STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004881	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AXIOM HEALTHCARE OF MOUNT VERNON	1700 WHITE STREET MOUNT VERNON, IL 62864

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S 000	Initial Comments Annual Licensure and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 4 300.615e) 300.615f) 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) 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure a criminal history background	S9999		

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check was completed within 24 hours after admission, including checking the Illinois Sex Offender Registration website and the Illinois Department of Corrections sex registrant search page for 4 of 6 residents (R97, R98, R99, and R197) reviewed for criminal history records in a sample of 24.

Findings include:

1. R97's Face Sheet documented an admission date of 11/6/24.

The Illinois Department of Public Health Identified Offenders Program Facility report for this facility includes R97 as an identified offender. R97's CHIRP (Criminal History Information Response Process) report was dated 11/6/24 with the result indicating there was a "hit" on the criminal history with convictions.

On 12/12/24, the facility was asked for evidence of the Illinois Sex Offender Registry check, and Illinois Department of Corrections check. This facility provided documents showed these checks were not completed until 12/12/24, therefore were not completed within 24 hours of admission.

2. R98's Face Sheet documented an admission date of 12/02/24.

R98's CHIRP documentation was dated 12/10/24, therefore was not completed within 24 hours of admission. In addition, it was also noted on the CHIRP documentation that the facility mistakenly transposed R98's first and last name when completing the check, therefore not completing the check on the correct individual.

3. R99's Face Sheet documented an admission

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S9999	Continued From page 2 date of 12/03/24. R99's CHIRP documentation was dated 12/10/24, therefore was not completed within 24 hours of admission. 4. R197's Face Sheet documented an admission date of 11/25/24. R197's CHIRP documented a result indicating there was a "hit" on the criminal history with convictions and was dated 12/02/24, therefore was not completed within 24 hours of admission. On 12/17/2024 at 2:42 PM, V20 (Business Office Manager/BOM) stated R197's documentation had not been received until 12/12/2024 from the corporate office. V20 stated, she notified the Identified Offender Program via email on 12/13/2024. On 12/12/24 at 3:30PM, when shown the documentation on R97, R98, R99, and R197, V23 (Regional Director) confirmed that these residents' CHIRPs and/or registry checks were not completed timely in accordance with the requirements. When asked who in the facility is responsible for completing these tasks, V23 stated that they didn't have anyone in house completing these checks at the current time and offsite corporate staff complete this task. (C) Statement of Licensure Violations 2 of 4 300.625a) 300.625c)1)2) 300.625f)1)	S9999		

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S9999	Continued From page 3 300.625g) Section 300.625 Identified Offenders a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks. c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender. 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. f) If identified offenders are residents of a facility, the facility shall comply with all of the following requirements: 1) The facility shall inform the appropriate county and local law enforcement offices of the identity of identified offenders who are registered sex offenders who are residents of the facility. g) Facilities shall maintain written documentation of compliance with Section 300.615 of this Part. This requirement is not met by: Based on interview and record review, the facility failed to ensure timely review of criminal history background check results, arrange for	S9999		

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fingerprint-based criminal history record inquiry within 72 hours, and ensure timely reporting of identified offenders to the Identified Offender program for 2 (R97 and R197) of 6 residents reviewed for background checks in the sample of 24.

Findings Include:

1. R97 Face Sheet documented an admission date of 11/6/24.

The Illinois Department of Public Health Identified Offenders Program Facility report for this facility includes R97 as an identified offender. R97's CHIRP (Criminal History Information Response Process) report was dated 11/6/24 with the result indicating there was a "hit" on the criminal history with convictions.

R97's Nursing Home Resident Applicant Fingerprint Consent Form dated 11/11/2024.

On 12/18/2024 at 1:15 PM, V20 (Business Office Manager/BOM) stated she is unable to produce documentation of scheduling R97's fingerprint orders within the 72-hour timeframe. V20 stated she only had R97 sign the consent prior to the company arriving to complete his fingerprints.

