STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145494	A. BUILDING _____ B. WING _____	C 05/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCLEAN COUNTY NURSING HOME	**901 NORTH MAIN NORMAL, IL 61761**

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F 000	INITIAL COMMENTS Complaint # 1662597/IL85482: F323 Complaint # 1662629/IL85512: F314	F 000		
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to follow physician orders for prevention of skin breakdown for one of three residents (R5) reviewed for pressure sores in the sample of five. Findings include: The Wound History report dated 5/3/16 documents that R5 has a history of a stage two pressure sore on R5's right buttock. The Care Plan dated 4/29/16 documents that R5 is at risk for pressure ulcers and skin breakdown. The Physician's Order Sheet dated 5/1/16 through 5/31/16 documents an order for R5 to have moisture barrier cream applied to R5's perineal area after each incontinent episode. On 5/18/16 at 11:30 AM E16 Certified Nurses	F 314		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 314	Continued From page 1 Aide removed R5's urine soiled brief and performed perineal care for R5. Brown staining was present on the cloth after E16 cleansed R5's rectal area. E16 stated R5's buttocks skin was red. Then without applying barrier cream to R5's perineal area, E16 placed a clean brief on R5. On 5/18/16 at 11:50 am E16 confirmed that E16 did not apply barrier cream to R5's perineal area after providing incontinence care. E16 stated barrier cream should be applied to R5's perineal area after each incontinence episode.	F 314		
F 323 SS=G	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to provide established interventions to prevent burns for two residents (R1 and R2) of two residents reviewed for burns in the sample of five. This failure resulted in R1 and R2 sustaining third degree burns. Findings include: 1.R2's Progress Note dated 3/11/16 documents R2 as having a diagnosis of Dementia. R2's Minimum Data Set dated 3/17/15 documents R2	F 323		

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F 323	Continued From page 2	F 323		

as having moderately impaired cognition. R2's care plan documents an intervention dated 3/22/16 to "serve hot drinks in sippy cups."

R2's nurse's notes dated 5/3/16 at 4:45 PM documents, "Resident in (dining room) tonight was given a cup of coffee from aide. Resident dropped coffee cup and coffee landed on top of right foot. Resident has a 2 cm (centimeter) by 2.5 cm reddened area..."

On 5/18/16 at 3:20 PM, E21 Volunteer Coordinator stated on 5/3/16 R2 asked for a cup of coffee. E21 stated E21 gave R2 a cup of coffee in a regular cup without a lid. E21 stated E21 did not put ice in the coffee. E21 stated E21 sat with R2 for a couple minutes then left.

On 5/19/16 at 10:50 AM, R2's right foot had a wound (burned area) that measured 7.5 by 3.2 centimeters. The wound had a red perimeter with yellow exudate that covered sixty percent of the wound bed. The wound had light clear drainage.

On 5/19/16 at 11:10 AM, Z3 Wound Physician stated R2's burn is "at least a third degree burn".

R2's wound notes documented by Z3 dated 5/19/16 documents, "..Wound involves the lateral dorsal foot, extending onto the dorsal 4th and 5th toes. At least a 3rd degree burn but could be a 4th degree."

On 5/19/16 E1 Administrator stated on 5/3/16 a R2's coffee should have been provided in a sippy cup because that is what R2's care plan says to do.

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F 323	Continued From page 3 2. R1's Physician's Progress Note dated 10/9/15 documents R1 as having a diagnosis of Dementia. R1's Minimum Data Set dated 1/14/16 documents R1 as having moderately impaired cognition. R1's care plan documents an intervention dated 2/14/16 for, "Hot liquids only in coffee cups with lids." R1's Nursing Notes dated 2/24/16 at 5:40 PM documents, "Heard resident yelling while sitting in the dining room... Yelled my coffee spilled on me. Immediately removed afghan and lifted pants away from resident's right upper leg where resident stated coffee spilled on..." R1's Nurse's Notes dated 2/24/16 at 5:45 PM documents, "..Area (burn area) measured 7 centimeters (cm) by 10 cm." On 5/19/16 at 9:20 AM, E22 Wound Nurse stated on 2/24/16 R1's coffee cup did not have a lid on it. On 5/19/16 at 12:35 PM, R1's wound (burned area) to the left thigh was red with a light amount of clear drainage. The wound area was a one centimeter circular area surrounded by a healed pink area that measured ten centimeters. At that time, E22 stated the burn to R1's thigh was a third degree burn. R1 stated the burn to R1's thigh causes R1 quite a bit of pain. R1 stated R1 remembers that a staff member sat a cup of coffee on R1's table. R1 stated R1 reached for it and spilt it on R1's thigh. R1 stated the coffee cup did not have a lid and it was hot. On 5/19/16 at 10:10 AM, E1 Administrator stated E1 would have expected R1's coffee cup to have a lid on it on 2/24/16 because that was an intervention on the care plan (for R1).	F 323		

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F 323	Continued From page 4 On 5/19/16 at 9:00 AM, Z3 (R1's Physician) stated R1's burn that occurred on 2/24/16 was a result of R1 spilling coffee on R1. Z3 stated the facility should not have given R1 hot coffee and needs to be more careful with giving R1 coffee.	F 323		