



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6013353</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/22/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALDEN TOWN MANOR REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6120 WEST OGDEN CICERO, IL 60804</b>
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S9999	<p>Continued From page 1</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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: 2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>Section 300.1210 General Requirements for</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Nursing and Personal Care</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>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>Section 300.1210 General Requirements for Nursing and Personal Care</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>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>	S9999		
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S9999	<p>Continued From page 3</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 evidenced by:</p> <p>Based on interview and record review, the facility failed to follow its own policy governing physician notification by failing to notify one resident's (R3) physician of a change in condition regarding worsening of arterial wounds, for one out of three residents reviewed for change in condition, out of a sample of five residents. This failure resulted in R3's admission to the hospital on 11/6/16 for bilateral gangrene to both feet and subsequent above the knee amputation of R3's right lower limb.</p> <p>Findings include:</p> <p>On 11/16/16 at 12:15pm, Z1 (complainant) stated that R3 developed a blister on the right foot while at the facility. Z1 stated that both of R3's feet were always wrapped when Z1 visited. Z1 stated that on 11/2/16, Z1 finally saw R3's feet and discovered that the skin on R3's right foot was black and told the facility to transfer R3 out. Z1 stated that since then, R3 has had the right foot amputated just above the knee due to lack of care R3 received at this facility.</p> <p>R3's emergency room documentation dated 11/6/16 reads "83 year old male seen in</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>emergency department for bilateral foot gangrene. R3 is with family member who states that she has been noticing discoloration of R3's toes and heels for past couple of weeks. Skin - left dry exchar at posterior heel, right dry eschar at posterior heel and dry ischemic changes of digits 1 and 2, discoloration of remaining 3 digits, gangrenous appearing and foul smell from right foot, and dry eschar at lateral aspect of right foot. Ischemic changes of right digits. Impression - right foot gangrene and left heel decubitus ulcer." R3's emergency room notes read "Left heel 6 cm x 6cm necrotic decubitus. Right heel 4.5 cm x 5 cm and right lateral foot 3 cm x 4 cm - both necrotic base, positive gangrene to right great toe and second toe. Vascular surgery evaluation.</p> <p>R3's facility wound care evaluation notes dated 10/19/16 read "Right great and second toe eschar has become moist in the inferior parts. Debrided the moist areas, some purulent drainage noted, culture taken."</p> <p>R3's lab report dated 10/22/16 reads "Wound culture final report MRSA - growth many." R3's clinical notes dated 10/24/16 read that Z2 (Attending physician) was notified on 10/24/16. R3's notes dated 10/24/16 read "Relayed lab results to Z2. Z2 is going to see R3 in the facility." There is no further follow up to R3's MRSA lab result. On 11/17/16 at 3pm, E1 (Administrator) stated that she does not know what happened.</p> <p>R3's surgical consult report dated 11/6/16 reads "RLE (right lower extremity): mummification of hallux and 2nd digit, necrosis of dorsum of foot to midfoot and involving toes, also extending to plantar aspect of foot down to the mid metatarsal region. Dry eschar 5 cm x 2 cm on lateral aspect</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>of 5th metatarsal and dry eschar over heel 3 cm x 3 cm. Foul odor." R3's notes dated 11/9/16 read that R3 had a above right knee amputation."