STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145058	A. Building B. Wing	08/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arc at Chillicothe	1028 Hillcrest Drive Chillicothe, IL 61523

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49492 Based on observation, interview, and record review the facility failed to apply the correct treatment to a wound for one (R6) of three residents reviewed for wounds in a sample list of seven. Findings include: R6's Care Plan initiated 5/6/2024 includes the following diagnoses: Wedge Compression Fracture of Unspecified Lumbar Vertebra, Alzheimer's Disease, Difficulty In Walking, Symptoms And Signs Involving The Musculoskeletal System, and Protein-Calorie Malnutrition. R6's Pressure Ulcer Risk assessment dated [DATE] documents R6 is at moderate risk for skin breakdown. R6's Wound assessment dated [DATE] documents R6 has a facility acquired stage 4 pressure ulcer to the left buttock. R6's physician's order dated 8/12/24 written by V13 (R6's Physician) documents to cleanse the wound to the left buttock, pat dry, apply calcium alginate, and cover with an abdominal (ABD) pad every day and as needed. The Facility's Medication Administration Policy effective 03/2024 states in section II bullet one: Medications must be administered in accordance with the physician's order. On 8/20/24 at 8:18 AM, there was a hydrocolloid dressing on R6's left buttock. V5 (LPN) removed the hydrocolloid dressing from R6's left buttock. V5 then cleansed the wound, applied calcium alginate to the wound bed and covered with an ABD pad. On 8/20/24 at 8:52 AM, V5 confirmed R6's treatment order for the wound on the left buttocks is to cleanse the wound to the left buttock, pat dry, apply calcium alginate, and cover with an ABD pad every day and as needed. V5 stated that sometimes the ABD pad becomes soiled, and the other nurses often use the hydrocolloid to cover the wound. On 8/21/24 at 12:28 PM, V2 Director of Nursing stated all nurses are expected to follow the physician's orders.

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 49492 Based on interview and record review the facility failed to obtain a urinalysis in a timely manner for one of three residents (R1) reviewed for urinary tract infections in the sample of seven. Findings Include: R1's Medical Diagnoses list dated 6/18/2024 documents Acute Kidney Failure, Type 2 Diabetes Mellitus with Hyperglycemia, Difficulty in Walking, and Lack of Coordination. R1's Physician Order written by V13 (R1's physician) dated 6/28/24 documents an order for a urinalysis. R1's Lab Services Urine Microbiology Results dated 7/5/24 document R1's urine was collected on 7/2/23 at 6:45 PM and was sent to the lab on 7/3/24 at 11:24 AM. R1's urine's microbiology results detected Escherichia coli Extended Spectrum Beta-Lactamase (ESBL) 50-100,000 colonies per milliliter. On 8/21/24 at 2:00 PM, V2 Director of Nursing confirmed R1 had received a physician order for a urinalysis. V2 stated V13 ordered a urinalysis to be completed on 6/28/24 at 7:24 AM and staff should have collected and sent the urine sample to the lab the same day or next day at the latest. V2 stated staff should not have waited more than 24 hours to collect the urine sample and if they were unable to collect the urine sample V13 should have been notified. V2 stated this delay subsequently delayed the urinalysis results and treatment for R1's urinary tract infection.