

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005979</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/23/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HALLMARK HC OF CARLINVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>826 NORTH HIGH CARLINVILLE, IL 62626</b>
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S 000	Initial Comments  Annual Licensure Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations:  1 of 2  300.610 a) 300.625 a) 300.625 b) 300.625 c)1) 300.625 c)2)  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 300.625 Identified Offenders a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks. b) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based check are pending; while the results of a request for a waiver of a	S9999		

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
Electronically Signed

TITLE

(X6) DATE  
02/08/24

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending.</p> <p>c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following:</p> <p>1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender.</p> <p>2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.</p> <p>These REQUIREMENTS are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to conduct resident screenings for Identified Offenders to determine if a level of risk exists. This had the potential to affect all of the 43 residents living in the facility.</p> <p>Findings include:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>The facility's Abuse Prevention Program Policy, dated 9/15/2019, documents, "Pre-Admission Screening of Potential Residents: This Facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. Prior to a new resident being admitted to the facility, this facility will: Conduct a Criminal History Background Check according to the Facility Identified Offender Policy and Procedure. While the background or fingerprint checks and/or the Identified Offender Report and Recommendations are pending, the facility should take all steps necessary to ensure the safety of the residents".</p> <p>On 1/17/24, five resident records were reviewed for pre-admission screening.</p> <p>R2 was admitted on 5/14/2021. R2's Criminal History Information Response Process (CHIRP) is dated 5/20/2021.</p> <p>On 1/17/2024 at 10:43 AM, V2, Chief Executive Officer, stated R2 was admitted to the Facility on 5/14/2021, and V2 was the Social Service Director (SSD) at that time. V2 stated the Aat that time completed the CHIRPs. V2 stated R2 was listed as "white" (Caucasian) on the paperwork, and R2 is "black" (African American). V2 stated that is why R2's CHIRP came back without any qualifying offenses. V2 stated R2's initial CHIRP was completed on 5/20/2021. At this time, V2 verified that was completed late.</p> <p>On 1/17/2023 at 10:45 AM, V4, SSD, stated the Illinois State Police came to the facility and reviewed the background books, but she was not 100% sure why. V4 stated they ran another a CHIRP a year later, which is when they discovered the discrepancy.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 1/17/2021 at 12:49 PM, V2 stated they do not have policy regarding resident background checks and the expected time frames.</p> <p>The Facility provided an Electronic Mail Message, dated 7/26/2022, documents, "Dear administrator, this message is to confirm that the Identified Offenders Program has received your request for the resident with the State Identification Number (SID) effective on admission date 5/14/2021."</p> <p>R2's CHIRP, dated 7/26/2021, documents, "Result: Hit". It further documents R2 was convicted of State Benefits Fraud, Disorderly Conduct, Criminal Damage of Property, Driving on a Revoked License, and Contempt of Court.</p> <p>The Resident Census and Conditions of Residents, CMS 671, dated 1/16/24, documents the facility has 43 residents living in the facility.</p> <p>(C)</p> <p>2 of 2</p> <p>300.610 a) 300.1010 h) 300.1210 b) 300.1210 c) 300.1210 d)3)</p> <p>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</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>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 300.1010 Medical Care Policies h) 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 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 plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>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 care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 3) Objective observations of changes in</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to identify, monitor, and treat a wound for 1 of 4 (R9) residents, reviewed for repositioning, in a sample of 45. This failure resulted in R9 obtaining a wound to her coccyx, buttocks, and causing R9 to experience pain.