(X3) DATE SURVEY

Illinois Department of Public Health

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

Final Observations Statement of Licensure Violations Statement of Licensure Violations Section 300.610a) 300.1210b) 300.1210b) 300.3240a) Section 300.61 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The 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 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 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 PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMF	PLETED
SACKSONVILLE SKILLED NURSING & REHAB 1517 WEST WALNUT STREET JACKSONVILLE, IL 62650 1517 WEST WALNUT STREET JACKSONVILLE, IL 6265			IL6004840	B. WING		04/2	24/2015
CALL D SUMMARY STATEMENT OF DEFICIENCES ID PROVIDERS PLAN OF CORRECTION GRACH DEFICIENCY WILD SE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION PIPETRY TAGS TAGS PIPETRY TAGS PIPETRY PIPETRY TAGS PIPETRY PIP			RSING & REHAR 1517 WES	ST WALNUT	STREET		
Statement of Licensure Violations 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 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 sores promote healing, prevent infection,	PRÉFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
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and prevent new pressure sores from developing.		300.1210b) 300.3240a) Section 300.610 Rea a) The facility shall procedures governifacility. The written be formulated by a Committee consisting administrator, the amedical advisory conformed and other policies shall complement of the written policies the facility and shall by this committee, cand dated minutes and dated minutes and shall be practiced seven-day-a-week and shall be practiced seven-day-a-week and shall be seven-day-a-week and seven-da	Il have written policies and ng all services provided by the policies and procedures shall Resident Care Policy ng of at least the dvisory physician or the ommittee, and representatives r services in the facility. The ly with the Act and this Part. shall be followed in operating libe reviewed at least annually documented by written, signed of the meeting. General Requirements for nal Care section (a), general nursing at a minimum, the following sed on a 24-hour, basis: In to prevent and treat at rashes or other skin a practiced on a 24-hour, basis so that a resident who of ithout pressure sores does not ores unless the individual's emonstrates that the pressure lable. A resident having li receive treatment and the healing, prevent infection,				

(X2) MULTIPLE CONSTRUCTION

05/08/15

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Illinois Department of Public Health

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
7.1.12 1 27.11			A. BUILDING:	A. BUILDING:		
		IL6004840	B. WING		04/2	4/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
JACKSC	NVILLE SKILLED NU	IRSING & REHAR	ST WALNUT NVILLE, IL 6			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	age 1	S9999			
		Abuse and Neglect see, administrator, employee or hall not abuse or neglect a				
	by: Based on observat interview, the facilit timely assess and i ulcers for 1 of 4 res pressure ulcers in t resulted in R2's pre	ion, record review, and y failed to accurately and monitor changes in pressure sidents (R2) reviewed for the sample of 17. This failure essure ulcer progressing / Stage 2 to a Stage 3 Pressure				
	Findings include:					
	pressure ulcer risk, of 12 or less is high Minimum Data Set documented R2 did	aden Scale for predicting , dated 3/4/14, was 11 (Score n risk). R2's Admission (MDS), dated 3/10/14, d not have pressure ulcers, but sk for pressure ulcers.				
	requires extensive physical assistance R2's Care Plan, da has a pressure ulca acquired on 8/17/1 the pressure ulcer R2's skin condition documented R2 hather coccyx.	assistance, and two plus for bed mobility and transfers. ted 3/6/15, documented R2 for to coccyx that was facility 4. R2's Care Plan documented was to be assessed weekly. The report dated 4/17/15, and a Stage 2 Pressure Ulcer on 0 AM, in an observation with				
	E5, Licensed Pract	ical Nurse (LPN), a ace on R2's pressure ulcer on				

Illinois Department of Public Health

STATE FORM 6899 ZVX011 If continuation sheet 2 of 4

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Illinois Department of Public Health

