Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_ COMPLETED С IL6001028 B. WING 03/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR** INTEGRITY HC OF GODFREY GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation 2241977/IL144565 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610 c)4)C) 300.1210 b) 300.1210 d)6) 300.1220 b)3) Section 300.610 Resident Care Policies The written policies shall include, at a minimum the following provisions: A policy to identify, assess, and develop strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident. The policy shall establish a process that, at a minimum, includes all of the following: Evaluation of alternative ways to C) reduce risks associated with resident handling. including evaluation of equipment and the environment Section 300.1210 General Requirements for Nursing and Personal Care 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 Attachment A care needs of the resident. Statement of Licensure Violations d) Pursuant to subsection (a), general

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

TITLE

(X6) DATE

Illinois Department of Public Health						FORM	MAPPROVED		
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001028  NAME OF PROVIDER OR SUPPLIER  STREET ADI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING			(X3) DATE SURVEY COMPLETED C 03/10/2022		
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		nursing care shall in following and shall I seven-day-a-week I 6) All necestaken to assure that remains as free of a All nursing personnesee that each reside supervision and assure section 300.1220 Services b) The DON structure plan for each resident's comprehenceds and goals to orders, and personal personnel, representations, activities, dimodalities as are on be involved in the proplan. The plan shall reviewed and modificated the plan shall be remonths.	nclude, at a minimum, the be practiced on a 24-hour, basis: essary precautions shall be the residents' environment accident hazards as possible, el shall evaluate residents to ent receives adequate sistance to prevent accidents. Supervision of Nursing hall supervise and oversee the the facility, including: sing an up-to-date resident esident based on the ensive assessment, individual be accomplished, physician's all care and nursing needs. Inting other services such as itetary, and such other dered by the physician, shall reparation of the resident care be in writing and shall be ed in keeping with the care by the resident's condition. Viewed at least every three	33333					
		These requirements	are not met as evidenced by:						
		failed to ensure staff interventions for com injury during care for reviewed for acciden failure resulted in R2	and record review, the Facility implemented appropriate abative residents to prevent 1 of 3 residents (R2) at in the sample of 8. This sustaining a large 10 cm by 0.1 cm skin tear to ing care.						

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_\_ COMPLETED C IL6001028 B. WING 03/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR** INTEGRITY HC OF GODFREY GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 Finding includes: R2's Wound Evaluation and Management Summary, dated 3/8/2022, documents R2 has diagnoses of cerebrovascular disease. congestive heart failure, depression, diabetes mellitus, hyperlipidemia, and hypertension. R2's Physician Order Sheet for 3/2022 documents a diagnosis of cognitive communication deficit. R2's Minimum Data Set (MDS), dated 2/18/2022. documents R2 is an extensive assist of two plus staff (3/3) for bed mobility, transfers, toilet, and personal hygiene. R2's Care Plan, undated, documents R2 is at risk for falls related to impaired cognition and weakness. The Care Plan documents R2 is on anticoagulant therapy (clopidogrel and aspirin) related to history of transient ischemic accident, purpura to bilateral upper extremity, right shin. (R2) has potential/actual impairment to skin integrity related to fragile skin, medication use (Plavix) and was noted to have senile purpura to bilateral upper extremity and right knee area. The Care Plan documents R2 is not always able to express the need for assistance when she is incontinent of bowel and bladder. The Care Plan documents R2 displays behavioral symptoms related to becoming combative with staff and are manifested during care. The Care Plan did not document specific interventions staff should implement when R2 becomes combative. R2's Skin Tear Report filed by Facility on 3/7/2022 at 8:05 AM, documents, "skin tear noted to lower

Illinois Department of Public Health

right forearm upon entering room to do a glucose

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**FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING: \_\_ IL6001028 B. WING\_ 03/10/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

