

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/01/2017
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NAME OF PROVIDER OR SUPPLIER TIMBERCREEK REHAB & HEALTHCARE CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 2220 STATE STREET PEKIN, IL 61554
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S 000	Initial Comments Conditional licensure follow up to Survey date 8/22/16 Complaint Investigation 1624444/IL87553, 1624488/IL87600 and 1624558/IL87677	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1210b) 300.1230j)5) 300.1230k) 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. These requirement is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow facility policies and procedures and failed to implement pressure ulcer interventions for two of three residents (R1 and R3) reviewed for pressure ulcers in the sample of three. This failure resulted in R3 developing a new left heel pressure ulcer that deteriorated after it had developed. Findings include:	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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>The facility's Pressure Sore Prevention Guidelines (Revised 11/12) documents the following: "Policy: To provide adequate interventions for the prevention of pressure ulcers for residents who are identified as high or moderate risk for skin breakdown as determined by the Braden Scale. The nurse will complete a skin assessment on all residents upon admission then weekly for four weeks. After the weekly assessments are completed, they must then be done with the annual and quarterly Minimum Data Set, with a significant change in condition, or if a pressure ulcer develops. The facility policy also states that any resident assessed as moderate or high skin risk shall have a daily skin check. A brief weekly narrative will be completed describing the resident's skin condition on the back of the treatment sheet."</p> <p>The facility's Decubitus Care/Pressure Areas policy (Revised 05/07) documents the following: "Documentation of the pressure area must occur upon identification and at least once each week on the Treatment Administration Record."</p> <p>1. The facility's Monthly Wound Tracking Report dated 1/27/17 documents that R3 currently has pressure ulcers on the following areas: A stage III to R3's sacrum, A stage IV to R3's right heel, and a stage II to R3's left heel. On 1/31/17 at 10:00 a.m., E7, Corporate Nurse, provided an undated, handwritten document indicating R3's pressure ulcers developed on the following dates: R3's sacrum and right heel on 2/26/15; and R3's left heel on 1/20/17.</p> <p>R3's Braden Scale for Predicting Pressure Ulcer Risk documents R3's last Braden Scale assessment was conducted on 1/12/17. This</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>same form documents R3 received a score of 12, indicating that R3 is at high risk for development of a pressure ulcer.</p> <p>R3's Physician Order Sheet dated 1/2017 documents the following order: "Daily Skin Checks."</p> <p>R3's current Pressure Ulcer care plan documents the following interventions: "Complete Avoidable/Unavoidable Pressure Ulcer Assessment as needed to investigate contributing factors and prevention interventions used." This same care plan also states "Braden Scale score - if high risk, daily skin check with documentation. Skin check daily during cares and during bath/shower."</p> <p>On 1/31/17 at 1:15 p.m., E2, Director of Nursing, provided R3's shower sheets dated 12/13/17, 12/27/17, 1/3/17 and 1/17/17. E2 stated that a shower sheet should be completed on R3 daily if R3 is getting a daily sponge bath. E2 then stated that E2 is unable to provide documentation of daily shower sheets on R3 and stated that R3 is getting weekly skin checks completed, not daily, because R3 is seeing Z3 (R3's Wound Doctor). E2 verified that E2 is unable to provide documentation of daily skin checks conducted on R3 and confirmed that a recent Assessment of Avoidable/Unavoidable Pressure Ulcer form has not been completed on R3.</p> <p>R3's Treatment Administration Record dated 12/2016 has no documentation of any brief weekly narrative describing R3's pressure ulcers on the back of this treatment sheet. R3's Treatment Administration Record dated 1/2017 has brief narratives regarding R3's sacral and right heel pressure ulcers documented on the</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>following dates: 1/4/17, 1/6/17 and 1/18/17. On 1/31/17 at 1:15 p.m., E2, Director of Nursing, verified that R3's Treatment Administration Records were incomplete and did not contain weekly documentation regarding R3's pressure ulcers.</p> <p>R3's Weekly Wound Tracking Sheet documents R3 developed an unstageable left heel pressure on 1/20/16 ulcer measuring 1 centimeter in length by 0.5 centimeters in width. This same form documents that the depth of R3's unstageable left heel pressure ulcer was unable to be measured on 1/20/16. This same form documents on 1/27/17, R3's left heel pressure ulcer was staged as a stage II, measuring 1.3 centimeters by 0.5 centimeters by 0.1 centimeters, and indicated R3's pressure ulcer had deteriorated since 1/20/17.