PRINTED: 08/02/2023 FORM APPROVED 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 IL6000996 B. WING 06/11/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1925 SOUTH MAIN STREET BLOOMINGTON REHABILITATION & HCC BLOOMINGTON, IL 61701** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000l **Initial Comments** S 000 Complaint Investigation 2364668/IL160641 S9999 **Final Observations** S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)2) 300.1210d)5) 300,1220b)6) 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

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

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

Nursing and Personal Care

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

PRINTED: 08/02/2023 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: _ C B. WING IL6000996 06/11/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1925 SOUTH MAIN STREET BLOOMINGTON REHABILITATION & HCC BLOOMINGTON, IL 61701** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 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. 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: 2) All treatments and procedures shall be administered as ordered by the physician. 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. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 6) Developing and maintaining nursing service objectives, standards of nursing practice, written policies and procedures, and written job

by:

descriptions for each level of nursing personnel.

These requirements were not met as evidenced

FORM APPROVED 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 IL6000996 06/11/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1925 SOUTH MAIN STREET BLOOMINGTON REHABILITATION & HCC BLOOMINGTON, IL 61701** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 2 S9999 Based on observation, interview, and record review, the facility failed to transcribe wound treatment orders, perform wound treatments, and document wound treatments for two of three residents (R4, R5) reviewed for wounds on the sample of five. This failure resulted in one resident's (R4's) wound declining and increasing in size. Findings include: The Dressing Change Policy dated 3/16/23 documents before nurses complete dressing changes, they need to obtain a physician's order and after the dressing is changed, they need to document the procedure in the nurses' notes. The undated Nursing Documentation Guidelines policy documents treatment documentation should include the date and time each treatment is administered, the name and initial of each person administering the treatment, and the treatment should be documented on the Treatment Administration Record (TAR). 1. R4's Physician Order Sheet (POS) dated June 2023 documents R4 is diagnosed with Neuropathy and Osteomyelitis of the Left Calcaneus. The same POS documents a wound treatment order for R4's Left Medial Foot; cleanse with normal saline, apply medical honey gel, and cover with clean dry dressing, daily and as needed. R4's Wound Assessment and Plan dated 5/24/23

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documents R4 was seen by V14 Wound Nurse Practitioner for an Initial Assessment of her left medial foot wound. R4's wound measured 0.3 centimeters (cm) x 0.4 cm. V14 ordered a new wound treatment to cleanse with normal saline.

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and TAR. Confirmed R4's new wound treatment order was not added to R4's TAR on 5/24/23 and was not completed at all from 5/24/23-5/31/23.

assessment, R4's wound increased in size and

Confirmed according to V14's weekly

declined between 5/24/23 and 5/31/23.

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	E CONSTRUCTION	COMPLETED	
		IL6000996	B. WING		C 06/11/2023
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
BLOOMINGTON REHABILITATION & HCC 1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE COMPLETE
S9999	Continued From page 4		S9999		
	R4's dressing chan change was not add Since 5/31/23, R4 h	23, V14 added alginate to ge order, however, this ded to R4's POS or TAR. has not received alginate as change. V2 confirmed this oppened.		7)	
	Practitioner) confirm treatment for R4's vaconfirmed on 5/31/2 wound had declined confirmed she was treatment she order added to R4's POS completed. V14 cor contributed to R4's declining. V14 state the alginate she add on 5/31/23 had not TAR and therefore confirmed she expetranscribed onto the completed, and follow V14 stated she is vaconfirmed she is v	PM, V14 (Wound Nurse ned she ordered a new wound yound on 5/24/23. V14 23 when she saw R4, R4's d and increased in size. V14 not aware that the wound red on 5/24/23 had not been or TAR and therefore was not a firmed this could have wound increasing in size and d she was also not aware that ded to R4's wound treatment been added to R4's POS or has not been completed. V14 ects the orders she gives to be a resident's POS and TAR, owed through with by staff. ery disappointed and ents deserve a better quality			
÷44	2023 documents Re Neuropathy and a C Toe. The same POS treatment order for with normal saline, and cover with cleaneeded. The same treatment order for cleanse wounds with same possible.	rder Sheet (POS) dated June 4 is diagnosed with Diabetic Chronic Ulcer of the Left Great 5 documents a wound R5's Left 2nd Toe: cleanse apply alginate to wound bed n dry dressing, daily and as POS documents a wound R5's Left Posterior Thigh: th normal saline, apply medical ith dry protective dressing			

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