

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2022
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NAME OF PROVIDER OR SUPPLIER HEATHER HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 15600 SOUTH HONORE STREET HARVEY, IL 60426
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S 000	Initial Comments	S 000		
	Annual Cerification Licensure Survey			
S9999	Final Observations	S9999		
	<p>Statement of Licensure Violations</p> <p>300.610a) 300.1210b) 300.1210c) 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>		<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>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>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 observation, interview, and record review, the facility failed to implement interventions to prevent pressure ulcer development for residents who were admitted without pressure ulcers and were assessed to be at risk for skin breakdown as indicated in their care plans; the facility also failed to provide ongoing skin assessments to observe skin conditions as ordered by the physician. This failure affected two (R20 and R104) and led to R20 developing unstageable pressure ulcers of three residents reviewed for pressure ulcers.</p> <p>Findings include:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R20 is a 78-year-old female who was admitted to the facility on 3/7/2022, with past medical history including, but not limited to CVA with right sided hemiparesis, Dementia, Parkinson's disease, CAD, HTN, Aphasia, DVT, GERD, Schizophrenia with psychotic features, new G-tube placement, etc. Nursing admission progress note dated 3/7/2022 states: head to toe assessment completed, no open areas or pressure ulcers noted at this time. Skin warm and dry, No pitting edema or swollen extremities. She keeps her arms in a flexed position. Incontinent of Bowel and bladder. Needs total care and ADL assistance.</p> <p>R20 developed an unstageable pressure ulcer to her right heel measuring 4.5 in length and 3 as documented in wound assessment note dated 5/26/2022, and an unstageable pressure ulcer to her left heel measuring 3.0x2.0x0.5 with an onset date of 5/26/2022.</p> <p>Nurse's progress note dated 5/26/2022 reads; resident has wound to both big toes. Wound care NP was called and notified. Ordered Bactroban ointment once daily to affected areas cover with 4x4.</p> <p>Facility minimum data set (MDS) assessment dated 3/7/2022 section G (Functional) coded R20 as 4/3 indicating total dependence with two persons physical assist for bed mobility, transfer, toilet use, dressing and personal hygiene.</p> <p>R20's care plan dated 3/07/2022 states, resident has Potential for alteration in skin integrity: CVA, incontinent of B/B, G-Tube, PVD, CAD, NPO. Interventions include Inspect skin daily with care, Pressure reduction foam mattress or pressure</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>redistribution support (low air or alternating air) in bed, Turn and reposition every two hours and as needed, etc. Physician order dated 4/21/2022 states; skin check completed one time a day every Tue, Thu, Sat.</p> <p>On 06/06/22 11:45AM, R20 was observed in her room, awake but non-verbal, just nods yes and no to questions. G-Tube pole noted by the bed side, no feeding infusing, resident on oxygen via nasal canula. Resident was lying in bed on a regular mattress that was leaning to the left side, no heel protection was observed.</p> <p>6/06/2022 at 11:46AM, V5 (Housekeeping) came in the room and said that resident's bed does not work, they ordered a new one about two weeks ago, but it will be installed today. At 1:15PM V5 (LPN) stated that resident's mattress was uncomfortable, and she was starting to get bed sores, that is why the old one is being switched. At 12:21PM, V4 (LPN) said that resident's low air loss mattress was ordered to prevent pressure wounds, she does not have any breakdown on her bottom at this time, just on her big toes.</p> <p>06/07/22 9:25AM, observed wound care with V9 (LPN) and noted blisters on the side and bottom of resident's right heel, at the bottom of the right heel was a large area of skin break down with a scab. The resident's feet were very dry, the toenails were overgrown and looked brownish on both feet. On the resident's left heel was a big area on her big toe that looks beefy red with active bleeding, also noted a large area of excoriation at the bottom of the left heel. At 10:30AM, V9 (LPN) said that resident was on antibiotic for wound infection because the wound had a foul smell at the beginning, the doctor just ordered a culture to determine if resident will be</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>placed back on antibiotic. V9 added that they do not have strip for the wound and is waiting on pharmacy to bring one. V9 said that when a resident has an order for skin assessment, both the nurse and the Certified Nurse Assistants (C.N.A) are supposed to do the skin assessment as ordered and report any observations to the doctor.</p> <p>6/8/2022 at 12:55PM, V3 (DON) said that Braden score assessment is done upon admission for 4 weeks and quarterly, it is used to assess the risk for skin breakdown, the score determines if a resident is at high risk or not and what type of interventions they will need. V3 added that the facility does not provide air loss mattress unless a resident has a stage three or four pressure ulcer or multiple stage two, and they do have a policy for that. At 2:27PM, V1 (Administrator) said that they do not have any policy on low air loss mattress.</p> <p>6/09/2022 at 11:40AM, V26 (Medical Director) said for residents at risk for pressure ulcers, the first thing is to make sure that resident is clean and dry, turned, and repositioned, placed on low air loss mattress, etc. If the preventive measures are not in place, wounds will develop and that will not be considered unavoidable.</p> <p>A document presented by V3 (DON) titled prevention and treatment of pressure injury and other skin alterations, dated 3/02/2021 states in part that it is their policy to identify residents at risk for developing pressure injuries, identify the presence of pressure injury and /or other skin alterations, implement preventive measures and appropriate treatment modalities for pressure injuries and /or other skin alterations through individualized resident care plan. Under</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>procedures, the document states to identify residents at risk for developing pressure injuries utilizing Braden scale.</p> <p>R104 is a 71 year old male that was admitted to the facility 5/9/22 with diagnoses that include: subdural hemorrhage, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side and failure to thrive.</p> <p>6/08/22 at 04:15 PM Observed with V4 LPN and V3 Director of Nursing who said, I see R104 has a break in skin. It is an opening in the skin that is positioned under the stopper of the g-tube. It could have caused a pressure ulcer if it was against the skin with the abdominal binder. V4 LPN said, R104 likes to pull at the gtube a lot because he gets confused and is usually not oriented which is why the binder is in place.</p> <p>06/09/22 at 11:46 AM V27 Medical Director said, Calcium alginate is usually used for stage 3 and 4 wounds not for superficial wounds. It is part of the nursing staff's routine every day to check the skin for issues of breakdown. If a resident has an abdominal binder, it could cause an additional point of providing pressure to the abdomen. The staff should also be checking to make sure that it is not too tight.</p> <p>R104 Physician Orders reviewed. Abdominal binder ordered 4/26/22. On 06/08/22 an order was placed for calcium alginate with silver and foam dressing.</p> <p>On 4/24/2022 Progress notes for admission did not identify any skin breakdown. No further assessments for skin were able to be presented at the time of this survey since recent admission.</p> <p>(B)</p>	S9999		

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