</p> <p>On 2/1/17 at 10:00 a.m., E10, Registered Nurse, performed R3's pressure ulcer dressing changes. A round, pink open area measuring approximately 0.8 centimeters by 0.5 centimeters by 0.1 centimeters was observed on R3's left heel.</p> <p>R3's wound documentation dated 1/27/17 and completed by Z3 (R3's Wound Doctor) documents that R3's stage II left heel pressure ulcer deteriorated from 1/20/17 to 1/27/17.</p> <p>On 1/31/17 at 3:30 p.m., Z3, R3's Wound Doctor, stated that R3's left heel pressure ulcer deteriorated from 1/20/17 to 1/27/17. Z3 stated, "Something caused it to deteriorate. It should have never developed in the first place if (R3's) heel was floated. (R3's) left foot has good blood flow and (R3) is eating adequate amounts every day, so (R3's) left heel wound is definitely from pressure." Z3 then stated that Z3 expects all</p>	S9999			

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S9999	<p>Continued From page 4</p> <p>care plan interventions to be followed, and if care plan interventions are not being followed, it could cause further breakdown of R3's pressure ulcers.</p> <p>2. R1's Physician Order dated 11/28/16 documents a new order was initiated for an open abrasion area on R1's coccyx and documents the following treatment order: "Hydrocolloid dressing to coccyx change every 3 days."</p> <p>R1's current care plan documents the following: "Braden Score - high risk. Daily skin check with documentation and as needed with any new open area."</p> <p>R1's Braden Scale for Predicting Pressure Ulcer Risk documents R1's last Braden Scale assessment was conducted on 11/20/16. This same form documents R1 received a score of 14, indicating that R1 is at high risk for development of a pressure ulcer.</p> <p>On 1/31/17 at 2:00 p.m., E2, Director of Nursing, verified that no further Braden Scale assessment has been conducted on R1 since 11/20/16, and one should have been completed after R1's open abrasion area developed.</p> <p>(B)</p> <p>Section 300.1230 Direct Care Staffing</p> <p>j) Skilled Nursing and Intermediate Care For the purpose of this subsection, "nursing care" and "personal care" mean direct care provided by staff listed in subsection (f).</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>5) Effective January 1, 2014, the minimum staffing ratios shall be increased to 3.8 hours of nursing and personal care each day for a resident needing skilled care and 2.5 hours of nursing and personal care each day for a resident needing intermediate care. (Section 3-202.05(d) of the Act)</p> <p>k) Effective September 12, 2012, a minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses. Registered nurses and licensed practical nurses employed by a facility in excess of these requirements may be used to satisfy the remaining 75% of the nursing and personal care time requirements. (Section 3-202.05(e) of the Act)</p> <p>Based on interview and record review, the facility failed to meet the minimum required direct care staff and Registered Nursing hours for three of 14 days. This has the potential to affect all 89 residents in the facility.</p> <p>Findings include:</p> <p>On 01/30/17, E2, Director of Nursing, provided and verified the facility's master schedule and daily staffing sheets dated 01/15/17 to 01/30/17, which document the actual hours worked by Registered Nurses, Licensed Practical Nurses, Certified Nurse Aides, and all other ancillary personnel included as Direct Care staff.</p> <p>On 01/30/17, E5, Traveling Administrator, provided the number of residents requiring either skilled or intermediate care during that same time period. Based on the average number of skilled and intermediate care residents residing in the</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>facility, the facility should have had the following: 229.9 hours of Direct Care Staff, 57.8 hours of licensed nurses and 23 hours of Registered Nurses. The minimum number of hours is based on the facility's determination. The facility's staffing schedules provided by E2, document that there were less than the required minimum Direct Care Staffing hours on 1/28/17. These same staffing schedules also document that there were less than the required minimum Registered Nursing hours on 1/21/17, 1/22/17 and 1/28/17.</p> <p>On 01/30/17 at 2:00 p.m., E2, Director of Nursing, verified the staffing schedule for 1/21/17, 1/22/17 and 1/28/17 and confirmed the facility was not meeting the minimum required direct care staff hours on 1/28/17 and Registered Nurse hours for 1/21/17, 1/22/17 and 1/28/17. E2 then stated, "We (facility) are having a hard time finding Registered Nurses."</p> <p>The Facility Data Sheet dated 1/30/17 and signed by E5, Traveling Administrator, indicates 89 residents reside in the facility.</p> <p style="text-align: center;">(No Violation)</p>	S9999		
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