Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED					
		IL6006498	B. WING		1	C 19/2014					
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY.	STATE, ZIP CODE	1 00/	19/2014					
NATURE TRAIL HEALTH CARE CENTER 1001 SOUTH 34TH STREET											
MOUNT VERNON, IL 62864											
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	OULD BE COMPLETE					
S9999 Final Observations			S9999			***************************************					
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	300.1210b) 300.1210d)4)A) 300.1210d)5) 300.3240a)		THE CONTRACTOR AND THE CONTRACTO								
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	Section 300.1210 (Nursing and Person	Seneral Requirements for nal Care	ANTIPOTE THE THE PROPERTY OF T								
	and services to atta practicable physica well-being of the re each resident's con plan. Adequate and care and personal of	provide the necessary care ain or maintain the highest I, mental, and psychological sident, in accordance with aprehensive resident care I properly supervised nursing care shall be provided to each a total nursing and personal esident.									
	,										
		nall be provided on a 24-hour, basis. This shall include, but e following:									
	attention, including	nall have proper daily personal skin, nails, hair, and oral to treatment ordered by the									
		n to prevent and treat				The state of the s					

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

TITLE

(X6) DATE

09/02/14

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PRINTED: 10/01/2014

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: С B. WING __ IL6006498 08/19/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH 34TH STREET NATURE TRAIL HEALTH CARE CENTER

NATURE TRAIL HEALTH CARE CENTER MOUNT VERNON, IL 62864								
(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	Continued From page 1	S9999						
	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. (Section 2-107 of the Act)							
	THESE REGULATIONS WERE NOT MET AS EVIDENCED BY:							
	Based on record review, interview, and observation, the facility failed to provide adequate perineal cleansing for one resident (R2) of three residents sampled for perineal care in the sample of 3. This failure resulted in R2 complaining for two weeks about his penis becoming very painful and ulcerated due to a fungal infection.							
	Findings include:							
	R2's Minimum Data Set (MDS) dated 08/13/14 indicated R2 requires extensive assistance from at least one staff person for hygiene and bathing. The same MDS listed R2's Brief Interview for Mental Status Score as 5, indicating R2 has severe cognitive deficits, and indicated R2 is							
	always incontinent of bowel and occasionally incontinent of bladder. R2's hospital record Admission Assessment dated 8/13/14 showed R2 is at high risk for skin breakdown. This Admission record also showed R2 had a many whitened,							

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PRINTED: 10/01/2014 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C IL6006498 B. WING 08/19/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH 34TH STREET NATURE TRAIL HEALTH CARE CENTER **MOUNT VERNON, IL 62864** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 malodorous lesion on his penis with inflamed surrounding tissue. A Progress Note from the hospital dated 8/15/14 stated "penile lesions-Herpes Simplex negative, Rapid Plasma Reagin non-reactive-likely fungal.' On 8/14/14 at 9 am. R2's family member Z1. stated that she told staff R2 complained of pain in his penis, and had been complaining of this for approximately two weeks. Z1 stated that to her knowledge, staff did not examine R2's penis. E2, Director of Nurses, stated on 8/14/14 at 11 am that she was not aware of R2 having anything wrong with his penis. E4, Certified Nursing Assistant.stated R2 would not allow her to retract the foreskin and cleanse his penis. E5, Certified Nursing Assistant, stated that she had a good working relationship with R2 and he would frequently allow her to give his care when he refused other staff. E5 stated she did not work very often on R2's hall. On 08/15/14 at 10:30 am. E3, Assistant Director of Nurses stated, "We are considering assigning (E5) to (R2's) hall since he is more cooperative with her." On 08/19/14 at 8 am, R2 stated his penis is very sore and painful, and "They told me at the hospital its caused by a fungus. I think maybe its because I wasn't kept very clean." At the time of that interview R2 was oriented to person, place and purpose, but not time. On 08/19/14 a 8 am, R2 was observed to have

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(B)

inflamed.

three light yellow areas, each one approximately 0.5 centimeters in diameter, on the head of his penis, with surrounding tissue appearing red and

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