

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004675</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/20/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ACCOLADE PAXTON SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>450 FULTON STREET PAXTON, IL 60957</b>
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(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
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S 000	Initial Comments  Complaint Investigation #1964401/IL113153	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.610a) 300.1210b) 300.1210d)5) 300.32040a)  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.  Section 300.1210 General Requirements for Nursing and Personal Care  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	S9999	<p style="text-align: center; font-size: 2em; font-weight: bold; transform: rotate(-10deg);">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
Electronically Signed

TITLE

(X6) DATE

07/12/19

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S9999	<p>Continued From page 1</p> <p>resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</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. (A, B) (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to respond to R5's repeated requests for toileting assistance using the emergency nurse call system. R5 was permitted to remain unassisted, and on the bed pan in excess of two hours, inconsistent with R5's needs and preferences. This failure resulted in extreme distress and psychosocial harm to R5.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R5 is one of six residents reviewed for dignity in a sample of six residents.</p> <p>Findings include:</p> <p>R5's Electronic Medical Diagnoses list dated 6/6/19 includes the following admission diagnoses: Pressure Ulcer of Left Buttocks Stage III, Chronic Stage IV Kidney Disease, Lymphedema, Diabetes, and Congestive Heart Failure.</p> <p>R5's Brief Inventory of Mental Status (BIMS) dated 6/13/19 documents R5 is cognitively intact. R5's Minimum Data Set dated 6/13/19 documents R5 requires extensive assistance of one staff member for transfer and toileting. R5's Care Plan entry dated 6/13/19 documents "The resident is an extensive assist x1 (times one) for toilet use."</p> <p>On 6/18/19 at 3:50PM R5 was seated in a wheelchair in R5's room. R5 stated "I can't remember if it was Saturday morning or Sunday morning this week, but I had to (urinate) and I put on my call light at 4:00AM. The aide came in and wouldn't help me to the bathroom but put me on the bed pan. The aide said they were too busy to get me up. I kept pushing and pushing my call light. You can find out which morning it was because they handed out bells because they were having trouble with the call lights. I didn't know the aide, but she was short and dark. I pushed the call light and rang the bell over and over." R5 looked away and was visibly upset and shaky. "Nobody came to help me until after day shift came in. When the day shift took me off that bed pan it was like they were tearing me apart. It was stuck to me. I think my skin came off! Nobody came. I was scared! I can't explain how bad it was." R5 sighed deeply and looked away.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>R5's lower lip quivered.</p> <p>On 6/19/19 at 9:15AM V2, Director of Nursing and V3, Registered Nurse (RN) assisted R5 to stand and with R5's verbal consent lowered R5's pants. There was a visible red raised area surrounding R5's buttocks. There was a purple to yellow bruise approximately four inches in diameter to R5's right buttocks. V2 and V3 verbalized neither were aware of this injury until now. V2 stated "this is the first I have been aware of this."</p> <p>The "Alarm Response Report" provided by V1, Administrator dated 6/15/19 (Saturday) documents a call light was activated from R5's room at 4:09AM and canceled in 18 minutes and 52 seconds. R5's call light was activated at 6:23AM and canceled in 13 minutes and 44 seconds. There were six additional activations of R5's call light between 4:09AM and 6:23 AM, but these were canceled within seconds, which would support R5's claim that "I kept pushing and pushing my call light."</p> <p>On 6/19/19 at 2:08PM V18, Certified Nurse's Aide (CNA) stated I remember coming in on day shift Saturday (6/15/19) (V22, Certified Nurse's Aide) (CNA) told me that (R5) was on the bed pan and (V22) was too busy to take (R5) off the bed pan. By that time (R5) had pressed her call light and I went in and took (R5) off the bed pan. It was between 6:00AM and 6:30AM. I don't know how long (R5) had been on the bed pan."</p> <p>The facility policy "Call Lights Answering" issued 8/2/17 states "Responsibility: 1. It is the responsibility of the CNA and or Nurses to answer the call light/pagers to see what requests or needs the resident may have. 2. It is the</p>	S9999		
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S9999	Continued From page 4  responsibility of the Charge Nurse to ensure the CNA answers the call light/pager so that the needs and requests of the resident have been met. 3. It is the responsibility of the Director of Nurses or designee to ensure the call lights/pagers are answered in a reasonable time frame."  (B)	S9999		
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