

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007918	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/31/2017
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NAME OF PROVIDER OR SUPPLIER GLENSHIRE NURSING & REHAB CTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471
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S 000	Initial Comments Complaint Investigation 1794192/IL95392 1794068/IL95268 1793805/IL95004 1793702/IL94907 1793537/IL94717 1793541/IL94724	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c)d)2)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	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

09/05/17

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S9999	Continued From page 1 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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. 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. 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)	S9999		
THESE REQUIREMENTS WERE NOT MET AS				

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GLENSHIRE NURSING & REHAB CTRE

**22660 SOUTH CICERO AVENUE
RICHTON PARK, IL 60471**

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S9999	Continued From page 2 EVIDENCED BY: Based on observation, interview and record review the facility failed to provide wound treatment as prescribed, failed to prevent wound infection and failed to turn and reposition at least every two hours for three residents (R1, R7 and R17) out of seven reviewed for pressure ulcers. As a result R1 was admitted to the hospital for sepsis and necrotic wound resulting in surgical wound debridement. Findings Include: R1's face sheet diagnoses include cerebral infarction, dementia, transient ischemic attack, and generalized muscle weakness. R1's nursing admission clinical observation dated 2/3/17 indicates that R1 was admitted with a right hip scar, a sacral wound and right heel wound. R1's wound assessment details dated 2/4/17 indicates that R1 was admitted with an unstageable pressure ulcer to the sacral and a deep tissue injury (DTI) to the right heel. R1's Braden scale for predicting pressure sore risk dated 2/4/17 indicates that R1 had a high risk for developing pressure sores. R1's wound assessment details dated 2/8/17 indicates that while rendering care R1 was noted with a new open open area to the right hip. R1's wound assessment indicates that R1 was observed with a facility acquired deep tissue pressure injury to the right trochanter (hip) measuring 4 X 3.5 centimeters. R1's wound assessment indicates that R1 was observed with a facility acquired deep tissue injury to the right lateral foot on 2/16/17. R1's wound assessment details indicates that R1 was observed with facility acquired (DTI) to the left heel, left lateral foot, the left mid foot and the left lateral ankle on	S9999		

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S9999	Continued From page 3 3/9/17. R1's wound care note dated 3/14/17 includes the following, R1 noted with DTI wounds on left foot, R1 noted with no heel boots during rounds. R1's wound treatment note details dated 2/23, 3/2, 3/9, 3/16, 3/23, 3/30, 4/6/17 indicates that the following dressing were applied to R1's right trochanter (hip): calcium alginate, santyl and xeroform. R1's order summary includes an order dated 2/20/17 and discontinued 4/14/17 for santyl ointment, apply to right hip topically every day shift for wound care cleanse with normal saline, apply Santyl, then cover with calcium alginate then cover with dry dressing. R1's right hip dressing does not include an order for xeroform, although xeroform was applied ot R1's right hip. R1's wound care specialist evaluation dated 4/13/17 indicates that R1's unstageable (due to necrosis) of the right hip was deteriorated with 4 centimeters undermining, moderate serous exudate and 100% necrotic tissue. R1's wound care treatment recommendation was Dakin's wet to moist twice daily. R1's wound care specialist evaluation dated 4/27/17 indicates that R1's wound care treatment was recommended for Dakin's wet to moist twice daily and to be evaluated by general surgery for debridement stage 4 pressure wound to the right hip. R1's wound assessment details dated 4/27/17 indicates that R1's right trochanter pressure ulcer was a stage 4 with 4 centimeter undermining. R1's wound treatment notes dated 4/13 and 4/27/17 indicates that R1 had the following dressing applied: Dakin's 1/4 strength solution, santyl and xeroform guaze. R1's order summary report includes an order dated 4/14/17 for Dakin's solution 0.25% apply to right hip every day and evening shift for wound	S9999			

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S9999	Continued From page 4 care, cleanse with normal saline, apply Dakin's wet to moist. R1's order summary does not include an order to apply santyl and xeroform with Dakin's solution to the right hip. R1's April 2017 Treatment Administration Record (TAR) indicates as evidenced by no initials or documentation that R1's right hip dressing was not changed on the evening shift on 4/15/17, 4/16/17, 4/21/17, 4/23/17, 4/25/17 and 4/29/17. R1's TAR indicates as evidenced by the abbreviation NA (not available) that R1 did not receive a dressing change on the evening shift to the right hip on 4/17/17 and 4/18/17. R1's nursing notes and TAR do not include documentation to indicate why R1 right hip dressing was marked as not available. R1's pressure injury care plan initiated 2/7/17 includes interventions to turn and re-position every 2 hours, and the pressure relieving devices while in bed and chair. R1's wound care note dated 4/30/17 includes the following, right hip wound assessed for surgical consult by Physician, R1 needs to be sent out to the hospital related to infected necrotic hip wound. R1's hospital records dated 4/30/17 indicates that R1 was admitted with the chief complaint of necrotic wound and sepsis. R1's hospital records under assessment and plan indicates that had a decubitus ulcer to the right hip that may need surgical debridement. R1's hospital records dated 5/2/17 indicates that R1 had an excisional debridement of right hip wound 16 X 13 centimeters involving skin, subcutaneous tissue, fat, muscle and fascia. R1's description of procedure indicates that an area of necrotic tissue was identified to the right hip with frank pus draining out to the area of	S9999			

