

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000210	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2021
--	---	--	--

NAME OF PROVIDER OR SUPPLIER ACCOLADE HEALTHCARE DANVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 801 NORTH LOGAN AVENUE DANVILLE, IL 61832
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Annual Certification Survey First Probationary Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.1210a) 300.1210b)4) 300.1220b)3) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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	S9999	Attachment A Statement of Licensure Violations	

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

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000210	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2021
--	---	---	--

NAME OF PROVIDER OR SUPPLIER ACCOLADE HEALTHCARE DANVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 801 NORTH LOGAN AVENUE DANVILLE, IL 61832
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>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>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to properly secure a</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000210	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2021
--	---	--	--

NAME OF PROVIDER OR SUPPLIER ACCOLADE HEALTHCARE DANVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 801 NORTH LOGAN AVENUE DANVILLE, IL 61832
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>gastrostomy tube by failing to ensure the external retention ring was positioned properly up against the skin and failed to develop and implement behavioral interventions to prevent the removal of a gastrostomy tube for one of one residents (R13) reviewed for gastrostomy tubes on the sample list of 52. These failures resulted in R13 extubating the gastrostomy tube, requiring emergency services and surgery, under anesthesia, to replace R13's gastrostomy tube.</p> <p>Findings include:</p> <p>On 1/24/21 at 10:06 AM, the external retention ring to R13's gastrostomy tube was positioned approximately six inches from R13's stoma site. The skin around R13's stoma site was red and irritated. At that time, V14 Registered Nurse stated the external retention ring should be pushed up against the abdomen. V14 stated the skin around R13's stoma site is red due to R13 pulling on the tube. V14 stated R13 was receiving continuous feeding through the gastrostomy tube but R13 kept pulling on the tube and trying to get out of bed, so the feeding had to be switched to bolus. V14 stated R13 still pulls on the gastrostomy tube.</p> <p>R13's Nutrition/Dietary note dated 1/14/21 documents, "Nursing thinks (R13) would benefit from bolus feedings as (R13) has been pulling tubing with continuous feedings and having to stop feedings."</p> <p>R13's plan of care with a revision date of 11/9/20 does not include interventions for R13's behaviors of pulling on the gastrostomy tube. R13's electronic medical record does not include interventions for R13's behaviors of pulling on the gastrostomy tube.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000210	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2021
NAME OF PROVIDER OR SUPPLIER ACCOLADE HEALTHCARE DANVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 801 NORTH LOGAN AVENUE DANVILLE, IL 61832		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>R13's nursing notes dated 1/26/2021 at 6:30 AM documents, "(R13) was transferred to the (hospital) for re-insertion of (R13's) feeding tube. (R13) was found with (R13's) tube in (R13's) hand."</p> <p>On 1/26/21 at 10:20 AM, V2 ,Director of Nursing stated the external retention ring on R13's gastrostomy tube should be pushed up to the stoma to prevent leakage from the stoma. V2 stated R13 has behaviors of pulling on the gastrostomy tube. V2 confirmed that R13's medical record does not include interventions for R13's behaviors of pulling on the gastrostomy tube. V2 stated R13 went to the hospital this morning due to R13 pulling out R13's gastrostomy tube.</p> <p>R13's hospital admission history and physical report dated 1/26/21 documents under chief complaint that R13's gastrostomy tube could not be replaced in the emergency room due to too much scar tissue and it being scabbed over and that trauma surgery was consulted. This report also documents that R13 was admitted to the hospital on 1/26/21 at 6:28 AM and documents "(R13) who comes from the nursing home with a PEG (percutaneous endoscopic gastrostomy) tube malfunction. Apparently, (R13) might have pulled out (R13's) PEG tube. Unable to replace a new PEG tube in the emergency room. (R13) is agreeable. Consultation at this time for observation. General surgery was consulted in the emergency room." This report also documents an EGD (Esophagogastroduodenoscopy) and anesthesia was required to replace R13's gastrostomy tube.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000210	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/27/2021
NAME OF PROVIDER OR SUPPLIER ACCOLADE HEALTHCARE DANVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 801 NORTH LOGAN AVENUE DANVILLE, IL 61832		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	Continued From page 4 (B)	S9999			