

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012413	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/24/2019
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NAME OF PROVIDER OR SUPPLIER FRANCISCAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1270 FRANCISCAN DRIVE LEMONT, IL 60439
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S 000	Initial Comments Annual Licensure and Certification Survey Complaint: 1975266/ IL114090 - F686G cited	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210c)1)2) 300.1210d)5) 300.3220f) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 08/26/19
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S9999	<p>Continued From page 1</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</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,</p>	S9999		

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Continued From page 2
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.

Section 300.3220 Medical Care

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. (Section 2-104(b) of the Act)

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These Regulations were not met as evidenced by:

Based on interview and record review, the facility failed to provide ongoing assessments and dressing changes for a resident with known pressure ulcer.

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S9999	<p>Continued From page 3</p> <p>As a result, R36 was admitted to the hospital with a pressure ulcer on the right lateral foot with readily exposed bone and fascia.</p> <p>This applies to 1 resident (R36) reviewed for pressure ulcer in the supplemental sample.</p> <p>The findings include:</p> <p>R36's progress notes on 7/17/19 at 5:00 PM showed R36 was transferred to hospital for low hemoglobin. Emergency Room reports showed R36 was transferred to the medical floor with a request for a podiatry consult due to R36 having a stage 3 pressure ulcer on the right foot with readily exposed bone and fascia. R36's podiatry note completed on 7/19/19 at 7:19 AM showed lateral foot ulcer moist with seropurulent drainage. Hospital records showed an excisional ulcer debridement was performed on 7/22/19 on the right foot and R36 was diagnosed with chronic osteomyelitis.</p> <p>According to the EHR (Electronic Health Record) R36 received wound care assessments and evaluations performed by V5 (wound doctor) from 11/27/18 through 03/05/19. Included in the documentation was the assessment of "stable eschar. Patient to continue current treatment and PCP (primary care provider) to manage stable, chronic wound. Please reconsult if necessary." Attached dressing treatment plan showed to continue with betadine, apply dry dressing for 30 days. V5's assessment and evaluation showed 2 wounds on the right foot, one being the ankle and the other as right, distal lateral foot.</p> <p>R36's care plan showed admitted with skin/tissue integrity concerns including the right outer foot with unstageable pressure wound with</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>measurements of 4.0 X (by) 3.6 X unmeasurable due to 100 % eschar. The intervention was treatments as ordered.</p> <p>R36's (MDS) Minimum Data Set quarterly assessment on 5/29/19 showed BIMS (brief interview for mental status) score of 15 which meant R36 is cognitively intact</p> <p>On 4/12/19 at 11:25 AM, R36's progress note showed V3's (Assistant Director of Nursing/wound nurse) assessment indicated "wound to right lateral foot which has previously stable eschar had deteriorated ...physician was informed, Santyl ointment was ordered ..." Measurement showed 3.2 X 2.0.</p> <p>V23's (PCP) encounter notes showed R36 was seen by V23 on: 3/7; 3/12; 3/14; 3/19; 3/21; 3/27; 3/29; 4/4; 4/9; 4/11; 4/23 and 4/30 failed to show descriptions or assessments of the right lateral foot. V23's encounter notes showed on 4/30; 5/7; 5/9; 5/14; 5/21; 5/21; 5/23; 5/28; 6/4; V23 documented "foot wound - improving."</p> <p>On 5/10/19 at 5:19 PM, V3's progress note showed "unstageable pressure ulcer to right lateral distal foot. Measures 3.0 X 2.0 but not measurable due to 80% devitalized slough tissue, 10% eschar and 10% pink granulation"</p> <p>R36's April POS (physician order sheet) showed to apply topical ointment to the right lateral distal foot, cover with dressing daily X (times) thirty days starting on 4/18/19.</p> <p>R36's May POS showed the same</p> <p>R36's June POS showed no orders for medication or dressing changes for the right lateral distal foot.</p> <p>R36's July POS showed to apply topical ointment</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>to wound bed daily X 30 days, cover with dry dressing daily X thirty days starting on 7/10/19.</p> <p>R36's April's TAR (Treatment Administration Record) showed the topical ointment was applied and dressing was changed on R36's right lateral distal foot daily from 4/18/19 to 4/30/19.</p> <p>R36's May's TAR showed the topical ointment was applied and dressing was changed on R36's right lateral distal foot daily from 5/1/19 to 5/17/19.</p> <p>R36's June's TAR showed R36 did not receive any ointment nor was the dressing changed on the right lateral distal foot daily from 6/1/19 to 6/30/19.</p> <p>R36's July's TAR showed the topical ointment was applied and dressing was changed to R36's right lateral distal foot daily from 7/10/19 to 7/15/19.</p> <p>On 7/5/19 at 6:36 AM, V27 (nurse) noted R36's right lateral foot with odor.</p> <p>On 7/5/19 at 10:19 PM, V3's wound assessment noted slough and serosanguinous drainage</p> <p>On 7/7/19 at 1:34 PM, R36 voiced concerns to V7 (nurse) about dressing changes not being done every day.</p> <p>On 7/10/19 at 12:36 PM, R36 and family member expressed continued concerns about dressing changes not being done daily.</p> <p>On 07/24/19 at 11:08 AM, V3 (ADON) stated R36 has not been seen by a wound doctor since March 2019. V3 added, R36's wound was stable after V5 stopped seeing R36 and described the wound with eschar, black in color, dry, without redness, drainage or pain. V3 stated the</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>Attending physician has never seen the wound and there was no need for the Attending physician to see the wound, because V3 is a certified wound nurse. In addition, V3 stated the wound changed from partial eschar to slough in April. V3 stated eschar totally disappeared in June.</p> <p>On 07/24/19 at 12:38 PM, V5 (Wound doctor) stated she has not seen the resident since March 2019 and if there was a deterioration in the condition of the wound, she probably wouldn't have been notified because her agency only sees Medicare patients. She added that however, a physician should have been notified and followed R36 for wound care.</p> <p>On 07/24/19 at 1:24 PM, V7 (nurse) reviewed her progress note dated 7/7/19 and clarified that the resident (R36) and (V9) resident's brother questioned dressing changes and making sure they are done daily. V7 stated the dressing was dated from a few days previously. V7 checked the computer and discovered there was no orders for dressing changes. V7 stated she spoke with V3 (ADON) who said dressing changes should occur daily. V7 informed V3 that the previous order had expired on 5/17/19, for Santyl 250 mg once daily. V7 stated V3 would renew the order. V7 stated that without a current order, the night nurse would not know to change the dressing, because it would not pop up. V7 stated on 7/10/19, the family and resident approached her again, and V9 was pretty upset because the same dated dressing had not been changed. V7 spoke with V3 who stated the order had not been placed and would do so immediately and change the dressing.</p> <p>On 7/24/19 at 1:50PM, V7 reviewed the electronic</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>POS and verified orders for dressing change to R36's lateral foot was only in place for periods 4/18/19 to 5/17/19 and 7/10/19 to 7/15/19 prior to R36 being hospitalized.</p> <p>Policy provided by the facility titled Pressure Ulcers/Skin Breakdown - Clinical Protocol effective 10/2012 showed: "The physician will authorize pertinent orders related to wound treatments ..." "The physician will help staff characterize the likelihood of wound healing ..."</p> <p>Policy provided by the facility titled Pressure Ulcer Treatment effective 10/2012 showed the purpose as: "...to provide guidelines for the care of existing pressure ulcers ...; when eschar or slough is present, a pressure ulcer cannot be accurately staged until the eschar is removed ...; Pressure ulcers require a comprehensive approach ...;</p> <p>(A)</p>	S9999		