</p> <p>Findings include:</p> <p>R9's Admission Profile, print date of 1/22/4, documented R9 was admitted on 11/9/2023, with diagnosis of Unspecified Fracture of Third Lumbar Vertebra, Subsequent Encounter for Fracture with Routine Healing, Displaced Fracture of greater Trochanter of Left Femur, subsequent encounter for closed fracture with routine healing, Chronic Obstructive Pulmonary Disease.</p> <p>R9's Care Plan, dated 1/9/24, documented, "(R9) has the potential for impaired skin integrity related to incontinence, limited mobility. It continues Pressure redistribution mattress to bed. Provide diet as ordered. Labs as ordered. Evaluate Skin at least Weekly. Medications as ordered."</p> <p>R9's Minimum Data Set, dated 11/16/2023, documented R9 is severely cognitively impaired, frequently incontinent of bowel and bladder, and requires moderate assist of staff to reposition in</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>bed and no skin impairment.</p> <p>On 1/16/2024 from 9:50 AM to 12:50 PM, with 15-to-30-minute intervals, R9 was lying in the bed on her back.</p> <p>On 1/16/2024 at 9:40 AM, V17, Certified Nurse's Assistant (CNA), stated R9 has not been doing well. V17 also stated R9 has been weak and was not feeding herself.</p> <p>On 1/16/2024 at 9:50 AM, R9 stated she has a sore on her bottom, and it hurts.</p> <p>On 1/17/2024 at 9:10 AM, R9 was lying in bed on her back, with a partially eaten tray on bedside table, out of R9's reach.</p> <p>On 1/17/2024 at 9:12 AM, R9 had facial grimacing, and stated her bottom hurts. R9 attempted to shift weight, unsuccessfully. R9 stated she was not able to turn herself. R9 stated, "I can't get off my butt. It hurts really bad."</p> <p>On 1/17/2024 at 9:17 AM, V17, CNA, informed R9 after she finishes with her food, she would reposition her.</p> <p>On 1/17/2024 at 9:21 AM, V17, CNA, and V18, CNA, performed incontinent care. R13 was incontinent of urine and bowel. V18 cleansed R9's peri area. V17 and V18 then turned R9 onto her left side exposing R9's bottom. R9's buttock was fire engine red, with deep linear indentations. A pressure ulcer measuring approximately 0.5cmx1cm x0.2cm (centimeters) was observed to the coccyx area.</p> <p>On 1/17/2024 at 9:21 AM, V17, CNA, stated the pressure ulcer was not there yesterday. V17</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>stated R9's buttocks have been red, but not open.</p> <p>On 1/18/2024 at approximately 10:00 AM, R9 was lying on her left side with buttocks exposed. R9's sacrum, coccyx, and buttocks, were red in color, and no treatment in place to the pressure ulcer.</p> <p>On 1/18/2024 at approximately 2:15 PM, R9 stated she was still having pain to her buttocks. R9 stated she could not give a number on a scale, but that it hurt a lot.</p> <p>On 1/18/2024 at 3:00 PM, when asked what they were doing about R9's pressure ulcer, V1, Administrator, and V3, Regional Clinical Nurse, both stated they were not aware of R9 having a wound.</p> <p>On 1/22/24 at 1:02 PM, V13, Licensed Practical Nurse/LPN, stated she was not notified of R9 having the open area until Friday. V13 stated the process when finding a new wound is that the aide will notify the nurse immediately. V13 stated she would then assess the resident. V13 stated she would notify the doctor and hospice nurse. V13 stated R9 now has a treatment to her area, and that it's changed every 72 hours.</p> <p>On 1/23/2024 at 1:05 PM V23, Nurse Practitioner, stated she was made aware of R9 having an open wound on Friday. V23 stated she saw the area on Friday and today. V23 stated she believes the area was due to R9 overall decline related to bronchitis. V23 stated she believes the area was caused by moisture, related to R9 being incontinent of both bowel and bladder, which is a change for R9. V23 stated she would expect to be notified of the wound when first identified. V23 stated the treatment would start then. V23 stated R9 knows when she is in pain and can verbalize</p>	S9999		



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S9999	Continued From page 8  it. V23 stated not treating the wound would contribute to R9's pain.  The Skin Protocol policy provided by the facility, not titled nor dated, documented, "PURPOSE: To provide guidance to facility staff on the proactive approach to maintaining resident's skin integrity and the prevention/treatment of pressure ulcers. It also documents Preventative Measures: 1. Turning, positioning and pressure redistribution (off-loading) will be utilized for all residents who have been identified of being at risk for developing pressure ulcers. 3. Minimizing exposure to moisture."  (B)	S9999		