

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003842</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/30/2019</b>
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NAME OF PROVIDER OR SUPPLIER <b>WILLOW ROSE REHAB &amp; HEALTH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>410 FLETCHER JERSEYVILLE, IL 62052</b>
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S 000	Initial Comments  Complaint #1945012/IL113813 Complaint #1945335/IL114160  Statement of Licensure Violations	S 000		
S9999	Final Observations  300.610a) 300.1210b) 300.1210d)5) 300.3240a)  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. Restorative measures	S9999		

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  08/19/19
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S9999	<p>Continued From page 1</p> <p>shall include, at a minimum, the following procedures: 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.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to monitor, treat and prevent pressure ulcers for 1 of 3 residents (R1) reviewed for pressure ulcers in the sample of 18. This failure resulted in a development of an unstageable pressure ulcer to R1's left heel.</p> <p>Findings include:</p> <p>R1's MDS (Minimum Data Set), dated 6/19/19, documents total dependence and two plus person assistance for bed mobility.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R1's Care Plan, dated 6/26/19, documents R1 is at high risk for pressure ulcers. Interventions include Skin Check Daily with ADL's (Activities of Daily Living), Weekly Skin Checks per Nursing Staff, Provide Treatments per order to skin tears/pressure ulcer, and Assist resident to turn and reposition q (every) 2 hours and prn (as needed).</p> <p>On 7/15/19, R1 was lying in bed on her back from 8:05 AM until 11:30 AM without any intervention for repositioning, based on 15 minutes or less observation intervals.</p> <p>On 7/15/19 at 9:55 AM, R1 was lying on her back with her feet elevated off of the mattress resting on a pillow. V3, Certified Nurse Assistant (CNA), removed R1's sock from her left foot. R1 had a black ulcer approximately 2.5 x 1 centimeter, an Unstageable pressure ulcer-to R1's left heel. No dressing noted. V3 stated she was unaware of V1's pressure sore to the heel.</p> <p>On 7/16/19 at 9:50 AM, R1 was lying on her left side with her feet elevated off the mattress resting on a pillow. V6, Registered Nurse (RN), removed R1's sock from her left foot. V6 stated there was an unstageable pressure ulcer to R1's left heel. V6 stated she was unaware of the pressure ulcer to R1's left heel. V6 reviewed R1's nurse note's dated 6/25/19 with this writer which documents an unstageable area to R1's left heel measuring 1 cm (centimeter) x 1.5 cm. V6 stated that R1's physician (V15) was notified on 6/25/19 and there was an order received for "skin prep to left heel until healed", but the order was not transcribed onto the MAR (Medication Administration Record). V6 stated that R1 has not received any treatment to R1's left heel ulcer since the order was received by V15 on 6/25/19.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>R1's Nurse Note, dated 6/25/19 at 10:40 AM, documents "Resident was in therapy and was noted to have a dk (dark) area to L (left) heel unstageable 1 cm x 1.5 cm x? (V15) called with orders received." This note was authored by V17, RN.</p> <p>R1's Physician Order's, dated 6/25/19, documents, "Skin Prep to L heel Q (every) shift T/H (till healed)."</p> <p>R1's Treatment Record, dated 6/1/19 thru 6/30/19, does not document the physician order on 6/25/19 for the treatment of R1's left heel.</p> <p>R1's Treatment Record, dated 7/1/19 thru 7/13/19, documents "Skin Prep to Left heel until healed" transcribed onto the MAR by V6 on 7/15/19.</p> <p>R1's Shower/Abnormal Skin Report's, dated 5/29/19, 6/5/19, and 6/12/19 document, skin clear no abnormalities found; reports dated 6/19/19 and 7/3/19 document no new findings; report dated 7/13/19 documents a light bruise to left lateral upper arm and bruise to right lateral upper arm. None of the reports document the pressure ulcer to the left heel.</p> <p>On 7/17/19 at 12:15 PM, V15, R1's Physician, stated you would think that the staff would have noticed R1's pressure ulcer to the left foot before it became unstageable."</p> <p>On 7/18/19 at 9:45 AM, V1, Administrator, stated, "Absolutely, turning the residents every 2 hours has been a problem, but I don't know why."</p> <p>On 7/18/19 at 10:30 AM, V2 stated that R1's</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>pressure ulcer to her left foot should have been found before it was unstageable. V2 stated that R1 is given a shower 2 times per week and would expect the staff to notice a change in skin condition during bathing and during turning and positioning every 2 hours.</p> <p>The Facility's Pressure Sore Prevention Guidelines Policy and Procedure, revised 4/2006, documents, "Procedure: The following guidelines will be implemented for any resident assessed a Moderate or High skin risk." It follows with an Intervention table which includes for High Risk: Turn and reposition every two hours and Daily Skin Checks.</p> <p>The Facility's Newly Acquired Skin Conditions Policy and Procedure, undated, documents, "4. Physician notified with appropriated treatment obtained and initiated within a timely manner."</p> <p>The NPUAP (National Pressure Ulcer Advisory Panel) at <a href="https://cdn.ymaws.com/npuap.site-ym.com/resource/resmgr/npuap_pressure_injury_stages.pdf">https://cdn.ymaws.com/npuap.site-ym.com/resource/resmgr/npuap_pressure_injury_stages.pdf</a> documents the definition, "Unstageable Pressure Injury: Obscured full- thickness skin and tissue loss Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed." (B)</p>	S9999		
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