IL6004840 B. WING		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER JACKSONVILLE SKILLED NURSING & REHAB STREET ADDRESS, CITY, STATE, ZIP CODE 1517 WEST WALNUT STREET JACKSONVILLE, IL. 62650 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 2 her coccyx. Additionally, it was observed the size of the ulcer did not match the measurements on the Pressure Ulcer Log documents that R2's coccyx pressure ulcer measured 1.0 centimeter (CM) in length X 0.5 CM width X 0.1 CM in depth, and is a stage 2. E5 stated that the night nurse does the dressing changes. On 4/22/15 at 12:40 PM, E3, LPN/ Wound Nurse measured 3.0 CM in length X 1.4 CM in width X 0.3 CM in depth. E3 stated that when she took the dressing off it was macerated, and draining. E3 stated she had not seen this wound since her last weekly measurement done on 4/17/15. E3 stated she does not do the daily dressing changes, as they are done by the night nurse and as needed by day nurse. E3 stated she had not been informed the wound had worsened. E3 stated she would complete a change of condition form and notify the physician. The Change of Condition Pressure Ulcer sheet, dated 4/22/15 at 3:00 PM, documents the ulcer is now a Stage 3 Ulcer. On 4/24/15 at 9:00 AM, E1, Administrator stated that the facility has already identified a problem in		EAN OF GOTTLEGTION		A. BUILDING:			
Summary Statement of Deficiency Must be Preciped by Full. (EACH DEFICIENCY MUST BE PRECIPED BY FULL TAG (EACH DEFICIENCY MUST BE PRECIPED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OF the Ulcer did not match the measurements on the Pressure Ulcer Log documents that R2's coccyx pressure ulcer measured 1.0 centimeter (CM) in length X 0.5 CM width X 0.1 CM in depth, and is a stage 2. E5 stated that the night nurse does the dressing changes. On 4/22/15 at 12:40 PM, E3, LPN/ Wound Nurse measured the pressure ulcer. The pressure ulcer now measured 3.0 CM in length X 1.4 CM in width X 0.3 CM in depth. E3 stated that when she took the dressing off it was maccrated, and draining. E3 stated she had not seen this wound since her last weekly measurement done on 4/17/15. E3 stated she does not do the daily dressing changes, as they are done by the night nurse and as needed by day nurse. E3 stated she had not been informed the wound had worsened. E3 stated she would complete a change of condition form and notify the physician. The Change of Condition Pressure Ulcer sheet, dated 4/22/15 at 3:00 PM, documents the ulcer is now a Stage 3 Ulcer. On 4/24/15 at 9:00 AM, E1, Administrator stated that the facility has already identified a problem in			IL6004840	B. WING		04/2	4/2015
CALLE SKILLED NURSING & REHAB SACKSONVILLE, IL 62650	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
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regards to staging of pressure ulcers on 4/8/15, and had been sent through Quality Assurance. E1 stated that E2, Director of Nursing had been at the facility doing training on the weekend of 4/18/15. On 4/24/15 at 9:00 AM, E2, stated that she would expect any nurse caring for R2 to reassess the wound and notify the physician if there is a change in the pressure ulcer. The facility's Skin Integrity Standard Procedure documented that dependant residents sitting or in	S9999	her coccyx. Addition of the ulcer did not the Pressure Ulcer Pressure Ulcer Log pressure ulcer mealength X 0.5 CM wistage 2. E5 stated dressing changes. On 4/22/15 at 12:40 measured the pressure ulcer measured the pressure ulcer measured 3.0 width X 0.3 CM in constant of the constant	match the measurements on Log, dated 4/17/15. The glocuments that R2's coccyx asured 1.0 centimeter (CM) in idth X 0.1 CM in depth, and is a that the night nurse does the OPM, E3, LPN/ Wound Nurse sure ulcer. The pressure ulcer CM in length X 1.4 CM in depth. E3 stated that when ing off it was macerated, and dishe had not seen this wound kly measurement done on I she does not do the daily as they are done by the night ed by day nurse. E3 stated informed the wound had led she would complete a inform and notify the physician. Indition Pressure Ulcer sheet, 100 PM, documents the ulcer is ler. AM, E1, Administrator stated already identified a problem in of pressure ulcers on 4/8/15, at through Quality Assurance. E1 lector of Nursing had been at leaning on the weekend of 5 at 9:00 AM, E2, stated that any nurse caring for R2 to and and notify the physician if in the pressure ulcer.				

Illinois Department of Public Health

STATE FORM 5899 ZVX011 If continuation sheet 3 of 4

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED		
	IL6004840		B. WING		04/2	04/24/2015	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
JACKSO	NVILLE SKILLED NU	IRSING & REHAR	ST WALNUT IVILLE, IL 6				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE	
S9999	Continued From pa	age 3	S9999				
	offloading every ho	ur. The procedure					
		reekly head to toe assessment					
		all residents by licensed nurse mentation of findings. Weekly					
	narrative document	tation must include: description					
		r, turgor, rashes, bruising, skin ion lines, and any other skin					
	I	procedure documented that if					
	skin integrity issues are identified post- admission to the facility the following documentation is required: wound specifics, size of the wound including length, width, and depth in centimeters, indicated if undermining or tunneling exists the depth must be measured, the amount of						
		on of the wound bed, odor,					
	signs/symptoms of	infection, description of					
	surrounding tissue, stage of the wound, notification on the 24 hour report indicating the						
	skin condition, incid	dent report completed for in					
	house acquired stage III and/or IV. If the wound has shown no signs of improvement in 2-4 weeks						
		itions and the plan of care.					
	(B)						
	(D)						

Illinois Department of Public Health STATE FORM