PRINTED: 11/16/2023 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. WNG IL6009328 10/29/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **129 SOUTH 1ST AVENUE SUNSET REHABILITATION & HLTH C CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S 000 Initial Comments \$ 000 Complaint Investigation 2328820/II165813 \$9999 Final Observations S9999 Statement of Licensure Violations: 300,610 a) 300.1210 b) 300.1210 d)2) 300.1210 d)5) 300.1220 b)3) Section 300.610 Resident Care Policies 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 Nursing and Personal Care The facility shall provide the necessary care and services to attain or maintain the highest

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

care needs of the resident.

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

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
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		ubsection (a), general					
		ude, at a minimum, the					
	following and shall be	practiced on a 24-hour,					
	seven-day-a-week ba						
		ents and procedures shall dered by the physician.					
		program to prevent and					
						Ì	
	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					l i	
		out pressure sores does not					
		es unless the individual's					
	clinical condition deme	onstrates 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: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs.						
	Personnel, representing	ng other services such as					
	nursing, activities, diel						
		red by the physician, shall					
		paration of the resident care					
		e in writing and shall be					
		in keeping with the care					
		y the resident's condition. ewed at least every three					
	months.	wou at least every tillee					
	monais.						
	These requirements a	re not met as evidenced by:	i				
	<u>-</u>						

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 B. WNG IL6009328 10/29/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 129 SOUTH 1ST AVENUE SUNSET REHABILITATION & HLTH C **CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY S9999 S9999 Continued From page 2 Based on observation, interview, and record review, the facility failed to develop and implement pressure relieving interventions, failed to develop a pressure relieving care plan after being assessed as high risk for pressure ulcer development, and failed to immediately develop a pressure ulcer care plan once a pressure ulcer developed for one of three residents (R1) reviewed for facility acquired pressure ulcers in the sample of three. These failures resulted in R1 developing an unstageable, painful, deep tissue pressure ulcer to the left heel, after R1 had a decline in ADLs (Activities of Daily Living) following a left hip fracture. Findings include: The facility's Pressure Sore Prevention Guidelines policy, dated 01/2018, documents, "Policy: It is the facility's policy to provide adequate interventions for the prevention of pressure ulcers for residents who are identified as high or moderate risk for skin breakdown as determined by the Braden Scale (assessment for predicting pressure ulcer risk). The following guidelines will be implemented for any resident assessed at a moderate or high skin risk. High risk interventions: Care plan entry of skin risk and appropriate interventions are to be placed on the care plan. If despite interventions a pressure ulcer develops, the care plan must reflect updated interventions for healing of ulcers and additional interventions for further prevention of pressure ulcers." The facility's Decubitus Care/Pressure Areas policy, dated 05/2007, documents, "Policy: To ensure a proper treatment program has been instituted and is being closely monitored to

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6009328 10/29/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 129 SOUTH 1ST AVENUE SUNSET REHABILITATION & HLTH C **CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 promote the healing of any pressure ulcer, once identified. Initiate problem on care plan." The facility's Preventative Skin Care policy, dated 01/2018, documents, "Policy: 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. 7. Pillows and/or bath blankets may be used between two skin surfaces or to slightly elevate bony prominence's/pressure areas off the mattress. Pressure relieving devices may be used to protect heels and elbows." R1's MDS (Minimum Data Set) Assessment, dated 9-5-23, documents R1 is moderately cognitively impaired, requires supervision of one staff for personal hygiene, walks independently with supervision, and had no pressure ulcers or skin conditions as of the date of this assessment. R1's Braden Scale for Predicting Pressure Ulcer Risk Assessment, dated 9-5-23, documents R1's risk of developing a pressure ulcer as low. R1's Operative Note, dated 10-2-23, documents, "Preoperative Diagnosis: Left hip femoral neck fracture, displaced. Left hip hemiarthroplasty performed." R1's Nursing Admission Assessment, dated 10-6-23 and signed by V19 (Licensed Practical Nurse), documents R1 did not have any wounds except for a hip repair incision, upon re-admission from the hospital. R1's Braden Scale for Predicting Pressure Ulcer Risk Assessments, dated 10-6-23 (re-admission

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1 1			3) DATE SURVEY COMPLETED	
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	documents, "Unstageable DTI 5.0 cm by 6.0 cm unstageable. Wound dark."					1	
	R1's Pressure Ulcer Care Plan with pressure relieving interventions was not developed until 10-27-23 (11 days after development of the pressure ulcer).						
		Care Plan, dated 10-27-23, e reduction boots when up in els when in bed."					
	Physician), document 10-1-23 with a left hip discharged on 10-6-2 with orthopedics. Too (R1) for a wound cher concerned about a daleft foot, and they wer circulation. (R1) is micarry on a conversation thick foam Decubitus ankle. (R1) has a large ecchymosis (bleeding covering the entire playerythema. Continue I and follow-up with ortensesses.	by V18 (Emergency Room is, "(R1) was admitted on infracture. (R1) was 3. (R1) has not followed up day the nursing home sent ick saying they were ark spot on the bottom of his re worried about his such more alert and can on, (R1) came with a very boot on his left foot and ge intact blister with y underneath the skin) inside antar left heel. No Decubitus blister protections hopedic."					
	Summary dated, 10-2 (Wound Physician), d Unstageable DTI of th Etiology: Pressure. M Unstageable DTI. Du Wound Size: 5.0 cm depth. Involves mos Either (R1) had slid de						

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On 10-27-23 at 10:40 AM, V11 (Registered Occupational Therapist) stated, "Everytime I worked with (R1) after his hip fracture he did not have on heel protectors or his heels offloaded

range of motion with (R1)."

heel protectors on or off-loading to his heels prior to developing the wound to his left heel. (R1) broke his left hip and returned to the facility on 10-6-23. (R1) needed full assistance with re-positioning and transfers when (R1) returned on 10-6-23. Prior to breaking (R1's) hip, (R1) was ambulating, transferring, and re-positioning independently. The Physical Therapist (V16) found the wound to (R1's) left heel when doing

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
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S9999	Continued From page 7		S9999			··
	pressure ulcer to (R1' got (V3) to assess it a cushioned boot."	y Assistant) found the s) left heel we immediately and (R1) was provided a				
	update (R1's) plan of interventions after (R1 (R1) was at high risk to development. (R1's)	(the facility) did not re relieving interventions or care with pressure relieving I's) Braden scale indicated				
	Nursing Assistant) star from the hospital (10-6 do not recall (R1) hav (R1's) heels being lifts	AM, V14 (CNA/Certified ted, "After (R1) returned 6-23) I took care of (R1). I ing heel protectors on ored off the bed. After (R1) t foot, (R1) had a boot put				
	doing range of motion had a dark spot to his and had her look at th reported the area to V his hip and returned to staff) would work with heels off-loaded and (pressure-relieving boowound on (R1's) heel	3 (LPN). After (R1) broke o the facility we (therapy (R1). I never saw (R1's)				•
		PM, V13 (Wound e wound to (R1's) left heel ire after (R1) sustained a				

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