

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014351	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2010
NAME OF PROVIDER OR SUPPLIER ORCHARD COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 1430 STATE ROUTE 127 SOUTH JONESBORO, IL 62952		
(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
Z 000	COMMENTS ANNUAL LICENSURE SURVEY INCIDENT INVESTIGATION INCIDENT OF 10/03/10 /IL 50024 No deficiencies or findings	Z 000		
Z9999	FINDINGS LICENSURE VIOLATIONS 350.620a) 350.1210b) 350.1230b)7) 350.1250a) 350.1250b) 350.3240a) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following: b) Nursing services to provide immediate supervision of the health needs of each resident by a registered professional nurse or a licensed practical nurse, or the equivalent.	Z9999		

Illinois Department of Public Health

TITLE

(X6) DATE

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

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014351	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2010
NAME OF PROVIDER OR SUPPLIER ORCHARD COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 1430 STATE ROUTE 127 SOUTH JONESBORO, IL 62952		
(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
Z9999	Continued From page 1 Section 350.1230 Nursing Services b) Residents shall be provided with nursing services, in accordance with their needs, which shall include, but are not limited to, the following: The DON shall participate in: 7) Modification of the resident care plan, in terms of the resident's daily needs, as needed. Section 350.1250 Physical and Occupational Therapy Services a) Physical and occupational therapy services shall be provided as needed by the residents through personal contact of the therapists directly with the residents or indirectly with persons involved with the residents. b) Physical therapy and occupational therapy by the facility or by arrangements with an outside resource shall provide treatment training programs that are designed to preserve and improve abilities for independent function, such as range of motion, strength, tolerance, coordination, and activities of daily living; and to prevent, insofar as possible, irreducible or progressive disabilities, through means such as the use of orthotic and prosthetic appliances, assistive and adaptive devices, positioning, behavior, adaptation, and sensory stimulation. Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements are not met as evidenced by:	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014351	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2010
NAME OF PROVIDER OR SUPPLIER ORCHARD COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 1430 STATE ROUTE 127 SOUTH JONESBORO, IL 62952		
(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
Z9999	Continued From page 2 Based on observation, interviews and record review, the facility neglected to develop and implement an effective system for pressure ulcer management and/or for maintaining skin integrity for 1 of 1 individual outside the sample who has history of pressure ulcers (R5) and 4 of 4 individuals in the sample who have limitations in mobility and as a result of these limitations are at risk for skin breakdown (R1-R4). The facility has failed to: 1) Develop and implement policy and procedures for maintaining skin integrity; 2) Utilize a standardized assessment for identifying individuals who are at risk for skin break down; 3) Develop and implement a monitoring system for prompt assessment of skin integrity; 4) Document the specific location of the skin care problem and include the number, size, degree and measurement of ulcer/open area when an area is noted; 5) Document specifics in regards to the ulcer/wound and/or any improvements in the size of the wound, the depth of the wound, the amount of necrotic tissue and the amount of exudate while the ulcer/wound is healing; and 6) Address the individual's need for physical therapy and need for pressure relieving devices. Findings include: On 10/14/10 the surveyor requested a copy of	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014351	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2010
NAME OF PROVIDER OR SUPPLIER ORCHARD COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 1430 STATE ROUTE 127 SOUTH JONESBORO, IL 62952		
(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
