

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057109		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/15/2026	
NAME OF PROVIDER OR SUPPLIER LINCOLN VILLAGE HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP CODE 2202 NORTH KICKAPOO STREET , LINCOLN, Illinois, 62656			
(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) COMPLETION DATE	
S0000	Initial Comments Annual Licensure and Certification Survey	S0000				04/28/2026	
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)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. 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. 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: 5) A regular program to prevent and treat pressure	S9999				04/28/2026	

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 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. These regulations were not met as evidence by: Based on observation, interview and record review the Facility failed to implement a recommended pressure reducing mattress as an intervention for a house acquired pressure ulcer (R7) and prevent house acquired Stage Three, Unstageable and Deep Tissue Pressure Ulcers for at risk Residents for two of 18 Residents (R2 and R7) reviewed for Pressure Ulcers in a sample of 36. Findings include: The Facility Pressure Ulcer and Wound Prevention/Management Program Policy, dated 9/30/25, documents: to identify Residents at risk for pressure ulcers and skin breakdown; to prevent pressure ulcers and skin breakdown; provide a guideline for appropriate nursing management of skin breakdown when it occurs; ensure the Residents who enter the Facility without a pressure ulcer do not develop pressure ulcers unless the clinical condition demonstrates that the pressure ulcers were unavoidable; ensure Residents that develop pressure ulcers in-house receive necessary treatment and services to promote healing and prevent new sores from developing; Residents will be inspected during daily bathing, dressing, showering and incontinence care with special attention to bony prominences; care plans will be developed for any Resident who is identified at risk (mild/moderate/high/severe risk); interventions will be individualized to the Residents condition/situation to prevent the development of an ulcer; and high risk is a score of 12 on the Braden Risk Assessment Scale; and Severe Risk is a score of 9 or less on the Braden Risk Assessment Scale. 1. The Facility Wound Summary Report, dated 4/12/26, documents R2's Stage Four pressure ulcer (Buttocks) identified on 1/22/25, Unstageable pressure ulcers (Left Lower Calf, Left Heel and Right Heel) identified on 3/11/26. The Wound Summary			S9999			04/28/2026

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S9999	Continued from page 2 Report documents: Unstageable Left Heel on 3/11/26 measured 1.0 by 1.0 centimeters/cm and on 4/8/26 measured 0.7 cm by 0.8 cm; Unstageable Left Lower Calf on 3/11/26 measured 2.2 cm by 0.5 cm and on 4/8/26 measured 2.5 cm by 0.8 cm; and Unstageable Right Heel on 3/11/26 measured 1.2 cm by 0.2 cm and on 4/8/26 measured 1.5 cm by 2.4 cm. R2's current Physician Order Sheet documents: R2's admission date of 11/22/24; pressure reducing low air loss mattress with manufacturer settings related to weight (3/3/26); treatment ordered on 3/25/26 to Left Heel cleanse with normal saline, apply medication daily and as needed (honey with calcium alginate and cover with foam dressing); treatment ordered on 3/17/26 to Left Lateral Lower Extremity apply medication (betadine) daily and as needed; treatment ordered on 3/17/26 to Right Buttock cleanse with normal saline and apply medication daily and as needed (Triad Paste and pack wound with calcium alginate with silver) and cover with silicone border superabsorbent dressing; and treatment ordered on 3/17/26 to Right Heel cleanse with normal saline, apply medication daily and as needed (honey with calcium alginate and cover with foam dressing). The Physician Order Sheet does not document a pressure ulcer treatment upon R2's admission date of 11/22/24. R2's (alert) current Care Plan documents: diagnoses including Hemiplegia/Hemiparesis, Diabetes, Indwelling Urinary Catheter, Respiratory Failure, Dependence on Respirator/Ventilator, Tracheostomy and Gastrostomy/Enteral Feeding Tube; dependent on staff for all activities of daily living; does not eat by mouth; and staff to provide a Restorative Active Range of Motion/AROM program. R2's Braden Scale, dated 1/12/26, documents R2 is a Very High Risk for skin breakdown (Score of 8) and R2's Braden Scale, dated 3/9/26, documents R2 is a Moderate Risk for skin breakdown (Score of 14) and if other major risk factors are present then advance to the next level of risk (High Risk). 2. The Wound Summary Report, dated 4/12/26, documents R7's Unstageable pressure ulcers identified on 4/6/26 (Left Medial Heel, Right Lateral Heel and Right Ankle) and Unstageable pressure ulcer identified on 3/8/26 (Right Medial Heel). The Facility Wound Summary Report, dated 4/12/26, documents R7's Unstageable Left Lateral Heel identified on 4/6/26, Unstageable pressure ulcers (Left Lower Calf, Left Heel and Right Heel) identified on 3/11/26. The Wound Summary Report documents			S9999			04/28/2026

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S9999	Continued from page 3 Unstageable Left Lateral Heel on 4/6/26 measured 2.9 cm by 5.0 cm, Unstageable Right Lateral Heel on 4/6/26 measured 3.4 cm by 4.2 cm, Stage Three Right Lateral Ankle on 4/6/26 measured 14.3 cm by 3.1 cm by 0.2 cm and Unstageable Right Medial Heel on 4/8/26 measured 4.5 cm by 3.5 cm. R7's current Physician Order Sheet documents: R2's admission date of 1/7/26, documents: suspend or offload heels while in bed; Left Lateral Heel, Right Lateral Heel and Right Medial Heel apply skin prep daily and as needed; Right Lateral Lower Extremity cleanse with normal saline, apply dressing daily and as needed (foam and cover with dry dressing). The Physician Order Sheet does not document a pressure ulcer treatment upon R7's admission date of 1/7/26. R7's (severe cognition loss) current Care Plan documents: diagnoses including Respiratory Failure, Indwelling Urinary Catheter, Dependence on Respirator/Ventilator, Tracheostomy and Gastrostomy/Enteral Feeding Tube; dependent on staff for all activities of daily living; and is at risk for decreased Range of Motion and contractures and requires a Passive Range of Motion/PROM program for bilateral upper and lower extremities. R7's Braden Scale, dated 3/16/26, documents R7 is a Very High Risk for skin breakdown (Score of 8) and R7's Braden Scale, dated 4/6/26, documents R7 is a High Risk for skin breakdown (Score of 11). On 4/14/26 at 9:05 am, V13 (Restorative Certified Nursing Assistant/CNA) stated, "(R2 and R7) do not really ever get out of bed, unless they are going to an appointment or something like that, but they should be getting turned and positioned so they do not get pressure ulcers." On 4/14/26 at 8:45 am, V3 (Wound Nurse) was providing pressure ulcer care to R7 and stated, "(R7) just got all these pressure ulcers and they were house acquired. We do not have a low air loss mattress on (R7's) bed yet, but we should." On 4/15/26 at 10:41 am, V11 (Wound Doctor Advanced Practice Nurse) stated, "(R2) and (R7) are high risk for pressure ulcers due to their physical and medical conditions with needing ventilator support and tracheostomies, they tend to stay in bed often and their pressure ulcers are house acquired. I did recommend a low air loss mattress be placed on (R7's) bed due to the stage of (R7's) ulcers." (B)	S9999				04/28/2026	