

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/10/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ROSICLARE REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>55 FERRELL ROAD</b> <b>ROSICLARE, IL 62982</b>
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S 000	Initial Comments  Complaint Investigation: 2454104/IL173586	S 000		
S9999	Final Observations  Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210a) 300.1210b) 300.1210d)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. 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	S9999		

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

TITLE

(X6) DATE  
06/24/24

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S9999	<p>Continued From page 1 notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>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 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 is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to implement interventions to prevent the development of new pressure ulcers for a resident at high risk and failed to timely identify a new pressure ulcer for 1 of 3 (R13) residents reviewed for pressure ulcers in the sample of 17. This failure resulted in R13 developing an unstageable pressure ulcer to her right heel.</p> <p>Findings Include:</p> <p>R13's "New Admission Record" undated, documented R13's initial admission date to the facility as 11/05/2014.</p> <p>R13's POS (Physician Order Sheet) dated 6/1/2024, documents diagnosis to include Dementia, Hypertension, Diabetes Mellitus, Hyperlipidemia, Degenerative Joint Disease,</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Cyclic Neutropenia, and Depression. R13's POS includes orders for Skin Prep to Left Heel twice a day with order date of 4/25/2024, and float heels while in bed as tolerated with order date of 3/13/2024.</p> <p>R13's MDS (Minimum Data Set) dated 1/2/2024 includes a BIMS (Brief Interview for Mental Status) score of 00 indicating Severely Cognitively Impaired. The same MDS documented in section GG, R13 requires total dependence of staff for Activities of Daily Living.</p> <p>R13's Braden Scale for Predicting Pressure Ulcer Risk assessments dated 4/13/24 and 5/9/24 both document a total score of 14 indicating R13 is at a high-risk level for developing pressure ulcers. The section of Wound Review indicates R13 currently has an unresolved pressure ulcer. Under the section of Skin Treatment Review indicates mattress type is Foam, and heel protectors.</p> <p>R13's current Plan of Care documented a date of April 2024. Focus category of "Skin Integrity" with Focus Information of "Potential for impaired skin integrity r/t (related to) dx (diagnoses): Diabetes Mellitus and decreased mobility." The section for "Goal" documents "resident will be free of skin breakdown thru the next 90 days", goal start date is documented a 1/12/2015 with goal date documented as 7/24. Section of Plan of Care for "Intervention/Task" documents all interventions with start date of 1/12/2015. There were no interventions listed to float heels while in bed as tolerated.</p> <p>On 6/4/2024 at 10:05am, V13 (Licensed Practical Nurse/LPN) administered treatment to R13's Left Heel. V13's heels were both flat on the bed and</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>were not floated off the bed at time of entering the room. R13's mattress was noted to be a standard mattress. V13 removed the sock to R13's left heel and applied skin prep, then placed the sock back on her left foot. V13 then stated, "I always apply it to the right heel as well." V13 then removed the sock off R13's right foot and started applying skin prep to right heel and V13 stated, "Oh wow look at this heel, it is really red, looks worse than the left heel." V13 then stated, "I am not saying anymore." V13 then replaced the sock to the right foot, covered R13's feet back up, left R13's heels flat on the bed without floating the heels off the bed and left the room.</p> <p>On 6/4/2024 at 2:10pm, this surveyor observed V3 (MDS Coordinator/Infection Preventionist) assess R13's heels. Upon entering room R13's heels were not floated off the bed. V3 assessed R13's right heel and stated, "this heel injury area is bigger than the one on the left heel." V3 stated "this heel is very red and mushy." V3 stated "these heels should be floated or have boots on them." V3 stated "I will get treatment orders for the right heel and add the right heel to the weekly/monthly logs."</p> <p>On 6/5/2024 at 9:10am, observation was made of R13 in bed resting on her back with a pillow wedged under her thighs and both heels flat on the bed.</p> <p>On 6/5/2024 at 11:06am observation was made of R13 in bed resting on her back without the pillow under her thighs with both heels flat on the bed.</p> <p>On 6/5/2024 at 2:00pm R13 was resting in bed positioned on right side with pillow between knees and heels flat on the bed.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>R13's "Monthly Wound Tracking Report" dated 5/2024 documents R13 has a wound to left heel. This document includes a description of R13's wound to Left Heel as: Stage is Unstageable, Measurements are 0.2cm (centimeters) length, 0.2 cm width and 0 cm depth, no drainage, acquired in facility, and no odor. This same document does not include date of onset of wounds. R13's Monthly Wound Tracking Report does document a pressure ulcer to R13's right heel that is being assessed and tracked.