FORM APPROVED 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: B. WING IL6005466 07/03/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1440 NORTH 10TH STREET ST VINCENT'S HOME **QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)5) 300.3240a) 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. 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

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

and shall be practiced on a 24-hour,

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following

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.

seven-day-a-week basis:

TITLE

(X6) DATE

PRINTED: 08/07/2014

FORM APPROVED 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: B. WING IL6005466 07/03/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1440 NORTH 10TH STREET ST VINCENT'S HOME **QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to monitor and implement interventions to promote the healing of pressure ulcers and prevent development of new pressure ulcers for one of two residents (R2) at risk for developing pressure ulcers in the sample of fifteen. This failure resulted in the pressure ulcer on R2's heel progressing from a Stage II to Stage III pressure ulcer. Findings include: R2's medical record documents R2 has the current diagnoses of Senile Dementia, Arthritis, Osteoporosis, and Contractures. R2's MDS (Minimum Data Set) Assessment, dated 5-30-14,

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documents R2 requires extensive assist of two for bed mobility and is totally dependent on staff for transfers and ADL's (Activities of Daily Living). R2's Braden Skin Assessment, dated 1/15/14,

RU1511

Illinois Department of Public Health STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE	(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:			СОМ		
		IL6005466	B. WING		07/	03/2014	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	ESS, CITY, STATE, ZIP CODE			
ST VINC	ENT'S HOME	1440 NOR QUINCY, I	TREET				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	T	PROVIDER'S PLAN OF COR	PECTION		
PREFIX TAG			ID PREFIX TAG	(EACH CORRECTIVE ACTION	CORRECTIVE ACTION SHOULD BE COMPLETE REFERENCED TO THE APPROPRIATE DATE		
S9999	9 Continued From page 2		S9999				
	documents a Brade risk).	n score of 13 ( moderate					
	was noted to have a coccyx that measurifacility failed to iden R2's Plan of Care fadevelopment of new further skin breakdovisited the Wound C supplement.  The facility's Progredocuments, R2 development, R2 development, R2 development, R2 development, R2 development, R2's coccyx wound Stage, from a Stage 10/30/13, to a Stage on 6/25/14. The Wold G/25/14 also document and incontinent, second describes R2's with Wound Clinic Reflection R2's Plan of Care faid development of any inwounds from worsen Clinic visit which iden "deteriorating."	vinterventions to prevent own, until 10/30/13, when R2 clinic and added a nutritional ass Note for R2 dated 5-2-14 eloped a skin tear on the left wound Assessment dated R2's skin tear had developed are ulcer to left inner heel 1.5 cm x 0.5 cm.  ort dated 6-25-14, documents as increasing in size and III with no tunneling on IV with tunneling of 2.3 cm ound Clinic Report dated ents (R2) as very debilitated ondary to advanced dementia wound as "deteriorating." eport dated 6/25/14 heel wound as a Stage III. illed to document the interventions to prevent R2's hing, after the 6/25/14 Wound ntified the coccyx wound as					
. !	care and has a small	m, R2 received incontinence open area with evidence of coccyx. Also R2 has an left heel.					

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