

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/18/2017
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NAME OF PROVIDER OR SUPPLIER PLEASANT HILL VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WEST NORTH STREET GIRARD, IL 62640
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S 000	Initial Comments Complaint Investigation #1742885/IL94007	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)3)4)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 300.1010 Medical Care Policies h)The facility shall notify the resident's physician of any accident, injury, or significant change in a	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 06/09/17
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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>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>4)Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:</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</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>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> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation and record review the facility neglected to identify and treat an infected toe and neglected to effectively treat dermatitis to the back and buttocks for 1 of 4 residents (R2) reviewed for wounds in the sample of 4. This resulted in gangrene and osteomyelitis of R2's left great toe which required amputation.</p> <p>Findings include:</p> <p>R2's Physician Order sheet (POS), dated 5/1/17 to 5/31/17, R2's Treatment orders include: skin check once daily. Site: Bilateral Toes/Feet Monitor Daily. (Order date 4/19/17) Apply Triamcinolone 0.5% cream to contact dermatitis areas on buttocks/back two times per day (BID). Site: Lower Legs/Both Feet Apply Triamcinolone Cream 0.1% every shift.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>R2's Treatment Administration Record (TAR) dated 5/1/17 to 5/31/17 documents, SITE: Bilateral Toes/Feet Monitor Daily. E7, Licensed Practical Nurse (LPN), documents she monitored them on 5/1/17, 5/2/17, 5/4/17, 5/6/17, 5/7/17 and 5/9/17. E8, LPN, documents she monitored them on 5/3/17. E2, Director of Nurses (DON), documents she monitored them on 5/5/17. E9, LPN, took care of R2 on 5/8/17, but did not document that he monitored the toes/feet on 5/8/17.</p> <p>R2's TAR, dated 5/1/17 to 5/31/17 for skin check, with code once daily I=INTACT, W=WOUND, D=DECUB, E=EXCORIATION, documents 5/1/17=E, 5/2/17, 5/3/17, 5/4/17 code is not documented, 5/5/17, 5/6/17, 5/7/17, 5/8/17 all document E. TAR dated 4/1/17 to 4/30/17 documents W=WOUND. On 5/18/17 at 10:10 AM, E2 stated W for April was a documentation error should have been an E for excoriation.</p> <p>On 5/15/17 at 3:20 PM, E2 asked E7, LPN, why they were monitoring R2's toes and feet daily, E7 stated, "I don't know." E2 then stated, "It looks like the order to monitor the toes/feet started in July or August and the order carried on. It looks like to me that the nurses were just signing off on it."</p> <p>R2's progress notes, dated 5/9/17 at 12:01 PM, documents, E5, Certified Nurses Aide (CNA), alerted the nurse that resident (R2) left great toe was necrotic, bleeding, red and warm to touch. (Z1) (Medical Doctor) was made aware and orders received to send to (hospital) for evaluation and treatment. Message left with Power of Attorney (POA) to please return call to facility. 911 called per writer and they will</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>respond. At 5:50 PM, R2's progress notes documents, Called (hospital) for update. Emergency Room (ER) nurse states resident is still in ER at this time but will be admitted.</p> <p>Hospital ER notes, dated 5/9/17, documents, IMPRESSION(S): CELLULITIS LEFT GREAT TOE/PERIPHERAL ARTERIAL DISEASE. DISPOSITION (PHYS): Admit: (includes) The patient condition upon disposition was Critical.</p> <p>Z1's hospital History and Physical, dated 5/10/17, documents, IMPRESSION 1. Cellulitis of the foot with gangrene of the left great toe. 2. Peripheral vascular disease. 3. Dermatitis of the back, may be fungus infection. Z1's hospital progress notes dated 5/11/17, documents, ASSESSMENT: Diagnosis: Foot cellulitis Physician Problem: Acute osteomyelitis. Plan: Patient is going for amputation. Await surgical consult and continue antibiotics.</p> <p>Surgical consult dated 5/11/17 documents ASSESSMENT & PLAN 1. Left hallux osteomyelitis 2. Left hallux ulceration with necrosis of bone 3. Left hallux and foot cellulitis 4. Moderate peripheral vascular disease. Will set up for surgery on Tuesday 5/16/17.</p> <p>On 5/16/17 at 8:10 AM, Z2, Hospital Registered Nurse (RN), stated, "On 5/9/17 when the nursing home called with report, they said they had been keeping an eye on this toe for a couple of days. There was a dressing on the left toe, when I took the dressing off part of the toe came off with it. The toe was necrotic. That toe didn't happen overnight. She was soiled with urine and bowel movement, her skin on her buttocks and back was very excoriated and there was no evidence of any barrier cream on her."</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>On 5/16/17 at 8:15 AM, Z3, Paramedic, stated, "I am the paramedic that picked (R2) up from the facility to bring her to the hospital. The staff at the facility told me the toe had been discolored for 3 days. I told them they needed to call the hospital and give them a report on her toe. I know what necrotic tissue and incontinence smells like and that is exactly the way that room smelled when I walked in (R2's) room."