FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLANOF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C IL6002588 B. WING 05/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1203 EGYPTIAN TRAIL** TUSCOLA HEALTH CARE CENTER TUSCOLA, IL 61953 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE **TAG** DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation: 2363437/IL159150 S9999l Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)2)3)5) Section 300.610 Resident Care Policies The facility shall have written policies and a) 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 300.1010 Medical Care Policies The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or

Ilinois Department of Public Health

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plan of care for the care or treatment of such

manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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Illinois Department of Public Health

develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having

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 IL6002588 B. WING 05/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1203 EGYPTIAN TRAIL** TUSCOLA HEALTH CARE CENTER TUSCOLA, IL 61953 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **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 2 S9999 pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. These requirements were not met as evidenced Based on interview and record review the facility failed to ensure a resident received medications and monitoring for congestive heart failure management, and failed to obtain wound treatment orders, complete skin assessments, and provide wound care for one of one residents (R1) reviewed for Congestive Heart Failure and stasis ulcers on the sample list of six residents. These failures resulted in R1 being readmitted to the hospital with Congestive Heart Failure and worsening lower extremity wounds. Findings include: R1's Medical Record documents R1 admitted to facility on 4/15/23, was discharged to hospital on 4/21/23 and returned to facility on 4/22/23. R1's Cognitive Assessment dated 4/24/23 documents R1 as cognitively intact. R1's Baseline Care Plan dated 4/15/23 documents R1 as dependent on staff for all cares and has current wounds R1's Hospital Record dated 4/15/23 documents medical diagnoses as Congestive Heart Failure (CHF) Acute on Chronic, Acute Kidney Injury (AKI), Neuropathy, Bilateral Knee Pain, Renal Failure, Cellulitis of Left Lower Extremity, Chronic Back Pain, Chronic Respiratory Failure, Chronic Obstructive Pulmonary Disorder (COPD),

Illinois Department of Public Health

Degenerative Joint Disease, Generalized

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Illinois Department of Public Health

Carvedilol 6.25 mg twice daily.

R1's Medication Administration Record (MAR) dated April 1-30, 2023, does not document physician orders to obtain daily weight, daily skin assessments and daily vital signs. This same MAR does not include physician orders to continue Torsemide 40 milligrams daily, Amlodipine 5 mg daily and Carvedilol 6.25 mg

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Illinois Department of Public Health

4/28/23 and 4/30/23.

dressings were completed on 4/26/23, 4/27/23,

R1's Nurse Progress Note dated 4/21/23 at 10:49

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: B. WING IL6002588 05/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1203 EGYPTIAN TRAIL TUSCOLA HEALTH CARE CENTER TUSCOLA, IL 61953 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 5 S9999 AM documents "(R1) feet purple and no pedal pulses were present. Provider recommended sending to emergency department for evaluation." R1's Hospital record dated 4/15/23 documents principal problem as 'End Stage Systolic Heart Failure, Acute on Chronic'. R1's Nurse Progress Note dated 4/24/23 documents "(R1) is a 76-year-old female who is in Post-Acute Care following two hospitalizations as follows: 4/3/23-4/15/23 Congestive Heart Failure (CHF), acute and chronic, 4/21/23-4/22/23 CHF bilateral leg Cellulitis/Edema, Acute Kidney Injury (AKI). Skin exam: General redness of bilateral lower legs, a few open areas are shallow. small with no inflammation. Strict daily weight, record in Medication Administration Record (MAR), contact provider for weight gains. Venous Stasis Dermatitis of both lower extremities: with recent diagnosis for Cellulitis bilateral." On 4/29/23 at 2:25 PM V2 Director of Nurses (DON) stated the facility is unable to provide any documentation of any weights being obtained for R1. V2 DON stated all new residents should have admission weights. V2 DON stated any resident who has an order for daily weights should be weighed daily. V2 DON stated "If we (facility) had weighed (R1) daily like the discharge orders clearly say to do, then maybe (R1) might not have ended up in the hospital. We (facility) clearly failed." On 4/29/23 at 3:30 PM V11 (R1's) husband stated "(R1) has had Congestive Heart Failure (CHF) for years. (R1) has been in and out of the hospital many times for CHF. When (R1) came in here on 4/15/23 she could walk and now she can't. (R1's)

Illinois Department of Public Health

lower legs and feet got really swollen and

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Illnois Department of Public Health

checks. I know we (facility) really made a lot of mistakes with (R1). I should have reviewed (R1's) admission but I was too busy working the floor."

On 5/1/23 at 8:00 AM V9 Nurse Practitioner (NP) stated "This facility has had history of not notifying medical providers of new admission, discharges or changes in a resident's condition. (R1) has a long history of Congestive Heart Failure (CHF).

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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:_ C B. WING IL6002588 05/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1203 EGYPTIAN TRAIL** TUSCOLA HEALTH CARE CENTER TUSCOLA, IL 61953 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 7 S9999 (V14) Physician nor I were ever notified of (R1's) admission to this facility. We (V9, V14) did not review any of (R1's) hospital discharge orders since we did not know (R1) was at facility. (R1's) medications listed on the hospital discharge orders should have been reviewed with (V14) or me upon (R1's) admission to facility. I have seen this problem before with this facility. I provide an order to obtain daily weights and they don't get done. I don't get notified of daily weights for other residents there also. The first time we (V9, V14) were made aware of (R1's) admission to facility was on 4/21/23 when the facility called (V3) who was the on call Advanced Practice Registered Nurse (APRN) to notify of (R1's) blue and purple feet with no pulses. (V3) NP gave orders then to send (R1) to the hospital for evaluation. I saw (R1) for the first time on 4/24/23 and treated that visit as a new patient visit since there had been no reconciliation of (R1's) medications the first week she was at the facility. Basically (R1's) bilateral lower legs were edematous due to the CHF and very poor heart function which caused the blisters. (R1's) blisters then broke open which caused her to have open sores on both lower legs and feet. We (V9, V14) might have been able to help prevent that from happening but will never know since we did not even know (R1) was at facility." (A)

Illinois Department of Public Health