</p> <p>On 11/17/16 at 12:30pm, Z2 (Attending Physician) stated that he was not aware of how bad R3's right foot was until he was called by the nursing home on 11/6/16 with a report that R3's wounds were getting bigger. Z2 stated that he ordered R3 to be sent to the hospital. Z2 stated that he received R3's arterial doppler bilateral lower extremity report dated 10/24/16 which Z2 stated showed "mild peripheral vascular disease." Z2 stated that he was not notified by the wound doctor or any nurse at the nursing home regarding how bad R3's right foot had become until 11/6/16. Z1 (complainant) stated that she visited R3 on 11/2/16 and Z1 stated she told the facility to send R3 to the hospital. On 11/17/16 at 3:30pm, E2 (Director of Nursing) stated that as soon as she saw R3's right foot on 11/6/16, she sent R3 to the hospital. On 11/17/16 at 1:00pm, E8 (Wound Nurse) stated that he can't remember if he reported to Z2 that R3's right foot was black. E8 stated refer to WASA (Weekly Assessment of Skin Alteration) forms. E8 stated that he called Z2 on 11/6/16 because R3's wounds were getting bigger and Z2 stated to send R3 to the hospital. Z2's clinical notes dated 11/6/16 read "R3 admitted to the hospital with right foot gangrene."</p> <p>R3's WASA form dated 8/1/16 reads right heel 2 cm x 2 cm. R3's WASA form dated 10/21/16 reads right heel 4 cm x 6 cm, 90% eschar, on 10/27/16 right heel measured 4 cm x 6cm x 0.3 cm, 90% eschar, on 11/2/16 right heel measured 5 cm x 7 cm x 0.3 cm, 90% eschar. R3's WASA forms dated 10/21/16, 10/27/16 and 11/2/16 read that Z2 was notified on 9/28/16.</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>R3's WASA form dated 10/14/16 reads "Right great toe 0.5 cm x 1 cm. R3's WASA form dated 10/14/16 0.5 cm x 1 cm, no eschar. MD notified on 8/1/16. R3's WASA form dated 10/21/16 reads "Right toes (great toe) 2 cm x 3 cm x 0.2 cm, 100% eschar. MD notified on 8/1/16. There was no documentation in R3's WASA forms that that Z2 was notified that R3's right great toe worsened in size and had eschar.</p> <p>R3's WASA form dated 10/21/16 reads "Right lateral foot 1 cm x 1cm." R3's wound care evaluation form dated 10/26/16 reads "Right lateral foot post debridement size 4 cm x 3.5 cm, color black, 80% eschar." R3's WASA forms dated 11/2/16 read "Right lateral foot 4 cm x 3.5 cm, 75% eschar, MD notified 9/7/16. There was no documentation that Z2 was notified in a timely manner regarding R3's right lateral foot increasing size and 75/80% eschar, black in color.</p> <p>The facility's change in condition policy dated 2/14 reads "Purpose is to ensure that the resident's physician/physician on call/NP and responsible party is kept informed regarding the resident's change in condition. Policy: The attending physician or physician on call/NP and responsible party will be notified of changes in a resident's condition. Procedure - Attending physicians or physician on call/NP and responsible party will be notified of all changes in condition."</p> <p style="text-align: center;">(A)</p> <p>Statement of Licensure Violations</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>300.610a) 300.1010h) 300.1210b) 300.1210d)2) 300.1210d)3) 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 300.1010 Medical Care Policies</p> <p>h) 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 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</p>	S9999		
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S9999	<p>Continued From page 8 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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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: 2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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: 3) Objective observations of changes in a</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>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>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 evidenced by:</p> <p>Based on interview and record review, the facility failed to treat a MRSA (Methicillin- Resistant Staphylococcus Aureus) infection in one out of three resident's (R3), reviewed for wounds in a sample of five, who was identified with a wound to the right great toe. This failure resulted in R3's lack of treatment for MRSA and subsequent admission to the hospital.</p> <p>Findings include:</p> <p>R3 was admitted to the nursing home on 7/29/16. R3's face sheet lists the following diagnoses: Muscle weakness, hypertension, atrial fibrillation, hypertensive heart disease and chronic kidney disease with heart failure, hemiplegia and hemiparesis following cerebral infarction affecting</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>left- nondominant side, seizures, hypothyroidism, gout, hyperlipidemia, cerebrovascular disease, dementia, benign neoplasm of prostate and peripheral vascular disease.