2. R197's Face Sheet documented an admission date of 11/25/24.

R197's CHIRP documentation was dated 12/02/24, therefore was not completed timely and documented a result indicating there was a "hit" on the criminal history with convictions.

R197's Nursing Home Resident Applicant Fingerprint Consent Form dated 12/13/2024.

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S9999	Continued From page 5 On 12/18/2024 at 1:17 PM, V20 (Business Office Manager/BOM) stated she is unable to produce documentation of scheduling R197's fingerprint orders within the 72-hour timeframe. V20 stated, she only had R97 signed the consent prior to the company arriving to complete his fingerprints. On 12/12/24 at 3:30PM, V23 (Regional Director) confirmed that R197's CHIRP was not completed timely. When asked who in the facility is responsible for completing these tasks, V23 stated that they didn't have anyone in house completing these checks at the current time and offsite corporate staff complete this task. On 12/17/2024 at 2:42 PM, V20 (Business Office Manager/BOM) stated R197's documentation had not been received until 12/12/2024 from the corporate office. V20 stated, she notified the Identified Offender Program via email on 12/13/2024. (C) Statement of Licensure Violations 3 of 4 300.650d) 300.661 Section 300.650 Personnel Policies d) The facility shall check the status of all applicants with the Health Care Worker Registry prior to hiring. Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care	S9999		

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Worker Background Check Act and the Health Care Worker Background Check Code.

These REQUIREMENTs are not met as evidenced by:

Based on interview and record review the facility failed to ensure the Healthcare Worker Registry and all required background check websites were checked for employees. This has the potential to affect all 48 residents residing at the facility.

Findings Include:

Review of the "Long-Term Care Facility Application for Medicare and Medicare" dated 12/10/243, documented 48 residents reside in the facility.

1. The facility provided untitled, undated employee roster with hire dates documents V12's (Cook) date of hire as 11/25/24 and employment status as active. V12's Healthcare Worker Registry check documents dated 6/25/2020, V12's work eligibility as eligible. The facility was not able to provide reproducible evidence of current documents of checking the Healthcare Worker Registry, Illinois Sex Offender Registry, the Department of Corrections Inmate Search, the Department of Corrections Sex Offender and Wanted Fugitive website, and/or the Office of Inspector General's website for V12 prior to 12/10/2024.

2. The facility provided untitled, undated employee roster with hire dates documents V13's (Certified Nursing Assistant) date of hire as 11/1/24 and employment status as active. The facility was not able to provide reproducible evidence of checking the Healthcare Worker

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Registry, Illinois Sex Offender Registry, the Department of Corrections Sex Offender and Wanted Fugitive website, and/or the Office of Inspector General's website for V13 prior to 12/10/2024.

3. The facility provided untitled, undated employee roster with hire dates documents V14's (Certified Nursing Assistant) date of hire as 11/11/24 and employment status as active. The facility was not able to provide reproducible evidence of checking the Healthcare Worker Registry, Illinois Sex Offender Registry, the Department of Corrections Sex Offender and Wanted Fugitive website, and/or the Office of Inspector General's website for V14 prior to 12/10/2024.

4. The facility provided untitled, undated employee roster with hire dates documents V15's (Certified Nursing Assistant) date of hire as 11/4/24 and employment status as active. The facility was not able to provide reproducible evidence of checking the Healthcare Worker Registry, Illinois Sex Offender Registry, the Department of Corrections Sex Offender and Wanted Fugitive website, and/or the Office of Inspector General's website for V15 prior to 12/10/2024.

5. The facility provided untitled, undated employee roster with hire dates documents V16's (Certified Nursing Assistant) date of hire as 7/2/24 and employment status as active. The facility was not able to provide reproducible evidence of checking the Department of Corrections Sex Offender website for V15 prior to 12/10/2024.

