

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145611	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2020
NAME OF PROVIDER OF SUPPLIER ST JAMES WELLNESS REHAB VILLAS		STREET ADDRESS, CITY, STATE, ZIP 1251 EAST RICHTON ROAD CRETE, IL 60417	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0684 Level of harm - Actual harm Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review the facility failed to monitor and notify the physician of a deteriorating wound. As a result, R1's sacral area deteriorated to multiple unstageable wounds. R1 was admitted to the hospital, treated with Intravenous antibiotic therapy and scheduled for surgical debridement. This applies to of 3 residents (R1) reviewed for wounds in the facility. The Findings Include: The Face Sheet says R1 was admitted on [DATE] with the following pertinent Diagnosis: [REDACTED]. On [DATE] at 3:50PM, V11(Hospital Nurse) showed pictures via computer of R1's sacral wounds. The pictures dated [DATE]20 depicted 2 large excoriated areas with red and pink tissue, and one large opened area with necrotic/black tissue inside. V11 said R1 is on IV antibiotics for wound infection and will have surgical debridement on 3/13/2020. The computer documented the following measurements of the wounds, 1). 11.5 cm in length by 3 cm in depth 2). 9.5 cm in length by 5 cm in depth 3). 5 cm diameter opened wound. On [DATE] at 4:13PM, R1 was in bed at the hospital with, V13 (Husband of R1) at her side. R1 had a midline to the left arm and intravenous antibiotic was infusing. R1 had a indwelling urinary catheter in place. R1 could not answer questions. V13 said R1's sacral area started as a small area about 3 cm in length, but it declined and no one did anything about. V13 said R1's undergarments would be soaked and wet with urine, you could wring the urine out like a mop. V13 showed pictures of 3 large sacral wounds on his cell phone dated [DATE]20. V13 said on [DATE] the nursing home wanted to send R1 out for a high potassium level, I was there and took these pictures before R1 was transferred to the hospital. We have been married for [AGE] years, I took the pictures, look at what they did to her. V13 said now R1 has a urinary bag is on IV antibiotics and needs surgery to cut the black dead tissue away from this large wound. V13 said he was at the nursing home everyday and told everyone about the wet undergarments but could not remember any names. All Progress Notes were reviewed from 12/11/2019 to [DATE]20. Progress Note dated [DATE] says, during incontinent care resident noted with dark purplish/black area to the left outer buttock. Skin intact around the area, small amount of bloody drainage noted. Physicians Ordered dated [DATE] says mupirocin 2% to right upper buttock cleanse with normal saline, pat dry apply [MEDICATION NAME] and cover with a dry dressing daily and as needed; start [MEDICATION NAME] 875 milligrams twice a day, the [MEDICATION NAME] was discontinued/complete on [DATE].</p> <p>Again R1 was hospitalized on [DATE] and started on IV antibiotics for wound infection at the hospital. Wound Evaluation Notes dated [DATE], [DATE]20 and [DATE] were reviewed. The wound care doctor documented the last time R1 was examined [DATE], monitor, apply barrier cream to slight excoriation peri-wound area; hardness remains purple in the upper 3/4 area. There is no documentation of the wounds eruption or decline, no documentation about worsening excoriation, no documentation about notifying the physician of the declining wounds. The treatment did not change for R1's wounds. On [DATE] at 11:17AM, V5 (Wound Care Doctor) said he saw R1 and R1 had a hard, indurated abscess/boil like area most likely from bacteria. V5 said R1 was started on antibiotic ointment and oral antibiotics. V5 was not notified of the abscess/boil/blisters's erosion. On [DATE] at 1PM, V8 (Nurse) sent R1 out on [DATE]. V8 said R1 had a hard boil that was treated with ointment. On 3/13/2020 at 8:37AM, V3 (Wound Care Nurse). V3 said she was not in the facility due to medical reasons since [DATE]20 and no descriptive wound notes were entered since [DATE]20. After reviewing the hospital pictures of R1's sacral wounds, V3 said, the moisture associated skin [MEDICAL CONDITION] was not there when she saw the wound in February of 2020, but notes that the doctor saw slight excoriation on [DATE]. V3 said the blister erupted and has tissue protruding from the wound. I can see it needs debridement. V3 said it is not clear when the blister erupted or when the [MEDICAL CONDITION] worsened, the doctor should have been notified. V3 said she will start to re-educate the nurses on monitoring changes in wound status and notifying the doctor. Wound Care Plan dated [DATE] says to monitor for signs and symptoms of infection such as pain, odor, changes in exudate characteristics or redness, [MEDICAL CONDITION], or [MEDICAL CONDITION]. Notify physician if observed. Observe lesion characteristics weekly to monitor for effectiveness of treatment. Notify physician if lesion shows evidence of decline.</p>		
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.