

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014948	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/21/2017
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NAME OF PROVIDER OR SUPPLIER ILLINOIS VETERANS HOME AT MANTENO	STREET ADDRESS, CITY, STATE, ZIP CODE ONE VETERAN'S DRIVE MANTENO, IL 60950
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S 000 Initial Comments

Complaint Investigation
1772334/ IL 93274

S 000

S9999 Final Observations

STATEMENT OF LICENSURE VIOLATIONS

Section 340.1500)c) Medical Care Policies

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 notification.

This requirement was not meet by:

Based on interviews and record reviews, the facility failed to notify the physician of a change in wound status.

This applies to 1 out 3 residents (R1) reviewed for skin breakdown from a total sample of 4.

The findings include:

R1's Face Sheet showed R1 is a 95 year old with diagnosis including Dementia, Type II Diabetes Cardiovascular Disease, Chronic Kidney Disease, and History of Malignant Neoplasm of bronchus and Lung.

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>The most recent Minimum Data Set (MDS) Assessment of R1, done on January 9, 2017, showed R1 is dependent upon staff to take care of all his care needs (such as: dressing, bathing, toilet use and personal hygiene). This MDS Assessment also showed R1 is always incontinent of bowel and at risk for the development of pressure sore.</p> <p>The Health Status Note for R1, dated March 9, 2017, showed R1 has a history of developing MASD (Moisture Associated Skin disease) in the coccyx area and on March 7, 2017. R1's MASD covered an area measuring 1.0 x 0.7 x 0.1 cm. The Braden Assessment completed on April 1, 2017, showed R1 at moderate risk for developing a pressure sore.</p> <p>The Health Status Note for R1, dated April 3, 2017 at 10:32 PM, showed: "...the wound to the member's coccyx looks worse now has a depth of 0.3 cm and there is a DTI (Deep Tissue Injury) to the left buttocks next to the coccyx that is 5 x 4.3 cm. Left message for the wound nurse to re-evaluate."</p> <p>The Change of Condition Report for R1's DTI was dated April 5, 2017, and did not show the IDT (Interdisciplinary Team) being told of R1's Deep Tissue Injury on April 3, 2017. The area for writing the date of R1's "MD notified" was left blank. This Change of Condition Report for R1 showed: "...Area of Decline: Bruise/Skin Tear/Wound/Ulcer: Member observed to have DTI to the left buttocks measuring 5.3 cm deep purple with red induration around the wound no open areas noted ..."</p> <p>The next Health Status Note describing R1's DTI was on April 5, 2017 at 11:34 AM. This Health</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Status Note was written by the medical director (Z1), and showed: "R1 was seen for a report of induration of skins to left buttock ... Ulcerations with surrounding skin redness and induration to inner one-third left buttock. A wound about 2 cm x 2.3 cm to sacrum completely covered with whitish slough tissue."</p> <p>Health Status Note, dated April 5, 2017 at 1:20 PM, showed: "Before R1 left for ...emergency room this nurse did the measurements on his coccyx and left buttocks ... Coccyx 1.9 cm x 1.0 cm x 1.0 cm with necrotic tissue ... yellow slough with large amount of serosanguineous drainage. R1's left buttocks 10.0 cm x 4.0 cm with dark purple and reddened areas with multiple open areas. R1's entire left buttock was 85 %... dark red, 42 cm x 30 cm."</p> <p>The facility Incident Report, dated April 5, 2017, showed: "Date of Incident April 3, 2017 ... Time of Incident: 10 PM ... R1 ... Member observed to have DTI to left buttocks ... Physician Notified: Z1 Date/Time: April 5, 2017/8 AM ..."</p> <p>The Hospital History and Physical for R1, dated April 5, 2017 at 12:02 PM, showed: "was brought from the facility due to concern of sacral decubitus ulcer, which was not present 2 weeks ago." The hospital wound consultant assessed R1 on April 6, 2017 at 9:40 AM and documented: "To the left buttocks there is also an area of purple/black discoloration."</p> <p>On April 19, 2017 at 10:02 AM, E7 (nurse) stated, "I went to put the ointment on R1's MASD area on his coccyx. It was Monday (April 3, 2017) ... I saw R1 had a darken area on the left buttocks. I left a phone message for the treatment nurse to look at</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>R1. I did not see it on Sunday (April 2, 2017). E7 said she told the night shift nurse (E10) about R1's change of condition.</p> <p>At 8 AM on April 20, 2017, E10 (Nurse) said she thought E7 had told the care team about R1's changes in his wound because she saw the April 3rd Health Status Note. E10 said R1's dressing changes are usually not done on the night shift, unless it's needed. E10 stated, "R1 got dirty and was incontinent of stool (on April 5, 2017). I had to clean R1 up. I did not know it had gotten that way. I wanted the treatment nurse to see it so I sent him an email. R1's wound was reddened, hard and warm to touch. "</p> <p>At 11:13 AM on April 18, 2017, E9 said she got a report from E10 the morning on the 5th that R1's wound did not look good. E9 stated as far as she knew R1's physician had not been informed of the changes in his wound until the morning of April 5, 2017. E9 said anytime we have a new wound we do an assessment then call the physician. E9 said we will also inform the supervisor and do a Change of Condition Report. E9 stated E4 was the supervisor.</p> <p>E4, on April 19, 2017 at 4:15 PM, said E7 did not follow proper procedure. E4 stated E7 did not complete a Change of Condition Report on April 3, 2017, which would alert the physician and treatment nurse of the development of R1's wound.</p> <p>On April 20, 2017 at 2:33 PM, Z1 (Physician) said, "I was informed about R1 on April 5, 2017. I saw R1 because E8 told me that the patient, member's wound was not looking good." Z1 stated he evaluated R1 and decided he needed to</p>	S9999		
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Continued From page 4

be hospitalized for antibiotic therapy. Z1 said, "I think R1 had an infection which overwhelmed him." Z1 stated any change in the member's skin condition should be reported to the physician." Z1 stated the Change of Condition Report will alert physician, treatment nurse and dietician of any changes in the member's wound.

The facility's Change in Condition Policy, dated July 14, 2015, showed the following: "Procedure: "...4. The Charge Nurse will ... Complete a "Change of Condition" icon. Note: The Change of Condition is sent to the Physician, Nursing Supervisor, Director of Nursing, Care Plan Coordinator, Rehabilitation Nurse ...Wound Care Nurse ... and Dietary Services.... Notify the physician and communicate assessment findings ... Notify POA (Power of Attorney)/family ..."

The facility's Wound and Skin Management Policy, dated June 2016, showed: "...Document ...pressure and/or non-pressure wound skin findings, i.e. pressure ulcers, skin tears, venous, diabetic ulcers, etc. and complete a change of condition to notify IDT (Interdisciplinary Team) ... Note: Notify the physician and nursing supervisor immediately when there appears to be a change in the condition of a wound ..." The above policies and procedure were not followed in the care of R1.

(B)

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