

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/23/2022
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NAME OF PROVIDER OR SUPPLIER APERION CARE MARSEILLES	STREET ADDRESS, CITY, STATE, ZIP CODE 578 WEST COMMERCIAL STREET MARSEILLES, IL 61341
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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	S 000		
S9999	<p>Complaint Investigations: 2226571/IL150287</p> <p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1210b) 300.1210d)5</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</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</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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>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>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 Requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review the facility failed to implement pressure relieving interventions to prevent pressure ulcers for one resident (R1) of three reviewed for pressure ulcers in a sample of three. This failure resulting in R1's pressure ulcer worsening and being sent out to hospital.</p> <p>Findings include:</p> <p>The facility Pressure and Skin Condition Assessment, revised 1/17/18, documents to establish guidelines for assessing, monitoring and documenting the presence of skin breakdown, pressure injuries and other ulcers and assuring interventions are implemented. The residents care plan will be revised as appropriate, to reflect alteration of skin integrity, approaches and goals</p>	S9999		

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S9999	<p>Continued From page 2 for care.</p> <p>R1's Braden score, dated 6/8/22, documents a score of 17, indicating that R1 is at risk for pressure ulcers.</p> <p>Facility wound tracking report documents on July 30, 2022 for R1 documents coccyx IAD (incontinence associated dermatitis) measuring 1.6 cm in length and 1.1 cm width.</p> <p>Facility wound tracking report documents on August 6, 2022 for R1 documents coccyx IAD measuring 6.5 cm length and 4.3 cm width.</p> <p>R1's Progress Notes, dated 8/15/22, documents that during wound care and extreme odor and copious amounts of green pus was draining from the wounds on R1's coccyx. V4, R1's Primary Care Physician, was notified and orders were received to sent to the emergency room for an evaluation. This form documents that R1 was admitted to the hospital for a wound infection.</p> <p>V5's (Wound Doctor) Wound Care Notes, dated 8/2/22, documents that R1's has a stage 3 full thickness pressure ulcer to the right buttocks, measuring 2.5cm (Centimeters) by 15cm by 0.1cm. The wound has moderate serous drainage with 15 percent slough. R1's right buttock wound required surgical debridement at the bedside. Wound care orders were given for Leptospermum honey-apply and alginate calcium three time weekly for 30 days. V5's wound care notes, dated 8/9/22, documents that R1's right buttocks wound is unstageable due to necrosis. The wound measures 3.5cm by 2.0cm by 0.1cm, with 30 percent slough. R1's stage four coccyx wound measures 8.0cm by 7.0cm by 0.3cm with 2cm of undermining at 6:00 O'clock. A strong</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>odor and a moderate amount of purulent exudates (draining) noted. This wound has a surface area of 56.0cm and 80 percent of thick adherent devitalized necrotic tissue. Sodium hydrochlorite solution one quarter strength, pack wound daily and apply zinc ointment daily for 30 days.</p> <p>On 8/22/22 at 1:00pm, V3, RN Hospital Registered Nurse, stated that R1 was admitted to the Intensive Care Unit for MRSA (Methicillin-resistant Staphylococcus Aureus) of her coccyx wound requiring intravenous antibiotics. V3 stated that the wound on her coccyx is tunneling and is almost into the spinal column.</p> <p>On 8/23/22 at 12:30pm, V5, Wound Doctor, stated that R1 would require repositioning every two to three hours to prevent the pressure ulcers and a pressure relieving mattress.</p> <p>On 8/23/22 at 12:45pm, R1 stated that she was not turned or repositioned for hours at a time. R1 verified that she did not get out of bed while at the facility. R1 stated that on weekends her dressings were not changed every day.</p> <p>On 8/23/22 at 11:40am, V2, Director of Nursing, stated that she did venous wounds of bilateral lower extremities, but did not have any pressure ulcers on her bottom. V2 verified that R1's bed mobility is not signed out every two hours as required. V2 also verified that R1's care plan does not have pressure ulcer preventative interventions in place, should have had them in place on admission.</p> <p>(B)</p>	S9999		