6. The facility provided untitled, undated employee roster with hire dates documents V17's

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(Housekeeper) date of hire as 12/3/24 and employment status as active. The facility was not able to provide reproducible evidence of checking the Healthcare Worker Registry, Illinois Sex Offender Registry, the Department of Corrections Sex and Wanted Fugitive website, and/or the Office of Inspector General's website for V17 prior to 12/10/2024.

On 12/11/2024 at 9:53 AM, V1 (Administrator) stated she had not completed the healthcare worker background checks for V12, V13, V14, V15, V16 and V17 prior to their date of hire. V1 stated, she verified and printed all documents for V12, V13, V14, V15, V16 and V17 on 12/10/2024. V1 stated, the facility does not have a policy for healthcare worker background checks but, they do follow the healthcare worker guidelines state regulations.

(C)

Statement of Licensure Violations 4 of 4

300.1210a)
300.1210b)
300.1210c)
300.1210d)5)

Section 300.1210 General Requirements for Nursing and Personal Care

a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the

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resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)

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:

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.

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These requirements were not met as evidenced by:

Based on observation, interview, and record review the facility failed to assess, treat, and implement interventions to prevent pressure ulcers for 2 of 3 (R33 and R18) residents reviewed for pressure ulcers in the sample of 24. This failure resulted in R33 developing a Stage 3 pressure ulcer to his right Ischium and R18's left heel pressure wound worsening/declining.

The Findings Include:

1. R33's admission record documents an admission date of 7/17/22. This same document includes the following diagnosis: Parkinsonism, Diabetes Mellitus Type 2, Dementia, and other specified nutritional deficiencies.

R33's Quarterly Minimum Data Set (MDS) dated 11/15/24 Section C0700 documents R33 has a short term and long term memory problem conducted by staff. This same MDS Section GG documents that R33 is dependent on staff for toileting, hygiene and bed mobility. Section M0100 of this MDS documents R33 is at risk for developing pressure ulcers/injuries and that he has unhealed pressure ulcer/injury at the time of this assessment. Section H, Bladder and Bowel, documents that R33 always has urinary and bowel incontinence.

R33's Braden Scale dated 8/16/24 documents a score of 14, which indicates R33 is at high risk of skin breakdown.

R33's Care Plan has a focus area with an initiation date of 7/11/24, that R33 has potential

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impairment to skin integrity relate to incontinence of bowel and bladder. The goal for this focus area, with an initiation date of 7/11/24, documents that R33 will maintain clean and intact skin by the review date. Documented interventions for this focus area include: Keep skin clean and dry, use lotion on dry skin PRN (as needed), pressure relief device for w/c (wheelchair) and bed, skin risk assessment: Braden Scale weekly x 4 weeks upon admission or readmission and then quarterly and PRN, and weekly skin assessment with documentation. R33's Care Plan also documents a focus area with a revision date of 7/11/24 of "the resident has limited physical mobility related to Parkinson's, weakness, and arthritis." The goal, with a revision date of 11/21/24 for this focus area, is that "the resident will remain free of complications related to immobility, including contractures, thrombus formation, skin breakdown, fall related injury through the next review date." The interventions for this focus area includes: 1/2 side rails per resident request related to safety, nursing restoratives as ordered, the resident is weight bearing and up as needed with one assist.

R33's Wound Assessment and Plan, with a visit date 11/4/24, documented by V24 (Nurse Practitioner) lists a left ischium Stage 3 pressure injury with an onset date of 10/21/24 for the wound that is in the Active/initial phase of treatment. The treatment order included....preventative wound recommendations: air mattress and pressure reduction chair cushion, and to offload as tolerated. The same assessment also documents a right ischium Stage 3 pressure injury with an onset date of 10/17/24 with wound measurements of 2.1 cm. (centimenters) Length x 1.7cm. Width x 0.1 cm. Depth. The treatment order is for preventative

