

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008056 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 11/10/2020 |
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| NAME OF PROVIDER OR SUPPLIER GENERATIONS AT RIVERVIEW | STREET ADDRESS, CITY, STATE, ZIP CODE 500 CENTENNIAL DRIVE EAST PEORIA, IL 61611 |
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| (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 | Initial Comments Complaint #2028636/IL128267 | S 000 | | |
| S9999 | Final Observations Statement of Licensure Violations: 300.1210)b) 300.1210d)2)3)5) 300.1220b)2)3) 300.3240a) 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. 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: 2) All treatments and procedures shall be administered as ordered by the physician. 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. | S9999 | Attachment A Statement of Licensure Violations | |

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| S9999 | <p>Continued From page 1</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 300.1220 Supervision of Nursing Services</p> <p>b)The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2)Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>3)Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three</p> | S9999 | | |

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| S9999 | <p>Continued From page 2 months.</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. (Section 2-107 of the Act)</p> <p>These requirements were not met evidenced by:</p> <p>Based on interview, record review, and observation, the facility failed to prevent a resident from developing a pressure ulcer for one resident (R4) and failed to perform a treatment as ordered for one resident (R1) reviewed for pressure ulcers in the sample of four. This failure caused R4 to develop an unstageable pressure ulcer after his admission to the facility and R1 to not receive a treatment as ordered to his pressure ulcer while he resided at the facility.</p> <p>Findings include:</p> <p>1. R4 was admitted to the facility on 10/29/2020. His Admission Body assessment dated 10/29/2020 documents R4 did not have any pressure ulcers.</p> <p>On 11/5/2020 at 9:00AM V3 Assistant Director of Nursing reviewed the wound log provided by the facility and confirmed (R4) had a pressure ulcer.</p> <p>On 11/5/2020 at 9:15AM V3 rolled R4 over to perform wound care on his coccyx/sacral region. V3 stated that she would not assess the area or the stage of the wound because that would be "diagnosing" and she was not comfortable with this. V3 stated that the (V4) Wound Physician</p> | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>agreed the wound was large, purple, butterfly shaped, and had an open area over the coccyx. V3 stated that V4 would be making rounds this afternoon and R4 would then have an assessment, and a treatment. V3 stated that she would apply barrier cream and a dressing to R4's area until the physician visited.</p> <p>On 11/5/2020 V4's report documents, "History of Present Illness: At the request of (R4's physician) a thorough wound care assessment and evaluation was performed today. (R4) has an unstageable (due to necrosis) sacrum for at least 1 days." The assessment documents the size of the wound as 8 (centimeters[cm]) x 8.5 cm x unstageable with moderate sero-sanguineous exudate, 50% black necrotic, 25% devitalized tissue and 25% viable tissue." V4's report further documents, "evolving pressure injury concerning for terminal ulcer. Patient under palliative care."</p> <p>R4's electronic medical record does not document R4 as being on palliative care in the Nursing Progress note, Physician/Advanced Practice Nurse (APN) notes or in the resident's current Care Plan.</p> <p>2. R1 was admitted to the facility on 10/19/2020 and discharged on 11/1/2020. His Admission/Readmission Body assessment documented he had a pressure ulcer on his coccyx, however there is not a size, description or stage of the wound documented in the assessment.</p> <p>On 11/10/2020 at 9:15AM V1 Administrator stated, "There is an Admission readmission body assessment under "Observations" in the electronic medical record (EMR). This is the place where all the skin issues should be</p> | S9999 | | |

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| S9999 | <p>Continued From page 4 marked/assessed upon admission/readmission."</p> <p>R1 did not have a treatment documented on the October Treatment Administration Record (TAR) for the pressure ulcer on R1's coccyx.</p> <p>On 11/5/2020 at 3:00PM at V2 Director of Nursing (DON) stated (R1) did not have an order for his treatment to his sacrum on the Physician's Orders during his stay at the facility. She verified there are two wound consults in his record each with an order for a Hydrocolloid dressing to his sacrum. This order was not transcribed and never completed.</p> <p style="text-align: center;">"B"</p> | S9999 | | |