

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6012579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/17/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>IMBODEN CREEK LIVING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>180 WEST IMBODEN DECATUR, IL 62521</b>
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.1010h) 300.1210b) 300.3240a)</p> <p>Section 300.1010 Medical Care Policies</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</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>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or</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>agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to provide services to prevent decline of foot lesions by failing to monitor, assess, treat, notify the physician or recognize the deterioration of foot lesions for one of one residents (R14) reviewed for wounds/lesions in a sample of 18. This failure resulted in R14's left foot becoming infected requiring antibiotic therapy.</p> <p>Findings include:</p> <p>The current electronic facility face sheet documents that R14 was admitted to the facility on 6/7/2014 and hospitalized from 6/29/2014 - 7/9/2014. R14 has a diagnoses that include Peripheral Vascular Disease, Diabetics, and Vancomycin-Resistant Enterococci (VRE) infection of the urine. The Minimum Data Set dated 6/17/2014 documents R14 is moderately cognitively impaired, incontinent of urine and require one staff assistance for bathing, dressing and grooming.</p> <p>On 7/15/2014 at 2:30PM, E8 (Registered Nurse), removed the sheet covering R14's feet revealing the following dark brown lesions to the right foot: the bottom, tip and side of the great toe, the second toenail bed, third toe tip and toenail bed and the left foot: the side of the great toe, the second toe top and toenail bed, the third toe tip, the fourth toe tip, and the fifth toe tip. A lesion to the side of the right foot was also present with the surrounding area appearing red. Four lesions</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>were also present to the right outer ankle area. E8 stated "I haven't seen R14's feet for several days . . . I'm not sure what treatment he is currently receiving.</p> <p>On 7/15/2014 at 2:45PM, E2 (Director of Nursing) and E7 (Wound Care Nurse) both agreed they were not aware R14 had multiple lesions on his feet. E7 stated " No one notified me that R14 had these multiple open areas on return from the hospital 7/9/2014. I was only aware of the areas to the outer left heel and left great toe which were being treated with skin prep. R14 also had several callous areas on his feet that we also applied skin prep to."</p> <p>R14's Physicians Order Sheet (POS) dated 7/1/2014 documents orders for daily skin assessments and the following treatment orders skin prep to left great toe and left heel. No treatments were ordered for any other areas of the feet.</p> <p>On 7/15/2014 at 12:50 PM, E11 (Licensed Practical Nurse) stated "I have skin prep ordered to the left great toe and left heel areas. These are the only treatments ordered for him (R14) and the only areas I treat."</p> <p>The Resident Admission Assessment dated 7/9/2014 at 9:00PM document these areas to the feet and ankles: left great toe outside discolored, callous back of right great toe, second - fourth toe of the right foot discolored areas, left heel 2 centimeter (cm) x 1.5 cm open area, left little toe scabbed, first and second toes scabbed areas , left outer great toe area scabbed and scabbed areas to the right ankle area. These areas are also marked on the anatomical body figure on the Assessment form.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>The progress note dated 7/9/2014 at 10:44 PM, documents "9 PM resident (R14) readmitted to the facility from the local hospital. Resident has several bruises over both arms and tops of hands. Resident has a large reddened area inside the left arm. Dark small spots noted on left foot and toes. Callous noted on back of right great toe. Resident continues in isolation for VRE in the urine."</p> <p>On 7/17/2014 at 11:00AM, E7 stated "daily skin checks are signed off by the nurses on the Electronic Medication Administration Record (E-MAR). If there is a new skin condition the nurses are to document this information in the Progress Notes."</p> <p>The progress notes dated 7/10/2014 through 7/15/2014 at 3:07 PM document no skin issues to the feet or ankle area for R14.</p> <p>The E-MAR dated 7/1/2014 for R14 document that a skin assessment was completed on the 5:00AM-5:00PM shift daily from 7/9/2014 - 7/14/2014.</p> <p>On 7/16/2014 at 11:00AM, Z4 (Nurse Practitioner) stated " He (R14) was hospitalized recently from 6/29/2014 - 7/9/2014. He had a very difficult time while hospitalized and was very combative. I was aware that he had lesions on his feet from kicking the foot board at the hospital due to a elevated International Normalized Ratio (INR) of 8. No one informed me the areas were red and swollen in appearance. I saw him yesterday but did not look at his feet. . . . His left foot is red on the heel, the great toe, second toe third toe and the lateral wound is swollen with red lines horizontally on the top of the foot to the wound. I ordered Keflex for</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>the infected foot and skin prep to all lesions. I will reassess the areas on Friday (7/18/2014) and consider adding Bactroban ointment to the infected lesions. It is possible that he contaminated his feet with urine as he is incontinent and urinates on himself, therefore I can't rule out the possibility of VRE infection in the wounds."