

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/16/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146090</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/12/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAWTHORNE INN OF DANVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3222 INDEPENDENCE DRIVE</b> <b>DANVILLE, IL 61832</b>		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 314 SS=D	<p>Investigation of Complaint # 1566124/IL 81348</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, interview and observation the facility failed to provide a physician ordered pressure relieving device, and failed to implement pressure relieving interventions for residents with pressure ulcers. These failures have the potential to affect two residents (R1 and R2) out of a sample of three residents reviewed for pressure ulcers.</p> <p>Findings include:</p> <p>1. The facility's Events Reports, Observation Reports, Face Sheet, and Continuation of Care Documents document R1's medical diagnoses include Encephalopathy, Benign Neoplasm of the Skull/Bone, Diastolic Heart Failure, Heel Pressure Ulcer, Cerebral Atrophy with Senile Psychosis, Hypertension, Anemia, Pacemaker, and Edema.</p> <p>The facility's Minimum Data Set dated 10/14/15</p>	F 314			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 314	<p>Continued From page 1</p> <p>documents R1 requires extensive assistance of two staff members for bed mobility, and has limitations in range of motion of all four extremities.</p> <p>The facility's Nursing Progress Notes dated 9/3/15 document the identification of an open blister (stage 2 pressure ulcer) on R1's left heel measuring 6 centimeters (cm) by 5 cm. This same progress note documents the open blister has a black area measuring 2 cm by 2.5 cm.</p> <p>The facility's current Physician Order Sheet documents a physician order for R1 to have heels floated while in bed initiated on 9/10/15.</p> <p>On 11/10/15 at 7:25 PM, E7 and E8, Certified Nursing Assistants, stated, "We are finished with HS (bedtime) care for (R1)."</p> <p>On 11/10/15 at 7:26 PM, under directed observation, E2, Director of Nursing, a blanket folded successively lengthwise to a width of ten inches was directly on top of R1's feet, and both of R1's heels were in direct contact with the bed surface and not floated. E2 acknowledged the observation by stating, "I will get this fixed and corrected."</p> <p>2. The Physician's Orders Sheet (POS) dated November 2015 for R2 lists the following diagnoses: Thrombosis, Cerebral with Infarction and Systolic Heart Failure.</p> <p>R2's Nurses Notes dated 10/17/15 at 3:13 PM documents "R2 complains of left foot hurting. Removed (compression stocking) and assessed resident to find sore on left heel....." R2's November 2015 POS had an order dated 10/17/15 stating "Elevate both lower extremities</p>	F 314			

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F 314	<p>Continued From page 2 while resting in bed heels should be floated and not touching the bed."</p> <p>The facility's report titled "Observation Report Pressure Ulcer Documentation" with a run date of 11/10/15 documents on 10/21/15 "R2 has stage 2 pressure ulcer size 1.8 cm (centimeter) by 3.0 cm by 0.1 cm (length x width x depth) left lateral heel. Partial thickness skin loss, Superficial presents as blister. Periwound intact. No warmth, drainage or odor." The report for 10/28/15 documents "Open area to left lateral heel measures approximately 1.6 cm x 2.8 cm x 0.1 cm. 50% granulation, 50% epithelization..Stage 2."</p> <p>R2's Consultation Report from Wound Clinic on 11/5/15 at 8:00 AM documents an order for "Heel lift boot during day and at night while in bed."</p> <p>On 11/10/15 at 10:02 AM R2 was sitting in a wheelchair behind an overbed table. Z4, R2's family member, was visiting with R2. R2's left foot was wrapped with kerlix gauze and had a non-skid slipper sock on. No lift boot was present on R2's foot. R2's foot was in direct contact with the floor.</p> <p>Z4, stated on 11/10/15 at 10:05 AM "I took (R2) to the wound clinic on Thursday 11/5/15, his doctor wrote an order for (R2) to have a protective boot to keep (R2's) foot off the floor, as you can see he does not have the boot yet."</p> <p>E3, Registered Nurse (RN) walked into R2's room on 11/10/15 at 10:10 AM, Z4 stated to E3 "Where is (R2's) protective boot which he has an order for from the wound clinic?" E3 stated at 10:15 AM "I have to check (R2's) orders I don't know."</p>	F 314			

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F 314	Continued From page 3  R2's Nurses Notes dated 11/5/15 written by E3 documents "(R2) went to wound clinic this AM and came back with new dressing change order.....Heel lift boot to be worn during the day and at night while in bed....."  R2's POS did not reflect the new order until 11/10/15 which was verified by E3 on 11/10/15 at 10:25 AM which states "Left heel lift boot to be worn during the day and night while in bed."  E2, Director of Nurses (DON) stated on 11/10/15 at 3:34 PM, "We do order the boots through the therapy department. (E3) was the nurse who received and reviewed the report from the wound clinic on 11/5/15 and had noticed there was a heel lift boot order for day and night for (R2). (E3) went down to therapy, obtained a boot, and placed the boot on (R2) and entered the order for the boot on 11/10/15. My expectation of my nurses is to follow physician's orders immediately when they receive them or notify me if unable to follow through with the order that day. I would have expected (R2) to have his boot as soon as they got the order, (R2) did not receive his boot until today 11/10/15."	F 314			