</p> <p>On 6/4/2024 at 9:55am, V13 (LPN/Licensed Practical Nurse) provided R13's "Facility Weekly Wound Tracking" log which documents on Mondays for the month of May 2024, weekly descriptions of left heel wounds for R13. This record documents assessments of left heel on 5/6/2024 measuring 0.3cm length, 0.3 cm width, 0 cm depth, no odor, no drainage, pink in color, on 5/13/2024 measuring 0.2cm length, 0.2 cm width, 0 cm depth, no odor, no drainage, pink in color, on 5/20/2024 measuring 0.1cm length, 0.1cm width, 0 cm depth, no odor, no drainage, pink in color, on 5/27/2024 measuring 0.1cm length, 0.1cm width, 0 cm depth, no odor, no drainage, and pink in color. At that time V13 stated wound assessments were not done as of this time for this week, and they should have been done yesterday. There was no documentation on the log that R13 had a pressure ulcer to the right heel.</p> <p>On 6/4/2024 at 3:45pm, V3 (MDS Coordinator/Infection Preventionist) presented a copy of the "Facility Weekly Wound Tracking" log. The log documents R13 has Area #1 Left Heel with no documentation of assessment and Area # 2 Right Heel includes documentation of Date of</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>Assess: 6/4/2024, Type: P (Pressure), Stage: U (Unstageable) Measurements: 3.3cm Long, 2cm Width, 0cm depth, Drainage: none, Odor: none, Wound color: red, Date of Onset: 6/4/2024, MD/Family notified marked Yes.</p> <p>On 6/5/2024 at 1:05pm, V12 (Certified Nurse Assistant/CNA) stated she takes care of R13. V12 stated "we are supposed to keep her heels floating while in bed, she also has a boot to wear sometimes too." V12 stated "I try to keep her on her side most of the time." V12 stated R13 is total care and is incontinent of bowel and bladder. V12 stated R13 doesn't communicate normally, and she must have assistance in turning and repositioning.</p> <p>On 6/5/2024 at 1:10pm, V10 (CNA) stated she provides care to R13. V10 stated R13 is totally dependent on staff for all needs. V10 stated "I know we are to float her heels while she is in bed." V10 stated she had not noticed the area to her right heel before. V10 stated it has been a while since she gave R13 a shower. V10 stated if she would have noticed the area, she would have reported it to the nurse immediately. V10 stated R13 depends on the staff for proper turning and repositioning. V10 stated "we are not assigned specific residents we work together."</p> <p>On 6/4/2024 at 10:55am, V1 (Administrator) stated "the floor nurses do the monitoring of the wounds in the facility and the treatments. The floor nurses make sure the interventions are in place too." V1 then stated V3 is our MDS Coordinator and Infection Preventionist, she also keeps up with all the wounds and makes wound logs since we don't have a Director of Nurses. V1 stated she is the one that orders the specialized mattresses and the only specialized</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>mattresses they use are the air loss mattresses. V1 stated the delivery time is very quickly and she has not had any issues with ordering.</p> <p>On 6/4/2024 at 1:50am, V3 stated "my duties are MDS, Infection Preventionist and I make the wound logs but that is all I do with wounds, and I get the information from the floor nurses for the wound log." V3 stated the Director of Nurses (DON) always kept up with the wounds like assessing the wounds weekly, assuring the interventions are in place including prevention, assuring the treatments are getting done and the wounds are healing. V3 stated "I am not doing all that a DON would do, I am only here on Mondays, Tuesdays, and Wednesday from 2pm to 10pm and I don't have time to do the wound stuff with doing MDS and Infection Preventionist. V3 stated the IDT (Interdisciplinary Team) decides the interventions. V3 explained she was aware that R13 was on a standard mattress and should be on a specialized air loss mattress.</p> <p>On 6/6/2024 at 10:03 am, V19 (Physician), stated he expected the facility to follow his orders for wound care and prevention such as floating the heels. V19 also stated he expects the facility to follow their policy and procedure for Wound Care and Prevention. V19 stated he was aware of the issues with R13's left heel. V19 was asked if he was aware of the unstageable right heel pressure and V19 stated "I am going to call the facility and discuss treatments and the need for pressure relief for R13." V19 said there is a need for an air loss mattress for R13.</p> <p>R13's POS (Physician Order Sheet) dated 6/1/2024 documents on 6/4/24 there is a handwritten order to apply skin prep to right outer heel each shift and PRN (as needed).</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>The facility document titled "(Company name) Preventative Skin Care." Policy statement reads "It is the facility's policy to provide preventative skin care through repositioning and careful washing, rinsing, drying, and observation of the resident's skin condition to keep them clean, comfortable, well groomed, and free from pressure ulcers". The section of this document with subtitle of "Equipment" reads 1. Lotion, 2. Barrier Cream, 3. Special Mattresses (i.e., gel, foam, water, air, etc.), 4. Special chair cushion (i.e., gel, foam, air, etc.), 5. Pillows or positioning devices. The section of this document with subtitle of Procedure reads #6 Special mattresses and or chair cushions will be used on any resident identified as being high risk for potential skin breakdown.</p> <p>"B"</p>	S9999		