</p> <p>The Physical Exam Form completed 7/16/2014 by Z4 states "Multiple lesions to bilateral feet and ankles, left lateral wound with streaking redness, redness to left great toe, second toe, third toe and fifth toe of left foot and left outer ankle, with multiple dried lesions. Start Keflex and skin prep daily to lesions."</p> <p>On 7/16/2014 at 11:15AM, E2 confirmed that R14's left foot had more redness and swelling than on 7/15/2014. E2 stated "there was only slight redness around the lesion on the side of his (R14's) foot. There was no redness to any of the toes and there was no redness streaking from the side of the foot to the top of the foot. Nurses are to report any new open areas to the doctor, the wound nurse and myself. I was not notified of these lesions on his (R14's) feet."</p> <p>The undated facility policy "Skin Care Protocol" documents "If assessment reveals abnormal findings, notify Resident Quality Care Nurse, implement any facility protocols for wounds, and notify the physician."</p> <p>(B)</p> <p>300.615f)</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>Section 300.615 Determination of Need Screening and Request for Criminal History Record Information</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at <a href="http://www.isp.state.il.us">www.isp.state.il.us</a> and the Illinois Department of Corrections sex registrant search page at <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a> to determine if the individual is listed as a registered sex offender.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation, record review and interview the facility failed to check the Department of Corrections Registered sex registrant search database for ten of the ten new resident admissions (R25, R27, R30, R31-R37).</p> <p>The findings include:</p> <p>On 7/15/14 at 10:55 am, admission files for R25, R27, R30, R31-R37 showed no evidence that the facility checked the Illinois Department of Corrections (IDOC) websites. These residents were admitted to the facility from 6/18 through 7/13/14.</p> <p>The facility form dated 7/14/14 entitled "Imboden Creek Living Center Offender Status" for R27 documents the facility checked the Illinois State Police sex offender website and a national criminal check, but does not list a website check for the IDOC. The Offender Status Forms for R25, and R30-31 also show no documentation of IDOC website checks.</p> <p>On 7/15/14 at 11:00 am Administrator E1 stated</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>as far as she knew they always have just been checking the two websites listed on the form.</p> <p>E16 stated on 7/15/14 at 11:00 am she started when she first started doing the resident criminal background checks in February of 2013 the DOC website was checked. E16 stated some time in April 2013 the DOC website was removed from the Offender Status form so she stopped checking the website.</p> <p>The undated facility "Identification of Offenders" policy states "It is the policy of Imboden Creek Living Centers to screen potential residents to identify them as an identified offender prior to admission. . . . Prior to admission of any new resident, the name of the resident will be compared against the websites for both the Illinois Department of Corrections and Illinois State Police registered sex offender databases."</p> <p>(B)</p> <p>300.1230k) 300.1230l)4)</p> <p>Section 300.1230 Direct Care Staffing</p> <p>k) Effective September 12, 2012, a minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses. Registered nurses and licensed practical nurses employed by a facility in excess of these requirements may be used to</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>satisfy the remaining 75% of the nursing and personal care time requirements.</p> <p>1) To determine the numbers of direct care personnel needed to staff any facility, the following procedures shall be used:</p> <p>4) Multiplying the total minimum hours of direct care needed by 25% will give the minimum amount of licensed nurse time that shall be provided during a 24-hour period. Multiplying the total minimum hours of direct care needed by 10% will give the minimum amount of registered nurse time that shall be provided during a 24-hour period.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to have 10% of nursing and personal care provided by a Registered Nurse (RN) for 8 of 14 days reviewed. This failure has the potential to affect all 86 residents residing in the facility.</p> <p>Findings include:</p> <p>The undated spread sheet provided by E1, Administrator, on 7/14/14 documents the period of time reviewed for staffing as 6/30/14 - 7/13/14. The spread sheet documents an average daily census of 13.79 Skilled residents and 68.64 Intermediate residents, which requires a minimum of 185.51 hours of direct care staff daily. The minimum RN hours are calculated to be 18.55 hours daily.</p> <p>The spread sheet documents the following hours per day for RN's: 6/30/14 - 16.13 RN hours</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>7/1/14 - 20.5 RN hours 7/2/14 - 20.25 RN hours 7/3/14 - 21.25 RN hours 7/4/14 - 20.5 RN hours 7/5/14 - 9 RN hours 7/6/14 - 8 RN hours 7/7/14 - 4.25 RN hours 7/8/14 - 15.5 RN hours 7/9/14 - 13.5 RN hours 7/10/14 - 18.25 RN hours 7/11/14 - 37.25 RN hours 7/12/14 - 21 RN hours 7/13/14 - 16.25 RN hours</p> <p>The scheduled date 6/30/14 - 7/13/14 confirms these hours worked by RNs, including 50% of E2's Director of Nursing, hours.</p> <p>On 7/17/14 at 10:15 AM, E2 confirmed that the the schedule was accurate for RN hours." On 7/17/14 at 11:45 AM, E1 (Administrator) stated, "these hours are accurate. I was calculating our needs off of 10% of nursing hours, not 10% of the over-all hours."</p> <p>(B)</p>	S9999		
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