

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

PRINTED: 06/16/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146091		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/27/2016	
NAME OF PROVIDER OR SUPPLIER MANOR COURT OF PERU				STREET ADDRESS, CITY, STATE, ZIP CODE 3230 BECKER DRIVE PERU, IL 61354			
(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 157 SS=D	<p>Complaint #1622174 / IL 84970</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced</p>			F 157			5/9/16

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

TITLE

(X6) DATE

05/13/2016

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 157	<p>Continued From page 1</p> <p>by: Surveyor: Yeager, Julie</p> <p>Based on interview and record review, the facility failed to notify the physician of a worsened condition of a pressure ulcer for one of three residents (R1) reviewed for pressure ulcers in the sample of three.</p> <p>Findings include:</p> <p>The facility's policy Wound Care, revised 03/04, documents "E. Wound Care/Documentation: 7. The physician must be notified of change in the wound status. 9. In the case of drainage containing pus, and/or presence of odor, the physician should be consulted regarding culture and sensitivity of the wound."</p> <p>R1's Nursing Progress note, dated 4-5-16 by E8, Licensed Practical Nurse/LPN, documents R1 was admitted to the facility on 4-5-16 without any pressure ulcers noted to R1's heels.</p> <p>R1's Nursing Progress note, dated 4-7-16 by E7, Registered Nurse/RN, was "(R1) was noted to have right heel intact blister measuring 3 cm (centimeters) x 4 cm and a non-intact left heel blister measuring 7 cm x 9 cm."</p> <p>R1's Nursing Progress note, dated 4-13-16 by E5/LPN, documents "Noted large amount brownish red foul smelling drainage to both heels."</p> <p>On 4-27-16, at 10:25 am, E5/LPN, stated that E5 did not inform R1's physician of the large amount of brownish red foul smelling drainage from R1's heels. "I thought it wasn't anything new and I was new to his treatments. However, on 4-13-16 I had</p>	F 157			

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F 157	Continued From page 2 the Director of Nursing/DON and the Assistant Director of Nursing/ADON look at them because they looked so bad." On 4-27-16, at 12:00 pm, Z1, R1's physician, confirmed he was not notified; and stated that he would have expected the nursing staff to have called him regarding the worsening condition of R1's heel pressure ulcers. "I would have liked the opportunity to make a treatment change." On 4-27-16, at 12:15 pm, E3, Director of Nursing/DON, stated that the foul odor and change in color of R1's heel pressure ulcers should have been called to R1's physician.	F 157			
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 interview and record review, the facility failed to notify the physician of a worsened condition of a pressure ulcer for one of three residents (R1) reviewed for pressure ulcers in the sample of three. Findings include:	F 314			5/9/16

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