PRINTED: 03/27/2022 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6011597 01/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2081 NORTH MAIN STREET** LOFT REHAB & NURSING OF CANTON **CANTON, IL 61520 SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation: 2220625/IL142789 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)4)A) 300.1220b)3) 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. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological

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BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

resident to meet the total nursing and personal

care and personal care shall be provided to each

well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	care needs of the resident.					
	and shall include, a and shall be practice seven-day-a-week b 4) Personal care sha seven-day-a-week b not be limited to, the A) Each residen personal attention, ir oral hygiene, in addit the physician. Section 300.1220 Su Services	all be provided on a 24-hour, asis. This shall include, but following: It shall have proper daily neluding skin, nails, hair, and tion to treatment ordered by pervision of Nursing				
	each resident based comprehensive asset and goals to be according and personal care and representing other set activities, dietary, and are ordered by the phase the preparation of the plan shall be in writing modified in keeping windicated by the resident these requirements where the preparation of the plan shall be in writing modified in keeping windicated by the resident these requirements where the preparation of the plan shall be in writing modified in keeping windicated by the resident the preparation of the plan shall be in writing modified in keeping windicated by the resident the preparation of the plan shall be in writing modified in keeping windicated by the resident the plan shall be in writing modified in keeping windicated by the resident the plan shall be in writing modified in keeping windicated by the resident the plan shall be in writing modified in keeping windicated by the resident the plan shall be in writing modified in keeping windicated by the resident the plan shall be in writing modified in keeping windicated by the resident the plan shall be in writing modified in keeping windicated by the resident the plan shall be in writing modified in keeping windicated by the resident the plan shall be in writing modified in keeping windicated by the resident the plan shall be in writing modified in keeping windicated by the resident the plan shall be in writing modified in keeping windicated by the resident the plan shall be in writing modified in keeping windicated by the resident the plan shall be in writing modified in keeping windicated by the resident the plan shall be in writing modified in keeping windicated by the resident the plan shall be in writing the plan shall be in wri	ssment, individual needs mplished, physician's orders, d nursing needs. Personnel, rvices such as nursing, I such other modalities as rysician, shall be involved in resident care plan. The g and shall be reviewed and rith the care needed as				

	Department of Public	Health			FORM	APPROVE	:D
	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
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	wound and provide residents (R3) revie of five. These failur chest wound not be developing a MRSA Staphylococcus Aunhospitalization for IV treatment. Findings include: The facility policy, tit Management (dated "To promote wound wounds, it is the police evidence-based treatment standards of orders. Policy Expla Guidelines: 1. Wound provided in accordant including the cleans and frequency of dreatment will notify physician to This may be the treat licensed nurse in the nurse."	nce with physicians orders, and method, type of dressing, ssing change. 2. In the torders, the licensed nurse or obtain treatment orders, then the nurse, or the assigned absence of the treatment					
÷4	admitted to the facility undergoing a parotide due to malignancy. No document R3 was re-1/11/22 due to complineck wound. An Adm Assessment, dated 1/total of four surgical in	ectomy and neck resection Jursing Progress Notes hospitalized from 1/07/22 to ications and infection of her hission/Readmission Nursing /11/22, documents R3 had a hoisions on her body at that					
	ume, moluding one loc Physicians Orders an	cated on her "chest." The					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:					
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	1	-	03333				ı	
	Records fail to docu	ment any treatment that was						
	provided to the would	nd on R3's chest from 1/11/22					1	
	to 1/18/22. Nursing	Progress Notes, dated					1	
.5	1/18/22, document \	V7 (Registered Nurse)					ı	
	contacted R3's Surg	eon to obtain treatment					ı	
	orders for surgical w	ounds located on R3's left				ĺ	ı	
	breast and clavicle.	On 1/19/22, Nursing					ı	
	Progress Notes by V	/7 document, "This (Nurse)					ı	
	called and updated ((Surgeon's) nurse about					I	
	(Kas) wound on her	left breast and her condition.					ı	
	Wound is draining yellow/green fluid, red and inflamed, warm to the touch and smells like						۱	
	noorotic ticque (P2)	ie touch and smells like					ı	
	necrotic tissue. (R3) is very drowsy, reporting that she does not feel good and is very weak. Staff					1	ı	
	reported that residen	nt could not hold self-up when					I	
	they tried to get her i	it could not note self-up when the this (morning) "					l	
	they tried to get her up this (morning)." Subsequent documentation in the Nursing Progress Notes on 1/19/22, indicates the						ı	
							ı	
}	Surgeon ordered R3	to go to the Emergency					ı	
	Room for evaluation	of a change in condition.					Ĺ	
		of a change in condition.					ı	
	An Emergency Roon	Note Report, dated					ı	
	1/19/22, documents	upon arrival, R3 had an						
	"incision with staples	under the left breast with a						
	(Jackson Pratt) drain	which has some purulent				:		
	drainage. (R3) is ser	nt from the nursing home.						
1	Medics did not really	know why she was being						
	transported other tha	n there is some drainage in						
	the (Jackson Pratt) di	rain which would be						
	expected. Nursing he	ome staff did not give a clear						
	cut indication for her	being seen today. I looked						
	on the (Hospital) web	site and found the						
	communication from	today that the dressing						
	under the left breast v	was just changed for the first						
	time yesterday, which	was 10 days post						
	(operation), so the dr	essing looked yellow and				i		
1	dirty." Further Emerg	ency Room documentation,				ľ		
	rrom 1/19/22, indicate	es R3 was returned to the						
	racility the same day \	with instructions to continue						
[]	ordered oral antibiotic therapy.					L.		

