

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003529	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2021
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NAME OF PROVIDER OR SUPPLIER ALEDO REHAB & HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 304 S.W. 12TH STREET ALEDO, IL 61231
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(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 Health Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 2 300.610a) 300.1010h) 300.1210a) 300.1210d)2)3)5) 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 resident's condition that threatens the health, safety or welfare of a resident, including,	S9999	Attachment A Statement of Licensure Violations	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>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>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)</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>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>3) Objective observations of changes in a resident's condition, including mental and</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>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>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.</p> <p>These regulations are not met as evidence by:</p> <p>Based on observation, interview and record review, the facility failed to assess a resident's skin condition, failed to administer a physician ordered skin treatment, and failed to monitor a resident's skin condition for 2 of 2 residents (R31, R23) reviewed for pressure ulcers in a sample of 34. These failures resulted in R31 developing an avoidable unstageable pressure wound to the right heel.</p> <p>FINDINGS INCLUDE:</p> <p>The facility policy, Pressure Sore Prevention Guidelines, dated 11/12 directs staff, "To provide adequate interventions for the prevention of pressure ulcers for residents who are identified as high or moderate risk for skin breakdown. The following guidelines will be implemented for any</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>resident assessed as moderate or high risk: Incontinence care to include lotions and barrier creams; daily skin checks with documentation and weekly skin assessment of the resident's skin."</p> <p>The facility policy, Decubitus Care/Pressure Areas, dated (revised) 1/18 directs staff, "It is the policy of this facility to ensure a proper treatment program has been instituted and is being closely monitored to promote the healing of any pressure ulcer. Upon notification of skin breakdown, the QA (Quality Assurance) form for Newly Acquired Skin Condition will be completed and forwarded to the Director of Nurses. The pressure area will be assessed and documented on the Treatment Administration Record or the Wound Documentation Record. Document size, stage, site, depth, drainage, color, odor and treatment (upon obtaining from the physician). Document the stages of the pressure ulcer. Document the color. Notify the physician for treatment orders. The physician's orders should include: Type of treatment, Frequency treatment is to be performed, How to cleanse, Site of application. The order must have specific frequencies. Initiate physician order on treatment sheet. Documentation of the pressure area must occur upon identification and at least once each week on the Treatment Administration Record. The assessment must include: Characteristic (size, shape, depth, color, presence of granulation tissue, necrotic tissue), Treatment and response to treatment. When a pressure ulcer is identified additional interventions must be established and noted on the care plan in an effort to prevent worsening or re-occurring pressure ulcers."</p> <p>The facility's Preventative Skin Care policy (Revised 1/18) documents the following: "All</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>residents will be assessed using the Braden Pressure Ulcer Scale at the time of admission and weekly for four weeks then will be reassessed at least quarterly and/or as needed."</p> <p>1. R31's facility Profile Face Sheet documents that R31 was admitted to the facility on 9/10/20 and readmitted on 10/22/20, with the following diagnoses: Dementia, Need for Assistance with Personal Care and Chronic Ulcer of Right Lower Leg.</p> <p>R31's Nursing Admission Assessment form, dated 10/22/2020 documents, "Skin Inspection: Vascular Ulcers right LE (lower extremity)." No size, stage, site, depth, drainage, color or odor were documented on the wounds.</p> <p>R31's Braden Scale for Predicting Pressure Ulcer Risk form, dated 10/22/2020 documents R31 as a "moderate risk for skin breakdown."</p> <p>R31's Care Plan, dated 10/22/2020 includes the following Problem/Need: Moderate Risk for Pressure Ulcer per Braden Risk Assessment. This same Care Plan includes the following Approaches/Intervention: Braden Scale weekly for 4 weeks upon admission; Weekly skin checks with documentation; Check skin, if opened or bruised areas noted, report to MD (Medical Doctor); Daily sponge bath, weekly shower, Skin check daily during cares and during bath/shower; Nurse to measure and monitor wound status progression or deterioration every week and notify MD and family of changes; Treatment as ordered (cleansing, application of medication, packing and/or dressing changes with wound status and progress).