

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2014
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NAME OF PROVIDER OR SUPPLIER P A PETERSON CENTER FOR HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1311 PARKVIEW AVENUE ROCKFORD, IL 61107
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210d)3) 300.1210d)5) 300.1220b)3) 300.3240a)</p> <p>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.</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</p>	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>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 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>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>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 other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>Section 300.3240 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)</p> <p>These Requirements are not met as evidenced by: Based on Observation, Interview and Record Review the facility failed to prevent residents from developing new pressure areas by not assessing, monitoring and implementing pressure relieving methods and treatments to help heal and prevent new or worsening pressure ulcers. This failure contributed to R5 developing a pressure ulcer to her left heel that was not identified until 4/11/14 when black, necrotic tissue was present. This is for 2 of 4 residents (R2 & R5) reviewed for pressure ulcers in the sample of 22.</p> <p>The findings include:</p> <p>1. On 5/20/14 at 9:50am, a cafeteria style plastic tray was covering the left foot pedal and part of the foot rest on R5's wheelchair. Two pillows were placed on top of the plastic tray. E20 (Certified</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Nursing Assistant - CNA), E21 (CNA), E15 (CNA) and E16 (Unit Clerk/CNA) transferred R5 from her bed to her wheelchair using a mechanical lift device. R5 was lowered into her wheelchair and her heels were at the top of the foot pedals. R5 told the CNA's to position her back farther in her wheelchair. R5 stated, "I don't want another one of those on my heel."</p> <p>On 5/20/14 at 10:02am, R5 stated, "My (left) heel was resting on the end of the foot rest for about 2 weeks. It caused that sore on my heel. Once they found it, they put a tray and pillows on the foot rest to cover it."</p> <p>On 5/21/14 at 11:30am, E9 (Unit Manager for Long Term Care) stated, "R5's pressure ulcer was unstageable when it was found."</p> <p>The Skin Assessment done when R5 was admitted to the facility on 3/28/14 showed she did not have any pressure ulcers to her heels.</p> <p>The Nurse Practitioner Notes for R5 dated 4/10/14 showed, "R5 seen today in follow up for left ankle fracture. R5 states she had a bad night with increasing pain. R5 has increased wound drainage from pin site on external fixator."</p> <p>The Treatment Record for R5 showed a treatment written on 4/8/14 to apply an elastic bandage to R5 ' s left lower extremity in the morning and remove the bandage at night; On 4/10/14 an order was written on R5 ' s Treatment Record to remove the dressing and do pin site care with sterile saline and peroxide.</p> <p>The Skilled Nurses Notes dated 4/11/14 for R5 showed, "2:00pm - R5 assisted back to bed. During/before transfer the nurse noted R5's heel, on her left lower extremity, was resting on the black plastic of the foot pedal; Blackened area around the heel that is approximately 1.5 inches in diameter."</p> <p>The Nurse Practitioner Notes for R5 dated 3/28/14, 4/1/14, 4/3/14, and 4/8/14 showed,</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>"Skin: External fixator in place to left ankle." There were no assessments or documentation to show any concerns with the external fixator except for pin site care. The Nurse Practitioner Notes for R5 dated 4/11/14 showed, "Seen today in follow up for left ankle fracture. R5 has ongoing drainage from heel; found to have a new blister to bottom of heel." The Wound Care Specialist Initial Evaluation dated 4/23/14 for R5 showed, "Chief complaint: Consulted for left heel wound by R5's doctor. R5 has an unstageable pressure ulcer (due to necrosis) of the left heel of at least 1 day in duration; there is no exudates associated with the wound; Etiology - pressure; Objective - healing and manage pain; Wound size - 4cm x 7cm; Thick adherent black necrotic tissue (eschar): 100%." The Treatment Record dated 4/1/14 for R5 showed the first treatment order for R5 's left heel was dated 4/23/14 for " Betadyn and open air daily to left heel. " The Weekly Progress Report dated 5/1/14 showed R5 has a Stage IV pressure ulcer to her left heel that was acquired in the facility and measures 4cm x 5cm. R5's Care Plan dated 5/7/14 showed, "I have impaired skin integrity. I have an external fixator on my left lower extremity for ankle fracture. Wounds are unstageable necrosis 4cm x 7cm; Monitor my skin daily when assisting with activities of daily living and notify nurse of changes - signs of infection; Treatment orders per wound doctor." R5's care plan did not identify possible causative factors for the development of R5's left heel pressure ulcer. R5's care plan did not show what preventative measures were implemented after the pressure ulcer to R5's heel was identified on 4/11/14.