(24)D SUMMARY STATEMENT OF DEPICIENCYS (EACH DEPICIENCY MIST BE PRECEDED BY PILL TAG (EACH DEPICIENCY MIST BE PRECEDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999 Continued From page 3 finger stick, CNA (Certified Nurse's Aide) exiting room as nurse entered stated resident combative with care, pulling CNA's hair, striking out at staff, etc. Noted smear of blood on grab bar of bed from resident striking arm when swinging at staff. Resident unable to give description. Skin tear right hand. Combative with care, upon investigation, reported that resident was combative dwith gar incontinence care, pulling CNA's hair, striking out, Struck arm on grab bar of bed causing discoloration with skin tear. Area cleansed with dressing applied. Staff to leave in safe manner and re-approach when calmed if combative during care. The Report documented only one CNA was providing care, atthough R2's MDS documents two CNAs should provide care to R2.  R2's Hospital Records, dated 3/7/2022 at 9:29 PM. "Daughter wants patient evaluated for bruises and skin tear right forearm stating it was enlarged. Patient is from (Facility). Large skin tear on right forearm. There were steri strips that were minimally adhesive. Skin care cleaned with wound cleanser."  R2's Wound Evaluation and Management Summary, dated 3/8/2022, documents, "This patient has multiple wounds. She has a shear wound on the right forearm full thickness, Wound size 10 centimeters (cm) length x 7 cm in width x 0.1 cm in depth."  On 3/9/2022 at 10:18 AM, V2, Director of Nursing, stated, "(R2) became combative with		1622.20.10	AD					
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care with staff and grabbed the Certified Nursing Assistants (CNA) hair and hit the grab bar with		Summary, dated 3/8/2022, documents, "This patient has multiple wounds. She has a shear wound on the right forearm for at least 3 days duration. There is moderate serous exudate. Shear wound of the right forearm full thickness, Wound size 10 centimeters (cm) length x 7 cm in width x 0.1 cm in depth."  On 3/9/2022 at 10:18 AM, V2, Director of Nursing, stated, "(R2) became combative with care with staff and grabbed the Certified Nursing						

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	so I just leave her.	wait and come back. (R2) is				1	
	an extensive assist	of one staff."	l l			1	
		48				1 1	
	On 3/10/2022 at 9:2	28 AM, V10, RN/MDS					
	Coordinator, stated	, "If a resident became					
	compative during ca	are, I would redirect them and					
	re-approach or how	re safe, walk away and then					
	working that night h	e someone else try. I was not ut had heard that (R2) was	l 1				
	combative during ca	are and had a skin tear to her					
	arm. I was not work	ing though when this					
	happened."					l	
						1	
0	On 3/10/2022 at 9:3	0 AM, V11, CNA, stated, "If a					
	resident would beco	me combative, I would stop				1	
1	was I doing, trying to	redirect them and leave		**			
	(P2) can be combet	re-approach them later on.			10		
	her arms when she	ive at times. She will swing gets upset. I will just leave					
	her and try again lat	er. She is an extensive assist			-		
	of one staff for care.	I usually do not have any					
	issues as I just leave	her alone and then come					
	back."	and then some					
	On 3/10/2022 at 11:2	22 AM, V8, RN, stated, "I					
	went into (R2's) roor	n as I was going in, I was					
	going to do a tinger t	check as I was entering the		And death of the second			
	6.15 AM when I won	ng the room. It was around t into the room, and (V7) told				1	
1	me as she was leavi	ng that (R2) was pulling her			-	1	
	hair and fighting with	her. When I entered the			1	i i	
	room her gown and l	plankets had blood on them,	4				
	and I was not sure w	hat had happened, and I was					
·	assessing her and sa	aw she had a large area to				1	
[6]	her right arm that ha	d been bleeding. There was					
	blood on her blankets	s and her gown. I do not		· ·			
	know how it occurred	I, but I do I know when a					
	resident becomes re	sistant to care we are to				ş	
	eave them alone, Ma	ake sure they are safe and					
	wille back later. I ca	nnot say what happened					

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