</p> <p>R3's WASA (Weekly Assessment of Skin Alteration) form dated 10/14/16 reads "Right great toe 0.5 cm x 1 cm. R3's WASA form dated 10/14/16 0.5 cm x 1 cm, no eschar. MD notified on 8/1/16. R3's WASA form dated 10/21/16 reads "Right toes (great toe) 2 cm x 3 cm x 0.2 cm, 100% eschar. MD notified on 8/1/16.</p> <p>R3's facility wound care evaluation notes dated 10/19/16 read "Right great and second toe eschar has become moist in the inferior parts. Debrided the moist areas, some purulent drainage noted, culture taken."</p> <p>R3's lab report dated 10/22/16 reads "Wound culture final report MRSA - growth many." R3's clinical notes dated 10/24/16 read that Z2 (Attending physician) was notified on 10/24/16. R3's notes dated 10/24/16 read "Relayed lab results to Z2. Z2 is going to see R3 in the facility." There is no further follow up to R3's MRSA lab result. On 11/17/16 at 3pm, E1 (Administrator) stated that she does not know what happened.</p> <p>On 11/17/16 at 12:30pm, Z2 (Attending Physician) stated that he was not aware of how bad R3's right foot was until he was called by the nursing home on 11/6/16 with a report that R3's wounds were getting bigger. Z2 stated that he ordered R3 to be sent to the hospital. Z2 stated that he received R3's arterial doppler bilateral lower extremity report dated 10/24/16 which Z2 stated showed "mild peripheral vascular disease." Z2 stated that he was not notified by the wound</p>	S9999		
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S9999	<p>Continued From page 11</p> <p>doctor or any nurse at the nursing home regarding how bad R3's right foot had become until 11/6/16. Z1 (complainant) stated that she visited R3 on 11/2/16 and Z1 stated she told the facility to send R3 to the hospital. On 11/17/16 at 3:30pm, E2 (Director of Nursing) stated that as soon as she saw R3's right foot on 11/6/16, she sent R3 to the hospital. On 11/17/16 at 1:00pm, E8 (Wound Nurse) stated that he can't remember if he reported to Z2 that R3's right foot was black. E8 stated refer to WASA forms. E8 stated that he called Z2 on 11/6/16 because R3's wounds were getting bigger and Z2 stated to send R3 to the hospital. Z2's clinical notes dated 11/6/16 read "R3 admitted to the hospital with right foot gangrene."</p> <p>R3's emergency room documentation dated 11/6/16 reads "83 year old male seen in emergency department for bilateral foot gangrene. R3 is with family member who states that she has been noticing discoloration of R3's toes and heels for past couple of weeks. Skin - left dry eschar at posterior heel, right dry eschar at posterior heel and dry ischemic changes of digits 1 and 2, discoloration of remaining 3 digits, gangrenous appearing and foul smell from right foot, and dry eschar at lateral aspect of right foot. Ischemic changes of right digits. Impression - right foot gangrene and left heel decubitus ulcer." R3's emergency room notes read "Left heel 6 cm x 6cm necrotic decubitus. Right heel 4.5 cm x 5 cm and right lateral foot 3 cm x 4 cm - both necrotic base, positive gangrene to right great toe and second toe. Vascular surgery evaluation.</p> <p>R3's surgical consult report dated 11/6/16 reads "RLE (right lower extremity): mummification of hallux and 2nd digit, necrosis of dorsum of foot to midfoot and involving toes, also extending to</p>	S9999		
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S9999	<p>Continued From page 12</p> <p>plantar aspect of foot down to the mid metatarsal region. Dry eschar 5 cm x 2 cm on lateral aspect of 5th metatarsal and dry eschar over heel 3 cm x 3 cm. Foul odor." R3's notes dated 11/9/16 read that R3 had a above right knee amputation."</p> <p>The facility's infection control policy p.9 reads "Contact precautions may be considered for residents who have MRSA (Methicillin- Resistant Staphylococcus Aureus). Contact precautions are intended to prevent transmission of infectious agents including epidemiologically important microorganisms, which are spread by direct or indirect contact with the resident or the resident's environment. There was no follow up from the facility to determine if R3 needed contact precautions or any other treatment for R3's MRSA lab report.</p> <p>(B)</p>	S9999		
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