

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007090</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C 04/25/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARIS HEALTH AND REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>1011 NORTH MAIN STREET PARIS, IL 61944</b>		
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S 000	Initial Comments  Complaint Investigation 2563467/IL190597	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.610a) 300.1010h) 300.1210a) 300.1210b) 300.1210d)5) 300.3220f)  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. The	S9999		

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

TITLE

(X6) DATE

Electronically Signed

05/09/25

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S9999	<p>Continued From page 1</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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 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)</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>	S9999		

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S9999	<p>Continued From page 2</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>Section 300.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders</p> <p>These requirements were not met as evidence by:</p> <p>Based on interview and record review the facility failed to notify a resident's physician of signs of a potential wound infection subsequently delaying treatment resulting in Cellulitis of the wound. This failure affected one of three residents (R1) reviewed for Wound Treatments on the sample list of three.</p> <p>Findings Include:</p> <p>The Acute Change of Condition policy dated 1/23/23 documents the facility will identify and treat residents with an acute change of condition. The nursing staff will collect pertinent details to report to the physician. The nursing staff will</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>contact the physician based on the urgency of the situation. The physician will help identify and authorize appropriate treatments.</p> <p>R1's Medical Diagnosis List dated April 2025 documents R1 is diagnosed with Atherosclerotic Heart Disease, Diabetes Mellitus Type II, Dementia, and Local Infections of the Skin and Subcutaneous Tissue.</p> <p>R1's Physician Order Sheet (POS) dated April 2025 documents an order placed on 2/20/25 for staff to complete a daily foot check related to a history of skin impairment/ulcer, current skin impairments/ulcers, color, temperature, edema, and pedal pulses and notify the physician with any changes. R1's POS dated 3/20/25 documents V6 Vascular Wound Physician ordered Bactrim (Antibiotic) 800/160 milligrams twice per day for seven days for Cellulitis.</p> <p>R1's current Care Plan dated April 2025 documents R1 has current vascular wounds and staff should monitor, document, and report any signs or symptoms of infection and consult the wound physician as needed.</p> <p>R1's Nurses Progress Note dated 3/16/25 documents V5 Licensed Practical Nurse (LPN) noted a change in R1's right second toe wound. The toe was noted to be edematous (swollen) and red. R1 winced when her toe was touched to clean the area. V5 documented she notified the facility wound nurse (V3) about the change.</p> <p>On 4/24/25 at 3:35 PM, V3, Wound Nurse, confirmed she was notified on 3/16/25 by V5 LPN about changes concerning R1's right second toe wound. However, a physician was not notified. V3 stated she had planned to notify someone the</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>following day. However, forgot that R1's wounds were being treated by V6 Vascular Wound Physician. V3 confirmed V6 should have been notified concerning the wound changes on 3/16/25. V3 confirmed no treatment for potential infection was put into place until R1's previously scheduled appointment with V6 on 3/20/25. On 3/20/25 R1 returned to the facility with an order for an antibiotic for cellulitis of R1's right second toe. V3 confirmed physician notification should have been done right away to see if any treatment could have been started prior to R1's wound clinic visit on 3/20/25. V3 also confirmed R1's right second toe was diagnosed with Cellulitis and treated for the infection with antibiotics.</p> <p>On 4/25/25 at 1:30 PM, V9 Medical Physician, confirmed the facility staff should have contacted a provider on 3/26/25 to get treatment orders (antibiotics -if wound looked infected) until R1 could have been seen for the change in wound condition. V9 confirmed R1's wound did end up with an infection which was determined by V6 Vascular Wound Physician and antibiotics were eventually ordered by V6 on 3/20/25. V9 confirmed R1's wound could have gotten much worse or caused further issues due to R1's co-morbidities and the four-day delay in treatment. V9 confirmed this delay put R1 at risk for complications.</p> <p>(B)</p>	S9999		