

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER HENDERSON COUNTY RET CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 604 OAKWOOD DRIVE STRONGHURST, IL 61480
--	---

(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
--------------------	--	---------------	---	--------------------

S 000	<p>Initial Comments</p> <p>Annual Health Survey</p>	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violation</p> <p>300.610a) 300.1210a) 300.1210b) 300.1210d)2)3)5) 300.3220f) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</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</p>	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

05/10/19

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER HENDERSON COUNTY RET CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 604 OAKWOOD DRIVE STRONGHURST, IL 61480
--	---

(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	<p>Continued From page 1</p> <p>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> <p>2) All treatments and procedures shall be 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>5) A regular program to prevent and treat pressure sores, heat rashes or other skin</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/18/2019
NAME OF PROVIDER OR SUPPLIER HENDERSON COUNTY RET CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 604 OAKWOOD DRIVE STRONGHURST, IL 61480		
(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	<p>Continued From page 2</p> <p>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. (Section 2-104(b) of the Act)</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These Regulations were not met as evidence by:</p> <p>Based on observation, interview, and record review, the facility failed to prevent a pressure ulcer from developing and worsening, failed to identify a pressure ulcer, and failed to follow a physician prescribed treatment for one of two residents (R29) reviewed for pressure ulcers in the sample of 24. This failure resulted in R29's wound worsening from a Stage II pressure ulcer to Unstageable.</p> <p>Findings include:</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2019
--	---	--	--

NAME OF PROVIDER OR SUPPLIER HENDERSON COUNTY RET CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 604 OAKWOOD DRIVE STRONGHURST, IL 61480
---	---

(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	<p>Continued From page 3</p> <p>The facility's Prevention of Pressure Ulcers policy, dated 2/27/19, documents, "Pressure ulcers are usually formed when a resident remains the the same position for an extended period of time causing increased pressure or a decrease of circulation to that area and subsequent destruction of tissue. The most common site of a pressure ulcer is where the bone is near the surface of the body including the back of the head around the ears, elbows, shoulder blades, backbone, hips, knees, heels, ankles, and toes. If pressure ulcers are not treated when discovered, they quickly get larger, become very painful for the resident, and often times become infected."</p> <p>According to the National Pressure Ulcer Advisory Panel: Prevention and Treatment of Pressure Ulcers Quick Guide, dated 2014, "A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. Category/Stage II: Partial Thickness Skin Loss: Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum filled blister. Unstageable: Depth Unknown: Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed.</p> <p>According to Merck Manual Professional Version, "Pressure Ulcers," dated 2018, "Direct ulcer care. Appropriate ulcer care involves cleaning, debridement, and dressings. Debridement is necessary to remove necrotic tissue. Necrotic tissue serves as a medium for bacterial growth</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/18/2019
NAME OF PROVIDER OR SUPPLIER HENDERSON COUNTY RET CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 604 OAKWOOD DRIVE STRONGHURST, IL 61480		
(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	<p>Continued From page 4</p> <p>and blocks normal wound healing. Dressings are helpful for protecting the wound and facilitating the healing process (Dressings should be used for stage I pressure ulcers that are subject to friction or incontinence and for all other pressure ulcers."</p> <p>R29's Braden Scale for Predicting Pressure Sore Risk Assessment, dated 4/11/19, documents that R29 is at a high risk for developing pressure ulcers.</p> <p>R29's Incident note, dated 3/12/19, documents, "CNA (Certified Nursing Assistant) noticed a blister with light bruising at R29's right great toe. CNA states she is sure it was not there this morning. Area measures 1 cm (centimeter) x 1 cm."</p> <p>R29's Physician's orders, dated 4/16/19, document that R29 received an order to apply a Hydrocolloid dressing to R29's right great toe every three days and as needed until it is resolved for the blister on R29's right great toe. This order was obtained on 3/19/19.</p> <p>R29's MDS (Minimum Data Set), dated 3/13/19, documents in Section M Skin Conditions that R19 does not have any pressure ulcers.</p> <p>R29's Pressure ulcer Care plan, dated 4/12/19, has no documentation of revision to R29's care plan to address R29's pressure ulcer nor were new interventions implemented when the area was discovered.</p> <p>R29's Nurse's note, dated 3/17/19, documents that R29's right greater toe has a broken blister with a reddish center.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/18/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HENDERSON COUNTY RET CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 604 OAKWOOD DRIVE STRONGHURST, IL 61480
--	---

(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	<p>Continued From page 5</p> <p>R29's Skin/Wound Note, dated 3/29/19, documents that R29 continues to have an open area related to the blister on R29's right great toe. The noted also documents that R29's treatment order continues to be a Hydrocolloid spot on R29's right great toe until it is resolved.</p> <p>R29's Electronic Census documents that R29 was discharged to the hospital on 4/3/19.</p> <p>R29's Readmission assessment, dated 4/11/19, documents that R29 has a blister to his right great toe that measures 2 cm x 2 cm x 1 cm. The assessment also documents that a Stage II pressure ulcer may present as an intact or open/ruptured serum/filled blister, and an Unstageable pressure ulcer is full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed.</p> <p>On 04/15/19 at 11:11 AM, R29 had a circular shaped wound covered approximately 75% with eschar (dark brown/black tissue) on the end of R29's right big toe. The wound had no dressing covering it. V8 (Certified Nursing Assistant) stated that R29's wound has been present for over six weeks and confirmed that no dressing was in place.</p> <p>On 04/17/19 at 11:34 AM V2 (Director of Nursing) removed R29's socks where R29's area to his right great toe was uncovered with no dressing. V2 confirmed that R29 had a round eschar area covering the end of R29's toe and that there was no dressing in place to R29's toe. V2 stated she wasn't aware that R29 still had an area to the end of his toe.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2019
--	---	--	--

NAME OF PROVIDER OR SUPPLIER HENDERSON COUNTY RET CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 604 OAKWOOD DRIVE STRONGHURST, IL 61480
---	---

(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	<p>Continued From page 6</p> <p>On 04/17/19 at 01:20 PM, V2 stated that R29 had a blister that developed on the end of his right great toe from the pressure of the toe rubbing against his foot board.</p> <p>On 04/17/19 at 02:20 PM, V9 (Wound Nurse) stated, "When R29's wound was discovered 3/12/19 it was a fluid filled blister. When the blister popped we got the order for a Hydrocolloid dressing. Then he went into the hospital. When I assessed the wound when he returned from the hospital hard and scabbed. I measured it when he returned with having depth even though it was scabbed. I was not aware that a blister is considered a pressure ulcer. We continued the Hydrocolloid treatment when he returned so the treatment should be in place at all times."</p> <p>On 04/17/19 at 02:36 PM, V9 removed R29's blanket to expose R29's feet. R29 had no dressing on his right great toe. R29 had a round area on the end of his right great toe with approximately 75% of the wound covered in eschar. V9 stated, "The eschar was not there when I initially assessed this wound is was just a scab like area with no eschar present. The wound has worsened, and it is now necrotic and Unstageable."</p> <p>On 4/18/19 at 12:15 p.m., V10 (R29's Physician) stated that if a treatment is not being utilized it will contribute to the wound worsening.</p> <p style="text-align: center;">"B"</p>	S9999		
-------	--	-------	--	--