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>The Orthopedic Physician ' s Progress Note dated 5/12/14 showed, " Doing well post operatively; pins benign. The x-rays show good alignment and evidence of fracture healing. Continue current pin care regimen. Place foam between ring to calf to protect skin. Return to clinic in 5 weeks. "</p> <p>The facility's Skin Integrity Policy (no date) showed, "Program Goals: Protecting against the adverse effects of external mechanical forces (pressure, friction and shear); Daily skin assessment by care givers during bathing and dressing who will report any red or open areas to appropriate supervisor; Written documentation as to skin condition shall be made by licensed nurse once every two weeks."</p> <p>The facility's Pressure Ulcer Policy (12/13/10) showed, "Stage IV: Slough and eschar may be present; Unable to stage - When there is presence of deep tissue injury and presence of necrosis or covered by slough in the wound bed; The pressure sore will be assessed and documented weekly by the treatment nurse and shift to shift checks to ensure dressing is intact. The resident care plan and treatment sheet will reflect treatment and interventions."</p> <p>2. R2 ' s November 2013 Minimum Data Set Assessment shows that R2 needs extensive assistance with bed mobility and is at high risk for developing pressure ulcers. R2 has a history of a healed stage 3 pressure ulcer. R2 ' s Nurses Note show that on 12/24/13 a Left buttock pressure ulcer was identified with the measurement of 0.5 X 0.5 centimeters(cm). R2 ' s Nurses Note show the Physician was called on 12/31/13. R2 had no treatment for on the pressure ulcer for 7 days. R2 ' s 12/31/13 Physician Order Sheet (POS) shows an order for silver alginate foam dressing to be changed twice a week and as needed to Left buttocks, notify</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>doctor if not improving in 1 week.</p> <p>On 1/31/14, R2 ' s nurses notes show the Left buttock pressure ulcer measured 0.5 X 0.7 cm (no depth recorded) and had a small amount of drainage. On 2/10/14 the left buttock measured 1 cm X 0.8 cm. R2 had no change in treatment between 12/31/13 to 2/10/14 (over 4 weeks). Z1 1 (Wound Care Specialist) first evaluated R2 on 2/12/14. R2 ' s 2/12/14 Wound Care Specialist Evaluation Report shows R2 ' s Left buttock is a stage 3 pressure ulcer measuring 1 X 1 cm, depth not measurable. Z1 ordered silver absorbing foam agent dressing to be changed daily.</p> <p>R2 was evaluated by Z1 (12 times) on 2/12/14, 2/19/14, 2/26/14, 3/5/14, 3/19/14, 3/26/14, 4/2/14, 4/9/14, 4/16/14, 4/23/14, 4/30/14, and 5/14/14. Each of R2 ' s Wound Care Specialist Report shows R2 ' s treatment order for the left buttock pressure ulcer was sliver absorbing foam agent to be changed once daily.</p> <p>R2 ' s 5/14/14 Wound Care Specialist Report shows the Left buttock wound measured 1.5 X 2.0 X 0.2 cm. R2 ' s pressure ulcer is deteriorated and surgical debridement was performed to Left buttock by Z1.</p> <p>R2 ' s POS ' s and TAR ' s (treatment administration record) for February, March, April and May 2014 shows the order for silver alginate foam dressing should be changed 2 times a week and as needed.</p> <p>On 5/21/14 at 1:20 PM, Z1 assessed R2 ' s wound. Z1 measured the wound to be 0.9 X 1.4 cm. Z1 said the treatment order for twice a week " Is not a typical order that I would write for a wound. I prefer pressure ulcers to be treated daily if not 2-3 times a day. " " Somewhere along the line things got mixed up. " Z1 said R2 ' s pressure ulcer treatment should be done daily.</p> <p>On 5/19/14 at 1:50 PM, R2 was lying on her back</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>in bed with a standard pressure reducing mattress. On 5/20/14 at 7:50 AM, R2 was lying on her back in the same bed R2 had no specialty pressure relief mattress in place.</p> <p>R2 ' s April 2014 Care Plan shows R2 has a Stage 3 pressure ulcer to the left buttock. The Care Plan states " treatment orders for the wound per wound care doctor. Silver absorbing agent and foam dressing once daily. " R2 ' s Care Plan states to " provide measures to decrease pressure/irritation to skin. " Provide R2 with a specialty pressure relief mattress.