Z9999	<p>Continued From page 3</p> <p>the facility's policy and procedures for skin integrity and/or pressure ulcer management. On 10/19/10 at 9:00 A.M., E1 (Residential Services Director/RSD) stated that the facility does not have a policy and procedures for skin integrity and/or pressure ulcer management.</p> <p>a) The Physician's Orders sheet dated 09/16/10 thru 10/16/10 states that R5 is a 63 year old male who functions at a profound level of mental retardation.</p> <p>The Nurse's Notes for 03/10/10 identify that R5 returned back to the facility on this date with excoriation to both of his buttocks and an open area to his left buttock. Further review of these notes does not identify that this area was staged by nursing and that an aggressive plan was implemented to address R5's pressure ulcer.</p> <p>R5's Physical Therapy assessment dated 05/11/09 identifies that he needs a wheeled walker for ambulation. No documentation is contained within this report regarding R5's positioning needs and/or his need for pressure relieving devices.</p> <p>On 10/14/10 at 3:45 P.M. R5 was observed ambulating with a wheeled walker.</p> <p>E3 (Licensed Practical Nurse/LPN) was interviewed on 10/14/10 at 4:00 P.M. and stated that R5 also had had a decub on his left buttock which had required debridement in May or June of 2010.</p> <p>R5's Nurse's Notes dated 05/24/10 state, "...noted a red area to L (left) outer thigh that was warm to touch and hard. Exam revealed area to L outer thigh warm to touch, firm in the center,</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014351	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2010
NAME OF PROVIDER OR SUPPLIER ORCHARD COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 1430 STATE ROUTE 127 SOUTH JONESBORO, IL 62952		
(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
Z9999	Continued From page 4 red et (and) swollen, tender to .touch. Area is approx. (approximately) 4in x 4in (inches)... Res. (resident) has an appt (appointment) with Z1 (Physician) at 1:00 p (P.M.) today." Further review of these notes identifies that R5 was seen by Z1 and she (Z1) thought it was the beginning of a decubitus ulcer. Z1 ordered Bactrim DS twice daily for 10 days and Keflex 500 mg (milligrams) three times daily for 10 days. Z1 also ordered wet to dry drg (dressing) to be changed twice daily until 05/26/10 when R5 would be seen at a Wound Care Center. On 05/25/10 nursing documented in R5's Nurse's Notes, "No signs of adverse reaction to ATB (Anitbiotic Therapy, no signs of infection to wound, slight bleeding during dressing change and wound cleaning, moderate pain with cleaning." This nursing documentation does not identify measurements of the wound, the pressure ulcer stage, if undermining and or tunneling had occurred, the condition of the surrounding skin and tissue and or the color and consistency of the drainage from the wound. No documentation is noted within the facility's records to identify that a culture was obtained for R5's wound/drainage. The Wound Care Clinic Note for 05/26/10 identifies that R5 was seen on this date for a "decubitus ulcer in the left buttock. The caretaker tells us it has been here only for several days.... " This note also states that there are, "2 areas in the left ischial region with necros. The areas are also markedly reddened and there is evidence of undermining. The wound was debrided under local anesthesia, but it was found that there was a lot of undermining, and the wound is deep. The debridement could not be	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014351	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2010
NAME OF PROVIDER OR SUPPLIER ORCHARD COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 1430 STATE ROUTE 127 SOUTH JONESBORO, IL 62952		
(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
Z9999	<p>Continued From page 5</p> <p>done adequately under local anesthesia. It is advised that the debridement should be done in the operating room under sedation."</p> <p>In reviewing the Wound Care Clinic Wound Assessments for R5, the following information was noted:</p> <p>The 05/26/10 assessment identifies that R5's Wound #1 is located on the left buttock and hip. The wound is staged as a PU (Pressure Ulcer) III (Stage III - full thickness loss, subcutaneous fat may be visible, slough that doesn't obscure depth of tissue loss, possible undermining and tunneling) with measurements of 8cm (centimeters) in length and 5cm width. This assessment does not identify the depth of the pressure ulcer but does state that there was moderate, purulent drainage.</p> <p>No documentation is noted within these assessments or within the facility's records to identify that a culture was obtained of R5's wound/drainage.</p> <p>From 05/27/10 through 06/01/10, R5's Nurse's Notes identify that dressings to the wound were done daily and that drainage continued. This documentation does not identify any measurements of the wound, the pressure ulcer stage, if undermining and or tunneling has occurred, the condition of the surrounding skin and tissue and or the color and consistency of the drainage from the wound.</p> <p>The History and Physical report dated 06/01/10 states that R5 was seen for debridement of his left hip decubitus ulcers. This report states, "This patient has had ulcers in the left hip for several weeks. The wounds are deep with a lot of</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014351	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2010
NAME OF PROVIDER OR SUPPLIER ORCHARD COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 1430 STATE ROUTE 127 SOUTH JONESBORO, IL 62952		
(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