</p> <p>R31's facility Weekly Wound Tracking for October</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>2020 includes the following entry, "10/30/2020 Area 1: Post-surgical right shin, Unstageable, 20 CM (centimeters) X 15 CM X 0.2 CM depth, moderate drainage, no odor." No further documentation for October 2020 is noted.</p> <p>R31's facility Weekly Wound Tracking for November 2020 has no documentation for R31's wound.</p> <p>R31's facility Weekly Wound Tracking for December 2020 includes the following entry, "12/23/20 8 cm X 8.5 cm" No stage, site, depth, drainage, color or odor were documented on the wound. No further weekly documentation for December 2020 was available.</p> <p>R31's facility Weekly Wound Tracking for January 2021 includes the following entry, "Right heel 01/13/21 DTI (deep tissue injury). No measurements, depth, drainage, color or odor were documented on the pressure wound. Also, no documentation of the physician or family notification is documented.</p> <p>R31's facility Nursing Progress Notes for January 13, 2021 include no documentation of R31's new pressure wound to the right heel.</p> <p>R31's Physician Order Sheets for January 2021 include no new physician orders for treatments to the newly discovered pressure wound to the right heel.</p> <p>R31's Treatment Administration Record for November and December 2020, and January and February 2021 include no documentation of weekly skin monitoring for any additional skin concerns.</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>R31's Primary Care Provider notes from V13/Wound Doctor, dated 2/17/21 document, "Right proximal anterior leg ulcer 3.5 CM X 4.0 cm X 0.1 cm; Right distal anterior leg ulcer 0.8 CM X 1.0 CM X 0.1 cm; Right proximal lateral leg ulcer 2.5 CM X 1.8 CM X 0.1 cm; Right distal lateral leg ulcer 2.7 cm X 1.0 cm X 0.1 cm; and Deep tissue injury, right heel, 4.0 cm X 7.0 cm X UTI (unidentified traumatic injury). Wounds cleansed with wound cleanser. Applied gentian violet to periwound. Applied isosorb to wound bed. Covered with dry gauze and cast webbing. Secured with a two layer compression system."</p> <p>R31's Physician Orders, dated 2/17/21 and signed by V13/Doctor of Podiatry Medicine document, "Continue with venous wound care. To pressure ulceration granular base apply Calcium Alginate at wound change schedule."</p> <p>On 2/23/21 at 12:30 P.M., V5/Licensed Practical Nurse (LPN) prepared to perform wound care for R31. V5/LPN removed bandage scissors from her uniform pocket and without cleansing them, placed them on the prepared clean field. V5/LPN used the bandage scissors to cut through the length of the heavily soiled bandage to R31's leg that was present from R31's leg from the knee to the toes. V5/LPN then placed the soiled scissors on the clean field and continued the dressing change to the right posterior shin. V5/LPN did not perform wound care to R31's right heel. V5/LPN applied a dressing to R31's posterior shin, and wrapped R31's leg from below the right knee and around R31's toes, leaving R31's wound to the right heel open. At that time, V5/LPN stated, "All we do for the wound to (R31's) right heel is off-load (the pressure) to that area. (R31) doesn't have a treatment to that area." At the conclusion of the dressing change, V5/LPN picked up the</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>bandage scissors and without cleansing them, placed them in her uniform pocket. At that time, V5/LPN confirmed she had not cleansed the scissors prior to placing them on the clean field, or after using them to remove a soiled dressing from R31's right leg.</p> <p>On 2/23/21 at 2:30 P.M., V2/Director of Nurses (DON) stated that the facility had no weekly wound tracking for R31's wounds for November or December 2020 and no weekly skin checks for R31's skin for October, November, December 2020 January and February 2021. V2/DON was unable to state the date the right heel wound began or provide an assessment of the right heel wound. V2/Director of Nurses stated, "(R31's) Nursing Admission Assessment (10/22/20) should have included measurements of (R31's) right lower leg ulcers." V2/DON also confirmed V13/Wound Doctor had given a treatment order for R31's right heel pressure wound on 2/17/21.</p> <p>On 2/24/21 at 10:50 A.M., V13/Wound Doctor stated, "The unstageable wound to (R31's) right heel was found by me at the appointment on 2/17/21. It was a black, unstageable wound measuring 4 CM` X 7 CM. On 2/17/21, I removed the eschar (black tissue) and ordered the facility to begin Alginate to the area."</p> <p>2. R23's current Physician's Order Sheet documents R23 was admitted to the facility on 8/12/21 with a Stage IV pressure ulcer on R23's coccyx.</p> <p>On 02/23/21 at 09:45 AM, V7 and V8 (Hospice Nurses) performed wound care and a dressing change to R23's coccyx pressure ulcer. V7 removed R23's coccyx dressing, and large circular wound measuring approximately 6</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>centimeters by 6 centimeters by 2 centimeters was present on R23's coccyx, with a large amount of eschar (black/brown) tissue present.</p> <p>R23's most recent Braden Scale Pressure Ulcer Risk Assessment (dated 8/12/20) documents a score of 14, indicating R23 is a high risk for pressure ulcer development.