

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145294	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2024
NAME OF PROVIDER OR SUPPLIER Prairie Village Healthcare Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1024 West Walnut Jacksonville, IL 62650	

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)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>32874</p> <p>Based on observation, interview and record review the facility failed to provide the Physician Ordered treatment to pressure sore to left heel for one of 3 residents (R10) reviewed for pressure ulcers in the sample of 29.</p> <p>Findings include:</p> <p>1. On 04/10/24 at 2:46PM during a dressing change and treatment V10, Licensed Practical Nurse (LPN)/ wound nurse, removed boots from R10's feet. R10's left heel boggy and black circular area unopened and left metatarsal open area 2 inches in diameter scabbed . V10 stated metatarsal is to be open to air. V10 wound nurse removed dressing from R10's left heel. R10's left heel had a mesh gauze occlusive impregnated with vaseline dressing underneath padding covering R10's pressure sores. V10, Wound nurse stated there is no order for that dressing to R10's left heel.</p> <p>R10's wound management progress notes dated 3/26/2024 documents, skin moisturizer to left heel daily, cushion with abdominal pad or foam heel cup and may secure with kerlix or gauze wrap.</p> <p>R10's care plan dated 10/12/2023 documents R10 has an alteration in skin integrity. R10's care plan dated 10/12/2023 documents treatments (application of ointment/mediation and /or dressings) to site per physician orders.</p> <p>The facility policy Pressure/skin breakdown-clinical protocol dated January 20217 documents the physician will authorize pertinent orders related to wound treatments, including pressure redistribution surfaces, wound cleansing and debridement approaches, dressings and application of topical agents.</p>

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
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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>33112</p> <p>Based on interview, and record review, the facility failed to provide 8 consecutive hours of Registered Nurse (RN) Coverage. This failure has the potential to affect all 48 residents residing in the facility.</p> <p>Findings include:</p> <p>The Schedule, dated 3/4/24 - 3/17/24, fails to document a Registered Nurse working for 8 consecutive hours on 3/5/24, 3/6/24, 3/7/24, 3/8/24, 3/10/24, 3/11/24, 3/13/24, 3/16/24 and 3/17/24.</p> <p>On 4/10/24 at 1:30 PM, V1, Administrator, stated, (V14), (previous Director of Nurses, (DON) ended her employment on 1/18/24. (V15), (Interim DON) worked from 1/18/24 until 3/4/24 as the sitting DON. Then (V15) just quit and that is when I lost my RN coverage.</p> <p>The Long-Term Care Facility Application for Medicare and Medicaid, dated 4/8/24, documents that 48 residents reside in the facility.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>33112</p> <p>Based on interview, observation and record review, the facility failed to cleanse a multi-use blood glucose machine completely to insure disinfection for 7 of 16 residents (R4, R12, R17, R23 R38, R45, R47) reviewed for infection control in the sample of 29.</p> <p>Findings include:</p> <p>On 4/8/24 at 11:03 AM, V4, Licensed Practical Nurse, entered (R38's) room to obtain a blood glucose level. V4 got the level of 158 and exited the room. V4 took the blood glucose machine to her medication cart and laid it on a clean tissue. V4 obtained a Microdot Bleach wipe and gently wrapped the machine up and placed it on top of her medication cart. V4 set a timer for 3 minutes. V4 failed to rub the entire machine with the Microdot cloth.</p> <p>On 4/9/24 at 11:00 AM, V1, Administrator stated that the blood glucose machine should be cleansed before wrapping it up.</p> <p>The facility provided list documenting who gets blood glucose monitoring, dated 4/10/24, documents that R4, R12, R17, R23, R38, R45 and R47 all use this multi-use glucose monitor.</p> <p>The Microdot Bleach Wipe container ,documents, Disinfection: 5. Apply towelette and wipe desired surface area to be disinfected. A 30 second contact time is required to kill the bacteria and viruses.</p>