FORM APPROVED Illingis Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6003495 10/01/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 704 SOUTH ILLINOIS STREET **ALLURE OF GENESEO** GENESEO, IL 61254 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID 1D PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 S 9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)5) 300.3240a) Section 300.610a) 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

Illinois Department of Public Health

300.1010h)

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

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

and dated minutes of the meeting.

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:	·	COMPLETED		
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S 9999	Continued From page	ge 1	S9999				
:	decubitus ulcers or percent or more wit facility shall obtain a of care for the care	ance of incipient or manifest a weight loss or gain of five hin a period of 30 days. The and record the physician's plan or treatment of such accident, condition at the time of	(i				
	300.1210b)						
	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.						
	300.1210d)5)		214				
	sores, heat rashes of be practiced on a 24 basis so that a residual without pressure so pressure sores unle condition demonstrativere unavoidable, sores shall receive	to prevent and treat pressure or other skin breakdown shall 4-hour, seven-day-a-week dent who enters the facility res does not develop ass the individual's clinical ates that the pressure sores A resident having pressure treatment and services to event infection, and prevent from developing.					
¥)	300.3240a)	2					
	agent of a facility sh	, administrator, employee or all not abuse or neglect a ection 2-107 of the Act)					

PRINTED: 01/25/2021 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: ___ COMPLETED B. WING IL6003495 10/01/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 704 SOUTH ILLINOIS STREET ALLURE OF GENESEO GENESEO, IL 61254 SUMMARY STATEMENT OF DEFICIENCIES (X4)D PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 2 S9999 There Regulations are not met as evidenced by: Based on observation, interview, and record review, the facility failed to identify, notify a Physician, and obtain a Physician ordered treatment for a pressure ulcer for one of one resident (R2) reviewed for pressure ulcers in the sample of 25. This failure resulted in a Stage one pressure ulcer worsening to a Stage three when a Physician ordered treatment was obtained. Findings include: The National Pressure Injury Advisory Panel Pressure Injury Stages, dated 2016, documents. "A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition. perfusion, co-morbidities and condition of the soft tissue. Stage 1 Pressure Injury: Non-blanchable erythema of intact skin Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in

sensation, temperature, or firmness may precede visual changes." The Panel also documents. "Stage 3 Pressure Injury: Full-thickness skin loss" Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		IL6003495	B. WING		10/01/2020		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
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		ng and tunneling may occur. don, ligament, cartilage t exposed."		æ			
	6/2013, documents appropriate type of that facilitates the halso documents, "C	d Dressing policy, dated , "Objective: to provide an protective wound covering ealing process." The policy change the dressing using cording to Physician's orders.		Эtr			
	Frequency of wound	d dressing changes and the sing will be specified in the	73	ž.			
er er	Management policy documents, "Reside	ure Ulcer Treatment and r, no date available, ent with pressure ulcers will order for treatment."			æ		
	located on the bony	18 AM, R2 had an open area of prominence of R2's coccyx ad dark pink wound bed edges resent.		· 五 二			
	l	ssessment, dated 6/15/20, of 7 putting R2 at a very high own.	30	xi			
	R2 has the following coccyx Stage three normal saline, apply skin prep to periwor a hydrocolloid dress as needed. R2's Ph document that the inobtained for R2's pr 8/25/20.	sician's orders document that g order: (9/8/20) Cleanse R2's pressure ulcer wound with collagen to wound bed, apply and, and cover the wound with sing three times a week and ysician's orders also nitial treatment that was ressure ulcer was not until		e g	2		
_	R2's Nurse's notes	completed by V5 (Licensed					

Illinois Department of Public Health

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ILEGO3495 B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
ALLURE OF GENESEO SERVICE OF GENESEO ALLURE OF GENESEO CALURE OF GENESEO CALURE OF GENESEO CACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION) PREFIX TAG CACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION) S9999 Continued From page 4 Practical Nurse), dated 8/22/2020 at 8:52 p.m., document, "R2 has a reddened unblanchable area above her coccyx." R2's current medical record has no documentation of R2's Physician being notified of the new area that V5 identified on 8/22/2020. R2's Wound Nurse Practitioner notes, dated 8/25/20, document that R2 has a Stage three pressure ulcer on a bony prominence that measures 2.4 cm (centimeters) x 2.2 cm x 0.1 cm that has moderate amounts of serous (clear) drainage. The notes also document that the wound bed is 70% yellow colored tissue and 30% of pink colored tissue. On 09/30/20 at 01:56 PM, V4 (Wound Nurse Practitioner) stated, "R2 is a very tiny debilitated lady with curvy spine and borny prominence. When we first saw R2 she had an open area directly on her coccyx bony prominence that was open. The wound bed was primarily covered with slough hence the Stage three staging, if the nurse discovered the wound on 8/22/20 a treatment should have been put into place. "Nat wound could have worsened in just a few short hours with nothing put into place." V4 confirmed that failing to obtain a physician ordered treatment would contribute to the wound worsening. R2's Weekly Wound Observation Tool, dated 8/26/20, documents that R2 has a facility acquired Stage 3 pressure ulcer that was acquired on 8/25/20. The tool also documents that this is the first observation of the wound, and			IL6003495	B. WING		10/01/2020	
SUMANY STATEMENT OF DEPOLENCES PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTIO	NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE	10/4	7172020
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