Illinois Department of Public Health

**APOSTOLIC CHRISTIAN HOME**

**1102 WEST RANDOLPH**

**ROANOKE, IL 61561**

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**STATEMENT OF LICENSURE VIOLATIONS**

300.1210b)
300.1210d)(5)
300.3240a)

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.

Section 300.1210 General Requirements for Nursing and Personal Care

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 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
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<td>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.</td>
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<td>Section 300.3240 Abuse and Neglect</td>
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<td>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</td>
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<td>These Regulations were not met as evidenced by:</td>
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<td>Based on observation, interview, and record review the facility failed to recognize the development of a pressure ulcer prior to the ulcer progressing into an unstageable pressure ulcer, failed to review and revise treatment interventions for the pressure ulcer, failed to follow Physician orders for the pressure ulcer, and failed to turn and reposition a resident with a pressure ulcer every two hours for one of one residents (R12) reviewed for pressure ulcers in a a sample of 14. These failures resulted in R12 developing an unstageable pressure ulcer to the left heel which then increased in size.</td>
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| | On 3/18/14 at 1:40 p.m., R12 had a black/brown eschar, uncovered, unstageable pressure ulcer to left heel. On 3/17/14 at 12:45 p.m. and 3/18/14 at 1:40 p.m., R12 had a compression hose on the
Events-Skin Integrity Assessment, dated 2/17/14, documents R12 developed an unstageable pressure ulcer to the left heel which measured 4cm (Centimeter) x 4cm and was covered in eschar (black necrosis).

R12's Skin Integrity Events-Weekly skin log, dated 3/13/14, documents that R12's left heel pressure ulcer measurements increased to 6 cm x 5.5 cm, with necrotic tissue.

R12's Physician's Order, dated 2-17-14, documents to apply skin protectant to left heel two times a day. R12's Current Physician Orders, dated 3/18/14, document a new order was received 2/28/14 to apply a compression stocking to right leg only.

R12's Skin Care Plan, dated 1/21/14, documents R12 developed a blister to the left heel on 2/17/14. No new interventions were implemented on R12's skin care plan to treat and heal the blister (unstageable pressure ulcer), or to leave a compression stocking off of the left leg/foot, following the development of the ulcer. R12's Skin Care Plan documents an intervention, prior to the development of the unstageable pressure ulcer to the left heel, to turn and position R12 every two hours.

R12's Skin Braden Scales, dated 10/9/13 and 1/8/14, document R12 is at minimal risk for developing pressure ulcers.

R12's Vitals Report, dated 3/19/14, documents during the dates of 2/17/14 thru 3/18/14, R12 was not repositioned for longer than two hours and up to six hours on 90 occasions.
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**
APOSTOLIC CHRISTIAN HOME

**STREET ADDRESS, CITY, STATE, ZIP CODE**
1102 WEST RANDOLPH
ROANOKE, IL 61561

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<tr>
<th>(X4) ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
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On 3/20/14 at 11:30 a.m., Z3 (R12's Physician), stated "(R12) sits in the wheelchair all day crossing (R12's) feet, touching the ground. I can see how (R12) developed a pressure ulcer. (R12) is not at high risk for developing a pressure ulcer because (R12) eats good, pulses are fine, and has good circulation. I have not had any recent communication regarding the wound worsening. For (R12's) wound to heal, pressure needs to be taken off the heel. Wearing compression stockings on the affected leg would cause the pressure ulcer to worsen with increased friction."

On 3/18/14 at 1:40 p.m., E11 (Registered Nurse) stated R12 should not have had a compression stocking on the left foot.

On 3/19/14 at 12:05 p.m., E2 (Director of Nursing) stated, "Resident skin checks are done with tub baths and during partial baths. This could be weekly or two to three times a week. I would hope staff would discover a pressure ulcer at a stage one or two before it develops into an unstageable pressure ulcer. I would not expect a wound to worsen. We should have put preventative measures in place to prevent that. I am not sure why (R12) wound would worsen."

On 3/19/14 at 12:15 p.m., E3 (Minimum Data Set/Care Plan Coordinator), stated "I would definitely say that (R12's) wound to left heel is a pressure ulcer."

On 3/19/14 at 1:40 p.m., E2 (Director of Nursing), stated "Vitals report shows when they are toileted. Repositioning is done with toileting only, and this report is how our turn and reposition program is documented."
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1102 WEST RANDOLPH
ROANOKE, IL  61561

(4) ID
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SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

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PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(5) COMPLETE
DATE

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On 3/19/14 at 2:00 p.m., E14 (Certified Nursing Assistant) and E7 (Licensed Practical Nurse) both stated R12 is not on a turning and repositioning program."

On 3/20/14 at 9:50 p.m., E4 (Minimum Date Set Coordinator), stated "According to the care plan (R12) is on a turn and reposition program. This program is every two hours. R12 repositioning would be toileting time and repositioning in bed."

On 3/20/14 at 11:25 a.m., E2 (Director of Nursing), stated "R12 should be toileted, which is (R12's) positioning, every two hours. According to the vitals report R12 has gone longer than two hours between positioning."

On 3/20/14 at 11:30 a.m., E2 (Director of Nursing), stated "If his Braden score is at risk, but not high risk it would indicate (R12) should not have developed a pressure ulcer."

Facility Assessing and Treating Pressure Ulcers and Skin Wounds policy, dated 3/18/14, documents to notify a Physician when a treatment is not effective. If no improvement in a wound is noted in two to four weeks, reevaluate treatment plan and notify physician.

On 3/20/14 at 12:40 p.m., E16 (Registered Nurse-Wound Nurse), stated "(R12) heel is an unstageable pressure ulcer. We evaluate the effectiveness of a treatment about every two weeks and if wound is worsening we would notify the doctor immediately to change the treatment. I would not say that (R12) wound has worsened. If a wound gets larger I would say it has worsened."

Facility Skin Impairment Prevention policy, dated 3/18/14, documents skin assessments will be
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**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**A. BUILDING:**

**B. WING:**

**DATE SURVEY COMPLETED:**

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<th>PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</th>
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**STREET ADDRESS, CITY, STATE, ZIP CODE:**

1102 WEST RANDOLPH
ROANOKE, IL 61561

**DATE SURVEY COMPLETED:**

03/20/2014

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done regularly thereafter when bathing, dressing or assisting the resident in the activities of daily living, being especially mindful of those residents who are high risk.

(B)