</p> <p>On 5/20/14 at 2:05 PM, E9(Unit Manager) said R2 was on a specialty pressure relief mattress in the past, but the facility removed it, " We use them when pressure sores are new or worsened. "</p> <p>The facility ' s undated Skin Integrity Policy states if High Risk (12 points or less) provide resident with a " special mattress and/or wheelchair cushion to include water, air and gel. "</p> <p style="text-align: center;">(B)</p> <p>300.615e) 300.625a) 300.625b) 300.625c)1) 300.625c)2) 300.625k) 300.625l)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act [20 ILCS 2635] for all persons 18 or older seeking admission to the facility. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police.</p> <p>Section 300.625 Identified Offenders</p> <p>a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks.</p> <p>b) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based check are pending; while the results of a request for a waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending.</p> <p>c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following:</p> <p>1) Immediately notify the Department of State Police, in the form and manner required by the</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>Department of State Police, that the resident is an identified offender.</p> <p>2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.</p> <p>k) The facility shall incorporate the Identified Offender Report and Recommendation into the identified offender's care plan. (Section 2-201.6(f) of the Act)</p> <p>l) If the identified offender is a convicted (see 730 ILCS 150/2) or registered (see 730 ILCS 150/3) sex offender or if the Identified Offender Report and Recommendation prepared pursuant to Section 2-201.6(a) of the Act reveals that the identified offender poses a significant risk of harm to others within the facility, the offender shall be required to have his or her own room within the facility subject to the rights of married residents under Section 2-108(e) of the Act. (Section 2-201.6(d) of the Act)</p> <p>These requirements were not met as evidenced by:</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>Based on observation, interview and record review the facility failed to ensure that 3 resident background checks were done within 24 hours of admission to the facility, The facility failed to ensure that a resident with a "Hit" was fingerprinted within 5 days of the facility receiving notification of the resident's offender status. The facility also failed to ensure other resident's safety while the fingerprint based background check results were pending and failed to incorporate a resident's identified offender status into their care plan.</p> <p>This applies to 1 of 1 residents (R19) reviewed for identified offender status in a sample of 22 and 3 residents (R24, R25, R26) in the supplemental status.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. R24 was admitted to the facility on 5/17/14. R27's background check was submitted on 5/19/14. R25 was admitted to the facility on 5/16/14. R25's background check was submitted on 5/19/14. R26 was admitted to the facility on 5/2/14. R26's background check was submitted on 5/6/14. On 5/21/14 at 10:15am, E18 (administrative staff) said, "I had the time frames mixed up [for the background checks]." 2. The Identified Offender Information Form showed R19 was admitted to the facility on 1/2/14. R19's name-based background check results were received on 1/14/14 and showed a "HIT" indicating a conviction. The Identified Offender Form showed the facility did not order a fingerprint check for R19 until 3/3/14 (47 days after the name-based results were received). 	S9999		
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S9999	<p>Continued From page 11</p> <p>On 5/21/14 at 9:00am, E2 (assistant administrator) stated, "I don't know how I missed it (getting the fingerprints), probably because of staffing changes. When I noticed it, I did it right away."</p> <p>The undated Sex Offender Policy documented, "Following admission to the facility a background check will also be requested."</p> <p>3. The Social Service Progress Notes dated 4/25/14 state, " Nursing reported that {R19} had been screaming at the new roommate about touching her personal things and using her bathroom. "</p> <p>R19 ' s care plan dated 4/7/14 states, " Conflict with roommate ' s difficulty coping with change in roommate health changes. " R19 ' s care plan does not address R19 ' s Identified Offender Status.</p> <p>On 5/20/14 at 1:45 PM E2 stated, " I am pretty sure she never got interviewed by the state police for the Criminal History Analysis Report (CHAR). "</p> <p>On 5/21/14 at 9:00 AM, E2 stated, " I faxed the background check and the fingerprint results to {The State Agency} but I didn't know I needed to follow up with a phone call. They said they never got my faxes. "</p> <p>On 5/21/14 at 12:45PM, E22 (RN- MDS/Care plan Coordinator) stated, " I didn' t know {R19} was an offender. It is not stated anywhere in the chart. I will have to ask someone what to do with that. "</p> <p style="text-align: center;">(B)</p>	S9999		