Z9999	<p>Continued From page 6</p> <p>undermining, so the patient is being put to sleep for debridement." R5's Nurse's Notes identify that his debridement was scheduled for 06/04/10.</p> <p>The 06/01/10 Wound Care Clinic Wound Assessment identifies R5's wound was debrided under anesthesia. R5's pressure ulcer remained at a Stage III. This assessment identifies that R5's periwound skin is erythema, measuring 8cm x 5cm and the ulcers measure 2cm x 1cm x 0.2 and 1cm x 1cm x 0.2cm. It is also noted that the wound bed is described as being moist, red with 100% yellow, necrotic tissue and that there is tunneling with a depth of 0.2 cm. This assessment also states that R5 has copious, purulent drainage with pain.</p> <p>In reviewing R5's Nurse's Notes from (6/02/10 through 06/22/10) nursing documentation does not identify specifics in regards to the wound and/or any improvements in the size of the wound, the depth of the wound, the amount of necrotic tissue and the amount of exudate.</p> <p>No documentation is noted within the Wound assessments or within the facility's records to identify that a culture was obtained of R5's wound/drainage.</p> <p>In review of the Operative Report, R5 was seen on 06/04/10 for debridement of his decubitus ulcer under anesthesia.</p> <p>Further review of R5's records identify that he was seen at the Wound Care Clinic on 06/09/10 and 06/16/10 (debrided with a enzymatic debridement).</p> <p>A Consultation report dated 06/22/10 identifies that R5 was hospitalized and, "...admitted first</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014351	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2010
NAME OF PROVIDER OR SUPPLIER ORCHARD COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 1430 STATE ROUTE 127 SOUTH JONESBORO, IL 62952		
(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
Z9999	<p>Continued From page 7</p> <p>with urinary tract infection and sepsis... The patient is referred because of anemia with a hemoglobin of 10. The patient also is being treated by the wound care because of chronic non healing wound on the left trochanteric region... the anemia is probably secondary to chronic urinary tract infection with sepsis and a chronic wound...."</p> <p>The Nurse's Notes identify that R5 remained in the hospital until 07/06/10. After this date R5 continued to require dressings to his wound. No further measurements are contained within the Nurse's Notes from 07/06/10 through 09/12/10 identifying specifics in regards to the wound and/or any improvements in the size of the wound, the depth of the wound, the amount of necrotic tissue and the amount of exudate.</p> <p>Further record review does not identify that R5 was reassessed by Physical Therapy after developing a pressure ulcer during the month of May 2010, and/or that his need for pressure relieving devices have been assessed.</p> <p>R5's Nursing documentation for 09/12/10 states that the area on his left leg is, "healed with no scab area..." The Medication Administration Record for 08/16/10 thru 09/15/10 identifies that the Santyl Ointment that was applied to R5's left hip was discontinued on 09/12/10.</p> <p>R5's Nursing Care Plan dated 09/14/10 identifies a plan for maintaining skin integrity related to urinary incontinence. This plan identifies the following nursing interventions: *Assess for skin breakdown every day *Keep skin clean and dry *Protect skin from urine *Provide appropriate wound care</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014351	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2010
NAME OF PROVIDER OR SUPPLIER ORCHARD COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 1430 STATE ROUTE 127 SOUTH JONESBORO, IL 62952		
(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
Z9999	<p>Continued From page 8</p> <p>*Assess for signs and symptoms of infection *Notify nurse with any skin issues; Nurse to notify M.D. (Medical Director) *Assess Nutritional Status *Labs as ordered</p> <p>This plan also states that staff will toilet R5 every two hours and will provide peri care as needed. R5 is also to wear protective undergarments due to his incontinence.</p> <p>In reviewing this nursing plan, no interventions are included as to how nursing will assess R5's risk for skin break down and/or what nursing staff are to document if R5 develops a pressure ulcer. This plan also does not address R5's repositioning needs and/or need for pressure relieving devices.</p> <p>R5 was observed on 10/14/10 at 3:45 P.M. ambulating with his wheeled walker to the men's bathroom on the north side of the facility with E4 (Direct Support Person/DSP). When in the bathroom, R5 was observed wearing an adult incontinence brief underneath his clothing. When E4 assisted R5 to remove this brief, he was noted to have a red area on his left buttock with multiple red, raised blistered areas. R5 also had a nickel sized oval shaped scab directly under his left buttock at the thigh area which appeared to be a healed or a healing wound.</p> <p>Further review of R5's Nurse's Notes (09/12/10 through 10/13/10) does not identify that R5 has had any issues with skin integrity. The scabbed area on his left leg/buttock area or red areas on his left buttock which were observed by the surveyor on 10/14/10 had not been documented by nursing staff prior to 10/14/10, which would indicate that R5's skin integrity is not closely</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014351	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2010