</p> <p>R23's current care plan does not include a care plan addressing R23's Stage IV coccyx pressure ulcer.</p> <p>R23's medical record does not contain any documentation of skin checks conducted on R23.</p> <p>On 02/25/21 at 10:58 AM, V2 (Director of Nursing) confirmed the following: R23's Braden Scale Pressure Ulcer Risk Assessment was last completed on 08/12/20. V2 stated it should have been conducted more frequently as indicated in the facility's Pressure Ulcer policy; V2 stated the facility has not documented weekly progress and measurements of R23's coccyx pressure ulcer from 8/12/20 until the facility began documenting Weekly Wound Tracking on 1/20/21. V2 stated V6 (local wound doctor) and the local hospice company documented about R23's wound from 8/12/20 - 1/20/21, but the facility did not maintain their own documentation during this time and should have been documenting weekly about the progress of R23's coccyx wound; V2 cannot provide documentation of any skin checks conducted on R23 since R23's admission to the facility. V2 stated that R23's Braden Scale Pressure Ulcer Assessment is "high risk" and R23 should have been receiving daily skin checks. V2 confirmed the facility has no documentation of any skin checks conducted on R23 since 8/12/20; V2 confirmed that R23's</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>current care plan did not contain a care plan with interventions in place addressing R23's coccyx pressure ulcer.</p> <p style="text-align: center;">"B"</p> <p>2 of 2</p> <p>300.1210b) 300.1210c) 300.1210d)6)</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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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>6) All necessary precautions shall be</p>	S9999		

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S9999	Continued From page 10 taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These regulations are not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure a resident's wheel chair was free from sharp objects and supervise a resident at risk for ingesting potentially dangerous, non-edible items for 2 of 6 residents (R17, R21) reviewed for accidents in the sample of 34. These failures resulted in R17 receiving a laceration requiring 11 sutures and R21 attempting to ingest R21's face mask. Findings include: The facility's Dementia Specific Unit Training Requirements policy, undated, documents, "Training of all unit staff who works on the unit: Methods of identifying and minimizing safety risks to residents with Alzheimer's disease and other dementia." 1. R17's Care plan, dated 2/18/21, documents, "R17 has risk factors that require monitoring and intervention to reduce potential for self injury. Related diagnosis/condition/history includes dementia." R17's Emergency room notes, dated 1/25/21, document chief complaint laceration leg/skin tear. R17's State Agency notification form, dated	S9999		
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S9999	<p>Continued From page 11</p> <p>1/25/21, documents "R17 noted to have a skin tear on left lower outer leg. R17 sent to emergency room for treatment. R17 returned with 11 sutures. R17 does not use foot pedals on wheel chair as she typically propels herself. It was noted that the area where foot pedals would connect to wheel chair protruded out and caused injury."</p> <p>On 2/25/21 at 11:00 AM, V1 (Administrator) confirmed that R17's laceration was caused by R17's wheel chair. V1 stated, "(R17) doesn't use foot pedals and there is a piece of her wheel chair that protrudes where the foot pedal would go. Maintenance and CNAs (Certified Nursing Assistants) should be checking the wheel chairs for things like this."</p> <p>2. R21's Physician Order Sheet, dated 2/21 documents, R21 has diagnosis of Alzheimer's disease with Behavioral Disturbance. R21's MDS/Minimum Data Set Assessment dated 1/27/21, documents R21 is cognitively severely impaired.</p> <p>R21's Impaired Cognition plan of care documents on 12/20/20, "(R21) tries to eat his face mask when placed on his face. Unable to wear mask due to safety concerns."</p> <p>On 2/22/21 at 12:57 pm, R21 was in his room sitting in his recliner with a face mask. After entering the room R21 quickly put the entire face mask into his mouth and began chewing on it. No staff were present at this time. V3 (LPN/Licensed Practical Nurse) was alerted and came in the room to try to remove the mask from R21's mouth. V3 stated, "(R21) bites so (I) cannot stick my fingers in his mouth." V3 repeatedly asked R21 to spit the mask out into</p>	S9999		

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(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
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S9999	<p>Continued From page 12</p> <p>her hand, and after several attempts R21 stuck the face mask out far enough for V3 to grab and remove it.</p> <p>On 2/22/21 at 1:15 pm, V3 stated, "(I)do not know if (R21) should have had a face mask on because (R21) eats everything including his shirts, silverware or anything he can put in his mouth."</p> <p>On 2/22/21 at 1:18 pm, V4 (LPN/Licensed Practical Nurse) stated, "R21 should not have had a face mask on because (R21) puts everything in his mouth and tries to eat it."</p> <p style="text-align: center;">"B"</p>	S9999		
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