

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003156</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/19/2013</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FLORA REHAB &amp; HEALTH CARE CTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>232 GIVEN STREET FLORA, IL 62839</b>
--	--

(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>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS</p> <p>300.1210b) 300.1210d)5) 300.3240a)</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>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>Section 300.3240 Abuse and Neglect</p>	S9999		

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003156</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/19/2013</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FLORA REHAB &amp; HEALTH CARE CTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>232 GIVEN STREET FLORA, IL 62839</b>
--	--

(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>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>THESE REQUIREMENTS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on observation, record review and interview the facility failed to monitor pressure wounds to ensure effective treatment and promote healing for 1 of 6 sampled residents (R1) reviewed for pressure wounds in the sample of 15. This failure resulted in R1 developing additional pressure areas on their buttocks with complaints of pain.</p> <p>Findings include:</p> <p>1. A nursing note on 11-25-13 at 10:30AM noted two open areas on the right inner buttocks. The notes indicates the medical doctor and power of attorney was notified and awaiting orders. A nursing note on 11-25-13 and on 11-26-13 on the 10PM to 6AM shift notes two open areas to inner buttocks, treatment continues. Review of the medical record on 12-16-13 indicated no new order was obtained for the open areas on the inner buttocks.</p> <p>The facility's Weekly Wound Form for November and December 2013 lacks any documentation for the wounds on R1's inner buttocks.</p> <p>R1 receives Hospice services two times a week and this was initiated 1-14-13. A Hospice note on 11-25-13 indicates new open areas on the right upper buttock and right lower buttock: A) Type is pressure ulcers, both a stage II, surrounding tissue denuded, wound tissue beefy red. Barrier cream applied to areas at this time and E3,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003156</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/19/2013</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FLORA REHAB &amp; HEALTH CARE CTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>232 GIVEN STREET FLORA, IL 62839</b>
--	--

(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>(Registered Nurse), to notify the medical doctor of new areas and obtain treatment for the areas.</p> <p>Hospice notes for a routine visit on 11-25-13 documents new areas on the right upper buttock area as 1.4 centimeters (cm) long, .8 cm width, and no depth. The right lower buttock measured .7cm long, 1.0 cm wide and no depth. This note also states to measure weekly. There is no further documentation on measurements by Hospice or by the facility staff. Hospice notes for a routine visit on 12-16-13 documents a right upper buttock stage two pressure ulcer not healing with a small amount of bleeding and the right lower buttock stage two not healing with a small amount of bleeding. This note also adds a new location wrongly identifying it as three pin point areas the left upper buttock. The 3 areas were on the right upper buttock and each approximately 1/2 centimeter in size.</p> <p>The November and December 2013 Treatment Records indicate no new treatment orders were obtained after the open areas were noted on the right inner buttock.</p> <p>The Treatment Record includes a treatment dated 9-25-13 to "apply Lotrimin, Hydrocortisone cream, A and D Ointment, mix together, clean dry areas on skin buttocks, axilla, ABD folds, lower breast and cover." This treatment was initialed as being done on the 6-2 shift, 2-10 shift, and 10-6 shift. .</p> <p>On 12-16-13 at 3PM, a cream mixture was observed being applied by Z1 (Hospice Nurse), to R1's buttocks. At this time an open area was observed on the mid left buttock, three areas on the right upper buttock and one area on the mid</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003156</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/19/2013</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FLORA REHAB &amp; HEALTH CARE CTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>232 GIVEN STREET FLORA, IL 62839</b>
--	--

(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>right buttock. (Total of 5 areas.) Both buttocks were beefy red and denuded. Bloody drainage was observed on the incontinent pad. E4, (Registered Nurse, (RN), was present and stated the facility staff apply this cream mixture after R1 has a bowel movement. R 1 stated at this time that her bottom hurts.</p> <p>At 12:15PM on 12-17-13, E5, (Licensed Practical Nurse, (LPN), stated she measured R1's open areas that morning and noted 6 areas. The medical record notes a physician's order was obtained at 8AM on 12-17-13 to cleanse 6 stage II pressure ulcers on buttocks with normal saline, allow to dry, cover with DuoDerm, change every 3 days and as needed until healed then discontinue.</p> <p>The failure to aggressively monitor and treat wounds for R1 was reviewed with E1, (Administrator), and E2, (Director of Nursing) at 3:30PM on 12-17-13.</p> <p>(B)</p>	S9999		
-------	--	-------	--	--