <p>On 12/5/24 at 11:30 AM, V13 (Registered Dietitian) stated she just took over care for R8 three weeks ago. Residents should be seen by a dietician on at least a monthly basis. Weights are obtained from staff and group discussions take place as soon as any concerns are discovered. V13 said the staff should be getting weights recorded sooner. Any refusals to be weighed should be charted. V13 said she defines a significant weight loss based on the general standard of 5% loss over 30 days, 7.5% loss over 90 days, and 10% loss after that. V13 stated R8's weight loss of 7.98% over one month is a significant weight loss. V13 said she would expect staff to be implementing and following up on dietary recommendations within a few days. The physician should have been notified of the recommendations and all the approved recommendations started. V13 said there is the potential for more weight loss, poor skin integrity and overall decline of a resident when the dietary recommendations are not followed.</p> <p>R8's care plan showed a focus area related to weight loss. Interventions included give the</p>	S9999		

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S9999	Continued From page 14 resident supplements as ordered. Alert nurse/dietitian if not consuming on a routine basis. Monitor and evaluate any weight loss. Weight monitoring per facility protocol. The facility Unintended Weight Loss policy revision dated 9/2024 states: "1. Resident is weighed monthly after admission and/or weekly, as requested by the physician/dietician ...5. Resident's physician will be informed of significant weight loss. 6. Dietician recommendation for weight gain will be referred to the physician." (B)	S9999			