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S9999	Continued From page 5 necrotic tissue. R1's description of procedure also indicates that the bone was eaten away around the edges and the cortex appeared to be gone, indicative of osteomyelitis. R1's hospital discharge note dated 5/19/17 indicates that R1 had sepsis secondary to the infected decubitus ulcers. R1's blood culture drawn 4/30/17 indicates gram positive bacilli. R1's surgical wound culture collected 5/2/17 indicates moderate enterococcus species, enterococcus faecalis and moderate growth arcanobacterium haemolyticum. On 7/6/17 at 1:35 pm E6 Wound Nurse stated that wound care orders should be followed. E6 stated that if wound is not performed the reason should be documented. On 7/31/17 at 11:45 am Z11 (R1's Wound Physician) stated that Dakin's solution is a bleach solution used to obliterate bacteria burden in wounds. Z11 stated that R1's dressing was changed to Dakin's solution when a decline in the wound to the right hip was noted. Z11 stated that he suspected that R1's right hip wound was infected and he referred R1's to the wound surgeon. On 7/31/17 at 2:20 pm E6 (Wound Nurse) stated that Dakin's is a watered down bleach solution used for pseudomonas (infection) like wounds. E6 stated that Dakin's is used to decrease odor and bacteria in wounds. E6 stated that Dakin's solution is most effective if used as prescribed. E6 stated that on 4/27/17 with Z11 during R1's wound care, R1's dressing was removed and there was a very strong, foul smelling odor. E6 stated that Z11 referred R1 to the wound surgeon. E6 stated that when the wound surgeon came in to see R1 he sent R1 out to the hospital immediately. R1's death certificate dated 5/19/17 indicates that	S9999			

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S9999	Continued From page 6 R1's cause of death was sepsis, pressure ulcers, and ventricular tachycardia. R7's face sheet diagnoses include acute respiratory failure, tracheostomy, encephalopathy, chronic kidney disease, cerebral infarction, myocardial infarction and gastrostomy. On 7/12/17 from 10:13 am - 12:35 pm R7 was observed resting on his back in bed with no repositioning. The facility wound report dated 6/24/17 - 7/6/17 indicates that R7 was admitted with a stage 2 sacrum wound and developed a facility acquired unstageable pressure ulcer to the left ear. R7's Minimum Data Set (MDS) dated 5/13/17 indicates that R7 requires total dependence with one person assistance for bed mobility. R7's care plan for actual pressure ulcer dated 5/10/17 includes an intervention that R7 needs monitoring/reminding/assistance to turn and reposition every two hours or as needed. R17's face sheet diagnoses include respiratory failure, gastrostomy, tracheostomy, hypertension, dysphagia, Parkinson's disease, heart failure, and atrial fibrillation. On 7/12/17 from 10:13 am - 12:35 pm R17 was observed resting on his back in bed with no repositioning. The facility's wound report dated 6/24/17 - 7/6/17 indicates that R17 was admitted with stage 4 pressure ulcers to the sacral, head (occiput), right ischial, an unstageable pressure ulcer to the left ischial and a stage 3 pressure ulcer to the left medial foot. The facility's wound report indicates that R17 developed a facility acquired stage 4 pressure ulcer to the left ankle. R17 MDS dated 6/30/17 indicates that R17 requires total dependence with one person	S9999			

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S9999	Continued From page 7 assistance for bed mobility. R17's skin breakdown care plan dated 7/7/17 includes an intervention to turn and reposition every two hours and as needed. R17's actual pressure injury care plan dated 5/5/17 includes an intervention that R17 needs monitoring/reminding/assistance to turn and reposition every two hours or as needed. The facility's Pressure Ulcer Prevention policy dated 07/2011 indicates that residents who are unable to turn and reposition independently will be assisted to turn and reposition every two hours or as appropriate. The facility's wound cleansing and dressings policy dated 07/2011 indicates under dressing changes to apply new dressing after cleansing the wound per Physician order. The facility's wound cleansing policy also indicates that documentation of the dressing change is completed on the Treatment Administration Record (TAR). (A)	S9999			