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ С B. WING IL6011597 01/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2081 NORTH MAIN STREET **LOFT REHAB & NURSING OF CANTON CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 Nursing Progress Notes, dated 1/21/22. document R3's Surgeon ordered a culture of the wounds on the left breast and clavicle, due to continued signs of infection. On 1/25/22, Nursing Progress Notes document R3's left breast and clavicle wound culture was positive for MRSA (Methicillin-resistant Staphylococcus Aureus) infection that would require treatment with intravenous Vancomycin. Nursing Progress Notes, dated 1/26/22, document R3 was hospitalized on that day for ongoing treatment and medical management of the left breast and clavicle wounds. On 1/26/22 at 10:40 am, V6 (Certified Nursing Assistant) stated, when she came to work on 1/18/22, she could smell a foul odor, "like infection or necrotic tissue." V6 stated the Nurse on duty, V7 (Registered Nurse), smelled the same odor and went room to room looking for the source. V6 indicated the odor came from R3's room. According to V6, it was at that time that V7 found a dressing on R3's chest that had been there for 10 days, saturated with drainage. V6 stated, the next day R3 had to be sent out to the hospital and she had an infection in the wound. On 1/26/22 at 12:13 pm, V7 (Registered Nurse) stated at the start of her shift on 1/18/22, V6 told her they could smell necrotic tissue on the hall. V7 stated she noticed the odor coming from R3's room. V7 stated she assessed R3, who had a wound vacuum to a large surgical wound on her left jaw and ear, a Jackson Pratt Drain, and a dressing to a wound on her back. V7 stated those wounds all looked good and had no evidence of infection. V7 then noted a dressing on R3's left clavicle and a surgical dressing under the left breast. V7 stated the surgical dressing

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED С IL6011597 B. WING 01/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2081 NORTH MAIN STREET** LOFT REHAB & NURSING OF CANTON CANTON, IL 61520 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 under the left breast smelled like necrotic tissue, the dressing was black, and the wound appeared "horribly infected." V7 stated she looked for the treatment order for the clavicle and wound under the left breast. V7 could not find any evidence of a treatment or treatment order for those wounds and noted that R3 had returned from the hospital on 1/11/22, one full week prior. V7 stated she told V2 (Director of Nursing) that R3 chest wounds had not been treated or assessed since she returned from the hospital on 1/11/22. V7 stated the dressing under the left breast was not dated, but she was familiar with the surgical dressing R3's Surgeon used from her previous job, and the dressing under the left breast was not one that they use at the facility. V7 contacted the Surgeon's office and obtained orders to cleanse and treat the wounds on the left clavicle and under the left breast. V7 stated the next day, R3 indicated she was not feeling well and appeared weak. V7 stated R3 could normally ambulate to the bathroom and she was too weak to do so. V7 assessed R3's wounds and noted the wound under the left breast was very red and inflamed, draining purulent drainage, so she contacted the Surgeon again. V7 stated R3 was later sent out to the hospital for evaluation. On 1/26/22 at 12:55 pm, V8 (Registered Nurse) stated she completed R3's 1/11/22 readmission nursing assessment and does recall that R3 had a dry dressing in place over a surgical wound under her left breast and on her clavicle. V8 stated it is protocol to notify the physician, if a resident does not have a treatment ordered for a wound that they have upon admission. V8 was unable to answer as to why she did not notify the physician on 1/11/22 that R3 had surgical wounds with no treatment orders. V8 stated R3 had to be

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: __ COMPLETED IL6011597 B. WING_ 01/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2081 NORTH MAIN STREET LOFT REHAB & NURSING OF CANTON CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 6 S9999 could be treated with intravenous Vancomycin for a MRSA infection of the wound under the left breast. (A)

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