NAME OF PROVIDER OR SUPPLIER ORCHARD COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 1430 STATE ROUTE 127 SOUTH JONESBORO, IL 62952		
(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
Z9999	<p>Continued From page 9</p> <p>monitored and assessed daily by staff.</p> <p>After E3 (LPN) was notified (10/14/10 at 4:00 P.M.) of R5's skin condition, E3 documented, "...while giving perineal care noticed (L) buttock had red spots. Upon exam res (resident) had (7) 0.2 cm reddened circular spots et (and) (3) 0.3 cm. reddened circular spots et (3) 0.5 cm reddened spots, when palpitating ... did not blanch..." Further review of this entry does not identify that E3 staged R5's areas on his left buttock.</p> <p>Further review of R5's record does not identify that a skin risk assessment has been completed for him. E4 (LPN) stated on 10/14/10 at 4:00 P.M. that the facility has not complete a skin risk assessment for R5, nor for any individuals of the facility.</p> <p>b) The Physician's Orders dated 09/16/10 thru 10/15/10 state that R4 is a 65 year old male who functions at a profound level of mental retardation.</p> <p>R4's Physical Therapy assessment dated 05/21/10 identifies that he requires a rolling walker with staff assistance to ambulate.</p> <p>The Nurse's Notes from 01/10 to present were reviewed and it was noted that R4 has had rashes and reddened areas to his buttock(s) in January (01/21/10- 01/31/10), February (02/01/10-02/28/10), March (03/01/10), July (07/04/10-07/07/10 and August (08/24/10).</p> <p>The 08/24/10 nursing entry states, "On 08/23/10 at 10:30 P.M. staff notified this nurse (E3/LPN) that res had what looked like a rash to L buttock.</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014351	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2010
NAME OF PROVIDER OR SUPPLIER ORCHARD COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 1430 STATE ROUTE 127 SOUTH JONESBORO, IL 62952		
(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
Z9999	<p>Continued From page 10</p> <p>Upon exam res had a 16 cm x 4 cm rash to L buttock area was cleansed et (and) left open to air. DSP's (Direct Support Persons) were instructed to check res more frequently than usual to keep area clean et dry."</p> <p>After this entry was made, no further entries were made regarding R4's rash to his left buttock between the dates of 08/25/10 through 10/14/10.</p> <p>In reviewing R4's record a nursing plan for maintaining skin/tissue integrity was noted with a review date of 05/29/09. This plan identifies nursing interventions of positioning changes and inspection of skin surfaces/pressure points routinely. This plan does not address what staff are to do if R4's skin integrity is compromised.</p> <p>Further review of R4's record did not identify that a skin risk assessment has been completed to determine his potential risk for skin break down.</p> <p>On 10/14/10, R4 was assisted to the bathroom by E6 (DSP). R4 wore an adult incontinence brief under his clothing. When E6 removed R4's brief, his buttocks were noted to be reddish/purple and excoriated. This reddened area encompassed the top to the bottom portion of R4's left buttock and the inner cheek area of his right buttock.</p> <p>R4's Nurse's Notes dated 10/14/10 state, "...Upon exam res has a reddened area to R buttock with the appearance of a rash. Area was 15 cm x 7.5 cm..."</p> <p>No nursing documentation was noted prior to 10/14/10 regarding R4's reddened area which would indicate that R4's skin integrity is being closely monitored by staff.</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014351	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2010
NAME OF PROVIDER OR SUPPLIER ORCHARD COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 1430 STATE ROUTE 127 SOUTH JONESBORO, IL 62952		
(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
Z9999	Continued From page 11 E7 (DSP) was interviewed on 10/20/10 at 3:50 P.M. and stated, "We don't document the individual's skin problems. We tell the nurse and they assess and write it down on their clip board." c) The Physician's Orders dated 09/16/10 thru 10/15/10 states that R3 is a 74 year old male who functions at a profound level of mental retardation and has diagnoses which include Right Hip Fracture. The Nurse's Notes dated 11/30/09 identify that R3 fell at day training and sustained a fracture to the right femur. After this injury, R3 was admitted to a nursing home for rehabilitation and did not return back to the facility until 04/27/10. In reviewing R3's nursing notes, it was noted that on 05/03/10 he was found to have a three centimeter red area with pin point blisters on his left upper, inner thigh. On 08/21/10, R3 was found to have a rash to his buttock area. R3's Nursing Plan dated 04/11/09 identifies that he has a plan for maintaining skin integrity, however this plan does not address his positioning needs and or need for pressure relieving devices. Record review identifies that R3 was seen by physical therapy on 05/04/10 and was identified as needing a wheelchair for mobility. It was also noted that R3 was to be rescheduled for another physical therapy assessment. Further record review does not identify that R3 has been re-seen by physical therapy and or that his need for pressure relieving devices have been assessed.	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014351	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2010
