

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004261	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2023
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NAME OF PROVIDER OR SUPPLIER GOLDWATER CARE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 700 EAST WALNUT BLOOMINGTON, IL 61701
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S 000	Initial Comments First Probationary Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Findings: 1 of 2 300.610 a) 300.1210 b) 300.1210 d)2) 300.1210 d)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 300.1210 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 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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTORS 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>2) All treatments and procedures shall be administered as ordered by the physician.</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>This requirement was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to follow physician orders to implement pressure relief interventions, and failed to prevent potential cross contamination during incontinence and pressure sore care for one of one (R1) residents reviewed for pressure sores in the sample list of 11.</p> <p>Findings include:</p> <p>R1's Wound Evaluation and Management (wound specialty company) note signed by V30, Wound Physician, dated 8/4/23, documents R1 has urinary incontinence, and the following pressure ulcer history and wound assessment: Pressure Ulcer Stage III Right Sacrum- resolved 8/4/23. Pressure Ulcer Stage III Left Upper Buttock-resolved 8/4/23.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Wound Left Lateral Thigh-resolved 8/4/23.</p> <p>R1's Physician Order Sheet, last updated 10/14/23, documents the following: House barrier cream to non-pressure wound to the distal sacrum every shift and as needed, Pressure relief cushion to wheelchair active 6/25/23, and Air mattress active as of 6/25/22.</p> <p>R1's "Skin/Wound Note" Effective Date: 10/15/2023 3:36 pm (after the documented observation below) documented by V4, Licensed Practical Nurse/ Wound Nurse, documents "Pericare and wound assessment completed this shift. New 0.5 X 0.5 (Length in centimeters by Width in centimeters) Stage II pressure ulcer noted to R Glute (Right Gluteus). Area cleansed c (with) NS (Normal Saline) and bordered gauze dressing applied. Barrier cream applied to surround skin. Well tolerated. Will continue to monitor."</p> <p>On 10/15/23 at 12:00 pm, V24, Licensed Practical Nurse, entered R1's room and confirmed R1 does not have an air mattress on her bed, or a pressure relief cushion in her wheelchair.</p> <p>On 10/15/23 at 1:15 pm, R1 stated, "I had an air mattress when I was on another unit. It has been about a year since I moved to this room (per census record 7/08/22). I asked them to put it back on my bed. This one (foam) is not comfortable and my pressure sores are healed. I don't want them to re-open. The cushion for my wheelchair has been missing for several months. I am up for no more than three hours a day. I was more comfortable with the cushion. The nurses are aware I need a new cushion. The wound doctor that comes here (V30, Physician) told the nurses to get me a new one (wheelchair cushion).</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>I am still waiting."</p> <p>On 10/15/23 at 2:55 pm, V25, Certified Nursing Assistant (CNA), and V4, Licensed Practical Nurse/Wound Nurse, entered R1's room to complete incontinence care and wound treatment. Both V4 and V25 washed their hands and donned gloves. V4 asked and received from V25, CNA, a small trash can on the opposite side of R1's bed. V25 left R1's room to obtain additional supplies. V4, LPN/ Wound Nurse, proceeded with the same soiled gloves. V4 pulled down R1's blue jeans and unfastened R1's incontinence brief. V4 continued with the same soiled gloves. V4 completed R1's anterior perineal care and removed the soiled gloves. V4, LPN, donned a new pair of gloves without washing her hands or using hand sanitizer. V4 then repositioned R1 to a left side lying position, and cleansed R1's posterior areas. R1 was incontinent of a small bowel movement. V4 again removed V4's heavily feces covered soiled gloves, and without completing hand hygiene, donned a new pair of gloves. V4, Wound Nurse/LPN cleansed R1's coccyx and distal sacrum. R1's distal sacrum wound is no longer open. V4 stated, "The sacrum wound is healed as of today." V4 identified areas on R1's coccyx and buttocks. Pink scaring was present. V4 stated, "The pink scaring was from (R1's) previous Stage III areas that have also been healed." V4 then identified a dime size open area with scant bleeding noted on R1's right medial buttocks. V4 stated, "This area is new as of today." V4 removed the soiled gloves and donned new gloves without hand hygiene and applied a bordered gauze dressing. V4 stated V4 will come back and measure R1's new Stage II pressure ulcer later.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>10/15/23 at 3:35 pm, V4, Licensed Practical Nurse/Wound Nurse acknowledged she did not wash her hands or use hand sanitizer after removing soiled gloves and before donning new gloves. V4 stated, "I am the wound nurse. I did it and I shouldn't have."</p> <p>On 10/16/23 at 1:00 pm, V2, Director of Nursing (DON), stated the facility expectation is that physician orders should always be followed. V2, DON, also stated R1 now has an air mattress and pressure relief cushion as the physician ordered. V2, DON, confirmed hand hygiene should be completed when removing soiled gloves during incontinence care and wound care.</p> <p>The facility policy "Pressure Ulcer Prevention", dated as revised 1-15-18, documents the following: "Purpose: To prevent and treat pressure sores/ pressure injury. 9. Pressure reducing (foam) mattresses are used for all residents unless otherwise indicated. Specialty mattresses such as low air loss, alternating pressure, etc. may be used as determined clinically appropriate. Specialty mattresses are typically used for residents who have multiple Stage 2 wounds or one or more Stage 3 or Stage 4 wounds. 10. Use pressure reducing pads in chairs (all types) to protect bony prominence's for residents identified as Moderate/High/Severe risk."</p> <p>The facility policy "Hand Hygiene/ Handwashing", dated 01/10/18, documents, "Definition: Hand Hygiene means cleaning your hands by using either handwashing (washing hands with soap and water), antiseptic hand wash, or antiseptic hand rub (i.e. alcohol-based hand sanitizer including foam or gel).Guidelines: Alcohol-based hand sanitizers are the most effective products</p>	S9999		

