

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/14/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HAVANA HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPHAM STREET HAVANA, IL 62644
--	---

(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	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a)</p> <p>300.1210b)</p> <p>300.1210d)5)</p> <p>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 care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p>	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 10/27/14
---	-------	------------------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/14/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HAVANA HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPHAM STREET HAVANA, IL 62644
--	---

(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	<p>Continued From page 1</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the</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 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements were not met as evidenced by: Based on observations, interviews, and record review the facility failed to recognize, assess and implement interventions to prevent pressure ulcers for a resident identified to be at high risk for development of pressure ulcers for one of four residents (R2) reviewed for pressure ulcers in a sample of four. This failure resulted in R2 developing an unstageable pressure ulcer to the coccyx.</p> <p>Findings include:</p> <p>Pressure Sore Prevention Guidelines, revised 11/12, state, "Policy: To provide adequate interventions for the prevention of pressure ulcers for residents who are identified as HIGH or MODERATE risk for skin breakdown as</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/14/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HAVANA HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPHAM STREET HAVANA, IL 62644
--	---

(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	<p>Continued From page 2</p> <p>determined by the (skin assessment tool). Responsibility: All Nursing Staff and Dietary Manager. Procedure: The following guidelines will be implemented for any resident assessed at High or Moderate skin risk. Turn and reposition every two hours, range of motion, special mattress, positioning devices, incontinence care, daily skin checks, weekly skin checks, quarterly review by dietary manager, and care plan entry. Any resident scoring a high or moderate risk for skin breakdown will be noted on the Treatment sheet and signed off by the nurse. In addition, a brief weekly narrative will be completed describing the resident's skin condition on the back of the treatment sheet."</p> <p>Policy titled "Decubitus Care/ Pressure Areas", revised 05/07, states, " Procedure: 1) Upon notification of skin breakdown, a Newly Acquired Skin Condition report will be completed and forwarded to the Director of Nurses. 5) Documentation of the pressure area must occur upon identification and at least once a week on the TAR."</p> <p>Save Our Skin Alert Form from local hospital, dated 09/25/14, documents, "Skin Intact, Turn every two hours, barrier cream and keep pressure off heels."</p> <p>Facilities Nursing Admission Assessment dated 09/25/14 documents excoriation to coccyx.</p> <p>Care plan for R2 dated 09/25/14 documents, pressure ulcers present on readmission. Unstageable areas noted to coccyx, right and left heel. Interventions include nurse to measure and monitor wound status progression or deterioration every week. Notify MD and family of changes. Document physician response. Daily skin check</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/14/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HAVANA HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPAM STREET HAVANA, IL 62644
--	--

(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	<p>Continued From page 3</p> <p>with documentation and as needed with any new open areas.</p> <p>R2's (Skin Assessment Tool For Predicting Pressure Ulcers) dated 09/26/14, documents a score of 14, indicating high risk.</p> <p>R2's (Skin Assessment Tool For Predicting Pressure Ulcers) dated 10/02/14, documents a score of 12, indicating high risk.</p> <p>Nursing Progress Review for R2, dated 10/02/14, states, "Pressure ulcer unstageable to coccyx and bilateral heels."</p> <p>R2's Treatment Administration Record, dated 10/01/14-10/31/14, states, "10/7/14 left heel 7 x 7 cm unstageable, right heel 2 x 4 cm unstageable, and coccyx 7 x 6 cm unstageable."</p> <p>Patient Progress Notes from local hospital, dated 10/08/14, state, "pressure ulcer stage 2, to coccyx measuring approximately 9 x 7 cm. Areas of blackish and purplish area noted with moderate serousanguinous drainage noted. Right heel has stage 1 pressure ulcer measuring approximately 1.5 x 1 cm brownish in color. Left heel has stage 1 pressure ulcer measuring approximately 7 x 6 cm area of redness and 4 x 3.5 cm area of brownish discoloration. Scrotum noted 2 x 3 cm area with top two layers sloughed off and 3 more smaller areas noted."</p> <p>R2's History and Physical from local hospital, dated 10/09/14, states, "Skin: 8.6 cm x 5 cm open area decubitus, foul smelling with drainage and surrounding redness, multiple open areas to scrotum, open wound on left heel."</p> <p>R2's medical record did not include Weekly</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/14/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HAVANA HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPHAM STREET HAVANA, IL 62644
--	---

(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	<p>Continued From page 4</p> <p>Wound Tracking sheets.</p> <p>On 10/10/14 at 11:30 AM, a large reddened opened area with small drainage and foul smell, extended across R2's right and left buttocks. There were several large yellowish scabs on scrotum. There were large reddened areas to bilateral heels with some drainage noted.</p> <p>On 10/10/14 at 11 AM, E2 DON (Director of Nurses) stated that the pressure ulcers on R2's heels were identified on 10-1-14 and on R2's coccyx on 10-6-14, and that R2's care plan was erroneously dated for 9-25-14. At that time, E2 confirmed that wound tracking was not done weekly per facility policy and the Treatment Administration Record documentation for daily skin assessments does not include the identification of any pressure ulcers from 10-1-14 through 10-6-14.</p> <p>On 10/10/14 at 2:00 PM E2/DON stated, "Residents with pressure ulcers or those at moderate or high risk for pressure ulcers, would be on a daily skin assessment. This is all I have for documentation for (R2). The certified nursing assistants are expected to report any areas of concern to the nurse and the nurse would inform the physician." The 's' charted on the Treatment Administration Record means surgical wound."</p> <p>On 10/10/14 at 4:00 PM, Z1(R2's Physician), stated, "I was livid when I received the phone call from the ER describing (R2's) pressure ulcers. My office received a call on 10/01/14 stating some redness to (R2's) heels, then on 10/06/14 the office received a call about reddened area on coccyx and my partner gave orders because I was out. On the morning of the 8th I returned and called to have labs drawn. I was later called with</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/14/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HAVANA HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPAM STREET HAVANA, IL 62644
--	--

(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 5 results and notified of (R2's) family concern of (R2's) condition. I gave an order for (R2) to be transferred to emergency room. The emergency room called me at two in the morning informing me of the severity of the pressure ulcers and scrotum. I was never notified of the sores on (R2's) scrotum. After seeing the condition (R2) was in when brought in, I would say the sores were avoidable. I could not believe it when I saw (R2). (B)	S9999		
-------	---	-------	--	--