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S9999	Continued From page 12 wound recommendations of air mattress and pressure reduction cushion. A Wound Assessment and Plan, with a visit date of 11/19/24, documented by V24 that a right ischium Stage 3 pressure injury with an onset date of 10/17/24. Treatment order for preventative wound recommendations include an air mattress and a chair pressure reduction cushion. The same assessment also documents a left ischium Stage 3 pressure injury with an onset date of 10/21/24 is healed. Treatment order for preventative wound recommendations include an air mattress and chair pressure reduction cushion. A Wound Assessment and Plan, with a visit date of 11/26/24, documented by V24 that a right ischium Stage 3 pressure injury with an onset date of 10/17/24 is healing. Treatment order for preventative wound recommendation includes an air mattress and chair pressure reduction cushion. A Wound Assessment and Plan, with a visit date of 12/3/24, documented by V18 (Physician Assistant) that a right Stage 3 pressure injury to right Ischium with an onset date of 10/17/24 is stable with measurements of 3.3cm. Length x 2cm. Width x 0.1 cm. Depth. Treatment ordure for preventative wound recommendation includes an air mattress a chair pressure reduction cushion. On 12/12/24 at 2:30 PM, V2 (Director of Nursing) stated that the wound group that comes in weekly leaves their progress notes and orders to be filed in the chart. V2 went on to state that those are considered the physician orders and are to be carried out as noted.	S9999		

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AXIOM HEALTHCARE OF MOUNT VERNON	1700 WHITE STREET MOUNT VERNON, IL 62864

(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
S9999	Continued From page 13 On 12/10/24-12/11/24, R33 was observed to be seen on a mattress that was scooped but not an air mattress. On 12/11/24 at 11:30AM, V4 (Registered Nurse) confirmed that this was not an air mattress nor did R33 have an extra pressure relieving cushion on his wheelchair seat. V4 went on to state that she has not seen a cushion in R33's chair ever and this is the scoop mattress he normally has. On 12/10/24, intermittent observations were made of R33 at: 8:30AM, 11:00 AM, 12:00 PM, 2:30 PM and 3:30PM in his wheelchair with no pressure reduction cushion in his wheelchair. On 12/11/24, intermittent observations were made of R33 at: 8:05 am in the dining room eating breakfast in his wheelchair with no pad in his chair, 8:58AM in the hallway by his room in the wheelchair with no pressure reduction pad, 9:30 am in his room in front of the television in his wheelchair with no pressure reduction pad, 9:51 AM in his room in front of television in his wheelchair with no pressure reduction pad, 10:40 AM in his room in front of television in his wheelchair with no pressure reduction pad, 11:05 AM in room in front of television in his wheelchair with no pressure reduction pad, 12:50 PM in dining room in his wheelchair with no pressure reduction pad at table, 1:20 PM by his room in hallway in his wheelchair with no pressure reduction pad, 1:40 PM by his room in hallway in his wheelchair with no pressure reduction pad, 1:53 PM by room in in hallway in his wheelchair with no pressure reduction pad stated that he was got up at 5 am and that is the last time he went to the bathroom and been out of this chair, 2:06 PM took to bingo still in chair, 2:47pm still in bingo and told V2 (Director of Nursing) that R33 had	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004881	A. BUILDING: _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S9999	Continued From page 14 been in the chair since 5 AM with no peri care or repositioning, and 3:03 PM R33 was transferred by mechanical lift to bed and peri care was observed. On 12/17/24 at 1:00PM, V18 (Wound Physician Assistant) stated that she was not aware that R33 did not have the recommended seat cushion or the mattress to promote wound healing. V18 stated that these interventions help off load the weight and aide in wound healing. V18 stated at this time she would expect them to follow the recommendations/doctor orders. On 12/17/24 at 3:00PM, V1 (Administrator) stated that she found a gel pad that fits the wheelchair seat and they will start using that for R33 when he is sitting up in the wheelchair. (B)	S9999		