NAME OF PROVIDER OR SUPPLIER ORCHARD COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 1430 STATE ROUTE 127 SOUTH JONESBORO, IL 62952		
(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
Z9999	<p>Continued From page 12</p> <p>On 10/14/10 at 4:07 P.M., R3 was observed in the bathroom of the facility with E4 and E5 (Direct Support Persons). After E4 and E5 removed R3's incontinence brief, he was noted to have reddened areas to both cheeks of his buttock. E5 stated that he needed a cushion in his wheelchair.</p> <p>No nursing documentation was noted prior to 10/14/10 regarding R3's reddened areas.</p> <p>Further review of R3's record does not identify that a skin risk assessment has been completed for him to determine his potential risk for skin break down.</p> <p>d) Additional examples are available for R1 and R2 who both have mobility limitations requiring staff assistance for toileting and positioning needs and who do not have skin risk assessments completed. In addition, R2 uses a wheeled walker for mobility and requires staff assistance and has not been seen by physical therapy since 05/14/07.</p> <p style="text-align: center;">(A)</p> <p>350.1450a) 350.1450d)</p> <p>Section 350.1450 Control of Medications</p> <p>a) The facility shall comply with all federal and State laws and State regulations relating to the procurement, storage, dispensing, administration, and disposal of medications.</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014351	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2010
NAME OF PROVIDER OR SUPPLIER ORCHARD COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 1430 STATE ROUTE 127 SOUTH JONESBORO, IL 62952		
(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
Z9999	<p>Continued From page 13</p> <p>d) For all Schedule II controlled substances, a controlled substances record shall be maintained that lists on separate sheets, for each type and strength of Schedule II controlled substance, the following information: date, time administered, name of resident, dose, licensed prescribers's name, signature of person administering dose, and number of doses remaining. The pharmaceutical advisory committee may also require that other medications shall be subject to such inventory records.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility currently maintains a bottle containing three tablets of Vicodin which was ordered for 1 of 1 individual outside the sample (R6) on 02/03/09 in the controlled drug lock box. The facility does not have documentation showing that they maintained a controlled substance record for the twenty tablets of Vicodin ordered by the physician and as a result of this failure, seven tablets are missing and the facility cannot account for the missing tablets.</p> <p>Findings include:</p> <p>The facility's undated roster identifies that R6 is a 52 year old male who functions at a profound level of mental retardation.</p> <p>During observations of the facility's medication room, on 10/19/10 at 8:45 A.M., the controlled substance lock box was observed to contain a bottle of Vicodin 5-500 mg. for R6. Three tablets remained in the bottle which was dated 02/03/09. E3 (Licensed Practical Nurse/LPN) was present during this observation and stated that R6 was no longer receiving this medication. E3 stated</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014351	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2010
NAME OF PROVIDER OR SUPPLIER ORCHARD COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 1430 STATE ROUTE 127 SOUTH JONESBORO, IL 62952		
(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	
Z9999	Continued From page 14 that she did not know why this bottle of Vicodin remained in the controlled substance box. E3 proceeded to find the reconciliation record for R6's Vicodin. At 10:00 A.M. (10/19/10), E3 stated that she could not find the reconciliation record for R6's Vicodin. E3 then stated that she had found the Medication Administration Record (MAR) for R6 for the month of February 2009. In reviewing the MAR and the Medication Notes for February 2009 it was noted that R6 received ten doses of Vicodin from 02/03/09 to 02/08/09 which would leave ten doses remaining. E3 confirmed that three tablets remained in the bottle and at this time the facility could not account for seven tablets of Vicodin. (B)	Z9999			