</p> <p>On 5/16/17 at 9:41 AM, E7 stated, "The tip of (R2's) left great toe was a little red the 1st part of the week. (R2) always had petechiae on her toes. On 5/9/17 the area at the end of the toe was black, it appeared to be flat, it was bleeding, I wrapped it with 4x4's and called the doctor to send her out. I was more concerned about her bottom being red and excoriated than I was about her toe."</p> <p>On 5/16/17 at 10:20 AM, E9, LPN, stated on 5/8/17, he took care of R2 until 11:00 AM. E9 stated, R2's skin check was unremarkable, "I helped (E5) Certified Nurse Aide (CNA) clean her up, did a quick skin check and didn't see anything on her toe. No one reported to him that (R2) had a black toe. I was just there to do the morning meds and gave it to the DON at 11:00 AM."</p> <p>On 5/16/17 at 10:35 AM, E5 stated, "I took care of (R2) on Monday 5/8/17, in the morning during the 1st bed check around 8:00 AM, the tip of (R2's) toe was black. I reported it to (E9) the nurse that was taking care of (R2), I don't know if (E9) went to look at her toe." When asked if E9 had helped her clean (R2) up, E5 stated "No."</p> <p>On 5/16/17 at 10:40 AM, E2 stated "I did not see her toe prior to 5/9/17, our main focus was her excoriated bottom."</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>On 5/16/17 at 10:50 AM, E6, CNA, stated, "On 5/9/17 between 10:30 and 11:30 AM, I pulled (R2's) covers back to change (R2), I had to do a complete bed change, sheets and blankets, because she was incontinent of urine and bowel movement. She had a heel protector on. (R2's) left great toe was black, blood was dripping off the toe onto the fitted sheet. I reported it to the nurse (E7)."</p> <p>On 5/16/17 at 11:03 AM, Z1, Medical Doctor (MD), stated he was not aware of (R2's) left great toe prior to 5/9/17. When asked if he thought this might have happened overnight, Z1 stated "No, No, No, it did not happen overnight. I did see a rash on her back and treated it 3-4 weeks ago. No one mentioned her toe to me. It has apparently been there for sometime. She now has Osteomyelitis due to this. Her toe is being amputated as we speak. Her back side is better now since she has been in the hospital. The MRI (Magnetic Resonance Imaging) showed osteomyelitis. In my opinion, this could not have happened overnight."</p> <p>On 5/16/17 at 12:27 PM, when asked if staff should have noticed this prior to 5/9/17, Z1 stated, "Of course, this did not come overnight."</p> <p>On 5/16/17 at 12:45 PM, when asked what did you do to check R2's toes, E7 stated, "I lifted up the covers and looked at them." E8, LPN, stated "I took her socks off and looked at them, I didn't see anything on the toes. E2 stated "I visually looked at the toes."</p> <p>On 5/16/17 at 3:55 PM, E10, CNA, stated, "On Monday 5/8/17, (R2's) toe looked purplish, (R2) always had rashes on her skin." E10 stated, she</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>did not report it because everyone should have been aware of it.</p> <p>On 5/17/17 at 4:25 PM, E2 stated the facility does not have a policy regarding how long to wait before deciding a treatment is not going to work such as the Triamcinolone cream to R2's buttocks/back, but she thought if its not working after 2 weeks the physician should be notified.</p> <p>The facility Policy and Procedure for Abuse Prevention last revised 10/2016 documents "Purpose: To prevent the risk of abuse, neglect, involuntary seclusion, and misappropriation of property to the elderly in a long-term care setting. Definitions: (include) Neglect: The failure to provide goods and services necessary to the resident's physical, mental and social well-being. It could include ignoring a resident's need for help, not providing food or water, or deliberately withholding</p> <p>The facility Policy and Procedure for Skin Care, dated 10/2016, documents PURPOSE: To promote residents' skin integrity by monitoring skin condition, utilizing preventative measures as well as providing first aid to a resident who receives a minor injury. PROCEDURE: #2. MD, Power of Attorney (POA), and DON are to be notified of any wounds. #3. Any wounds will be documented onto skin treatment record by nurse finding the wound. These will remain until the area is healed. #5. MD will be notified of any regression of wounds upon being noted for treatment evaluation. POA will be notified of changes. #6. Treatment summaries are to be completed by nursing on a weekly basis. 7. Summaries should include: A. location, size, depth, condition of tissue, necrosis (if present), redness, edema, drainage (amount, color, odor,</p>	S9999		
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S9999	Continued From page 8 consistency). B. assessment of treatment effectiveness. C. preventative measures-positioning devices, mattresses, turn schedule, etc. D. MD notification date and time. 8. Summaries should reflect ALL treatment orders listed on the treatment sheet. 9. DON will complete periodic spot checks to ensure that documentation and summaries are being completed per policy. (B)	S9999		
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