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S9999	Continued From page 5 for reducing the number of germs on the hands of healthcare providers. Antiseptic soaps and detergents are the next most effective and non-antimicrobial soaps are the least effective. When hands are not visibly dirty, alcohol-based hand sanitizers are the preferred method for cleaning your hands in the healthcare setting. Soap and water are recommended for cleaning visibly dirty hands. " The facility policy "Dressing Change- (Clean/Non-Sterile)", dated as Revisions: 1-9-18, documents the following staff guidance: "11. Remove soiled gloves and place in plastic trash bag. 12. Wash hands, or if hands are not visibly soiled, alcohol based hand gel may be used to decontaminate the hands. If at any point during the dressing change hands become visibly soiled, hands must be washed instead of using hand gel to disinfect. When decontaminating hands with an alcohol based hand gel, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Follow the manufacturer's recommendations regarding the volume of product to use. 13. Apply clean gloves." (C) 2 of 2 300.610 a) 300.1210 b)5) 300.1210 c) 300.1210 d)6) Section 300.610 Resident Care Policies a) The facility shall have written policies and	S9999		

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S9999	<p>Continued From page 6</p> <p>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 care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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 taken to assure that the residents' environment remains</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>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.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to implement post-fall intervention for a resident at high risk for falls. This failure affects one of one residents (R2) reviewed for falls on the sample list of 11 residents.</p> <p>R2's Care Plan, updated 10/06/23, documents the following: "I am at risk for falls due to dementia and decreased safety awareness. I fell on 10/04, trying to sit back on my chair. I will have UA (urinalysis) done as indicated. Date Initiated: 10/04/2023. I fell on 10/5 when standing up from my chair, please put on me non-skid socks. Date Initiated: 10/05/2023. I had a fall attempting to ambulate without using my walker while in the alcove. Encourage me to use my walker when ambulating. Date Initiated: 09/03/2023. I had a fall on 9/12/23 when I fell out of my bed. Please make sure my call light is always within reach and place fall mats beside my bed. Date Initiated: 09/13/2023. Notify physician as needed of any changes. Date Initiated: 08/27/2023. Observe (R2) for increased weakness and tiredness and encourage rest periods as needed. Date Initiated: 08/27/2023."</p> <p>R2's same care plan documents R2 is at risk for an ADL (activities of daily living) self care</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>performance deficit related to Dementia (Date Initiated: 08/25/2023). R2's care plan also documents R2 requires assist of one, a gait belt and a walker for transfers (Date Initiated: 08/25/2023).</p> <p>On 10/15/23 at 11:24 am, R2 was ambulating with a front wheeled walker and no gait belt. V21, Activity Assistant, walked beside R2. On 10/15/23 at 11:25 am, V21 stated to V22, Certified Nursing Assistant, that R2 needs R2's shirt changed due to a sleeve being wet with blood. R2 ambulated down hall, past his room without a staff member. V22 recognized R2 went past. V22 caught up to R2 and assisted R2 to his room. R2 sat on the bed. V22 assisted R2 to change R2's shirt. R2 then stood up from R2's bed without assistance. V22 stood two feet away from R2. V22 did not place a gait belt on R2 or offer assistance. V22, CNA, stated 'lets go to the bathroom'. V22 did not assist R2 off the bed. R2 staggered two steps as he reached for his front wheeled walker. V22, CNA, stated, "I did not know he was supposed to have a gait belt on. I will have to go get one."</p> <p>On 10/15/23 at 12:10 pm, V24, Licensed Practical Nurse (LPN), entered R2's room and confirmed R2 does not have a floor mat in his room. V24, LPN, checked R2's closet and the other side of room. V24, LPN, stated, "He (R2) has had like seven or eight falls. He probably should have one. I just don't know that he ever has." V24, LPN, then stated V24, LPN, thought R2 was independent with ambulation and a front wheeled walker. V24, LPN, stated V24 always asks the Certified Nursing Assistants to walk with R2, and keep R2 within arm's length because R2 has had so many falls. V24, LPN, also stated, "I don't know what his transfer status is or if staff are supposed to use a gait belt."</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>On 10/16/23 at 1:10 pm, V2, Director of Nursing, reviewed R2's Care Plan, and confirmed R2 requires one staff assistant and a gait belt during transfers and ambulation. V2, DON, then stated V2 was not aware R2 did not have a fall mat as R2 was supposed to have, until 10/15/23.</p> <p>The facility policy titled 'Fall Prevention Program', revised 11/21/17, documents the fall prevention program includes the following components: "Use and implementation of professional standards of practice, immediate change in interventions that were successful and care plan incorporates interventions are changed with each fall. Nursing personnel will be informed of residents who are at risk of falling. The fall risk interventions will be identified on the care plan. Footwear will be monitored to ensure the resident has proper fitting shoes and/or footwear is non-skid. In the event safety monitoring is initiated for 15-30 minute periods, a documentation record will be used to validate observations. Assigned nursing personnel are responsible for completing the safety checks and documenting the same on the record."</p> <p>(C)</p>	S9999		