

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/15/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARCADIA CARE MORRIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1095 TWILIGHT DRIVE MORRIS, IL 60450
--	--

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Survey 2471938/IL170712 2471995/IL170775	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)2)3)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 300.1010 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.	S9999		

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

TITLE

(X6) DATE

03/28/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/15/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARCADIA CARE MORRIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1095 TWILIGHT DRIVE MORRIS, IL 60450
--	--

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>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</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.</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>3) Objective observations of changes in 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>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</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/15/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARCADIA CARE MORRIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1095 TWILIGHT DRIVE MORRIS, IL 60450
--	--

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>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 are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to identify a pressure injury before becoming unstageable and failed to provide treatment to moisture associated dermatitis. These failures resulted in R4 developing an unstageable pressure injury to the sacrum. This applies to 1 of 4 residents (R4) reviewed for pressure injuries in the sample of 11.</p> <p>The findings include:</p> <p>On 3/15/24 at 11:34 AM, V10 Wound Licensed Practical Nurse (LPN) said R4 has pressure injury on her sacrum that was acquired at the facility and has been treated for a while. V10 said she is new to the facility and was not here when R4's wound was found. V10 said nursing staff does daily skin checks on residents during care and showers. V10 said she does weekly skin assessments for residents with wounds. V10 said any skin issue noted should be reported to the nurse and an assessment of the wound including measurements should be done and documented. V10 said interventions including treatments will then be implemented.</p> <p>R4's Admission Skin Assessment dated 12/9/23 shows R4 was admitted on 12/9/23 with blanchable redness to her sacrum and shows R4 is at very high risk for skin impairment.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/15/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARCADIA CARE MORRIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1095 TWILIGHT DRIVE MORRIS, IL 60450
--	--

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>R4's Admission Skin Assessment dated 12/11/23 was done by V13 Previous Wound LPN and shows "skin intact."</p> <p>R4's Care Plan dated 12/11/23 shows "resident has activity of daily living self-care performance deficit related to general weakness post hospitalization, cerebral infarction due to thrombosis of middle cerebral artery, hemiplegia and hemiparesis following cerebral infarction affecting Right dominant side, altered mental status; requires assist of 2 staff members for bed mobility and transfers; incontinent of bowel and bladder; and is at risk for skin impairment."</p> <p>R4's Progress Note dated 12/11/23 by V13 shows "skin intact."</p> <p>R4's Physician Note dated 12/13/23 shows "Skin Common normals: no wounds."</p> <p>R4's Shower Sheet dated 12/17/23 shows R4's left buttocks is circled and labeled "discolored."</p> <p>R4's Shower Sheet dated 12/20/23 shows R4's lower right and left buttock is circled and labeled "7 (indicating scratch per the assessment key)."</p> <p>R4's Progress Notes from 12/14/23 to 12/27/23 does not contain progress notes or weekly skin assessments on R4's skin. R4's Weekly Skin Observation Progress Note dated 12/28/23 shows "new wound noted. Wound 1 was acquired in-house. Wound 1 is a pressure injury. Wound 1 is unstageable. First observation for wound 1. No reference prior."</p> <p>R4's Treatment Administration Record (TAR) for December 2023 shows an order dated 12/22/23 "Cleanse open area to right buttock with normal</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/15/2024
NAME OF PROVIDER OR SUPPLIER ARCADIA CARE MORRIS		STREET ADDRESS, CITY, STATE, ZIP CODE 1095 TWILIGHT DRIVE MORRIS, IL 60450		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 4</p> <p>saline, pat dry and apply duoderm. Every day shift for right buttock" and an order dated 12/22/23 "Cleanse open area to left buttock with normal saline, pat dry and apply duoderm. Every day shift for left buttock." These orders were discontinued on 12/26/23. From 12/22/23 to 12/26/23 the treatment orders for the left and right buttock were only checked off as completed 2 days (12/24/23-12/25/23). New orders for the right and left buttock were started on 12/26/23. (R4 had no treatments completed on her right and left buttock 12/26/23 and 12/27/23.)</p> <p>R4's Skin-Pressure/Diabetic/Venous/Arterial Wound Report dated 12/28/23 by V13 shows R4 "has a new wound to her coccyx, acquired in-house, Unstageable Pressure injury with measurements of 5.5 x 6.4 x 0.1 Centimeters. Tissue type: 60% necrotic, 10% slough, 30% granulation."</p> <p>R4's Initial Wound Evaluation and Management Summary dated 12/28/23 by V14 Wound Doctor shows "Unstageable (due to necrosis) sacrum pressure measuring 5.5 x 6.4 x 0.1 centimeters, thick adherent black necrotic tissue 30%, thick adherent devitalized necrotic tissue 30%, slough 10%, granulation tissue 30%."</p> <p>R4's Wound Evaluation and Management Summary dated 1/15/24 by V14 Wound Doctor shows "Addendum to previous visit note from 1/8/24: wound was not present on admission to facility."</p> <p>On 3/15/24 at 1:51 PM, V2 Director of Nursing said V13 was the wound care nurse at the time R4's wound was found. V2 said V13 no longer works here. V2 said she was not sure how R4's unstageable wound happened between 12/21/23</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/15/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARCADIA CARE MORRIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1095 TWILIGHT DRIVE MORRIS, IL 60450
--	--

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>and 12/28/23. V2 said it is not typical for a wound to develop so quickly. V2 said "absolutely the wound should have been identified before being unstageable." V2 said on 12/21/23, V13 noted open areas on the TAR but there were no measurements done or assessment charted, but the care plan indicated Moisture Associated Skin Damage (MASD). V2 said other than the shower sheets, she could not find any other skin assessments or notes. V2 said MASD makes a resident as risk for developing pressure. V2 said R4's treatments for the MASD or open skin areas on the left and right buttock were not completed as ordered on the TAR. V2 said not doing the treatments as ordered increases the risk of developing pressure injuries also. V2 said when R4's pressure wound was found it was one large area indicating the areas on the left and right buttocks turned into the large sacral wound.</p> <p>The facility's Pressure Injury and Skin Condition Assessment Policy dated 11/2023 shows "Each resident will be observed for skin breakdown daily during care. Changes shall be promptly reported to the charge nurse who will perform the detailed assessment. Care givers are responsible for promptly notifying the charge nurse of skin breakdown. The initial observation of the ulcer or skin breakdown will also be described in the nursing progress notes. Dressing will be checked daily for placement, cleanliness, and signs and symptoms of infection."</p> <p>(B)</p>	S9999		