

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2024
NAME OF PROVIDER OR SUPPLIER  Accolade Healthcare of Savoy		STREET ADDRESS, CITY, STATE, ZIP CODE  302 West Burwash Savoy, IL 61874	

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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32172</p> <p>Based on the interview and record review, the facility failed to properly transfer one of two residents (R1) reviewed for peripherally inserted central catheter (PICC) maintenance on the sample list of three. This past noncompliance occurred from 8/29/24 through 9/7/24.</p> <p>Findings Include:</p> <p>The facility's PICC/Central Venous Catheter Dressing Changes policy, dated 9/1/23, states that PICC/Central venous catheter dressings will be changed at specific intervals, or when needed, to prevent catheter-related infections associated with contaminated, loosened, soiled, or wet dressings. Transparent semi-permeable dressings are changed every seven days or as needed.</p> <p>R1's Minimum Data Set, dated dated dated [DATE] documents that R1 is cognitively intact.</p> <p>R1's Medical Diagnoses Sheet, dated September 2024, documents that R1 is diagnosed with Osteomyelitis.</p> <p>R1's Physician Order Sheet dated September 2024 documents an order for Daptomycin-Sodium Chloride Intravenous Solution - 1000 milligrams intravenously, every 24 hours, for Osteomyelitis of the right foot, until 9/30/2024.</p> <p>R1's August Medication Administration Report (MAR) does not document dressing changes for R1's PICC line.</p> <p>R1's September MAR documents R1's PICC line dressing change order was placed on 9/9/24.</p> <p>On 9/19/24 at 12:00 PM, R1 stated he had a PICC line upon admission to the facility to get his intravenous (IV) antibiotics. The nursing staff never changed the PICC line dressing. R1 stated the PICC line fell out on 9/7/24, requiring him to get a peripheral IV to continue his antibiotics. On 9/9/24, R1 was able to get another PICC line placed.</p> <p>(continued on next page)</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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/18/24 at 12:16 PM, V3 Assistant Director of Nurses (ADON) stated that R1 was admitted with a PICC line for intravenous antibiotics related to a wound infection. V3 confirmed no PICC line dressing change order was placed on R1's chart and no documented dressing changes were completed. V3 confirmed that R1's PICC line came out on 9/7/24 and was replaced on 9/9/24. On 9/9/24, orders were placed for dressing changes on R1's new PICC line. V3 confirmed that 9/7/24 is when the facility realized R1 had not had PICC line dressing changes in place since his admission on 8/29/24. V3 ADON stated the facility completed education and began an audit to ensure PICC line dressing changes were no longer missed.</p> <p>Prior to the survey date of 9/19/24, the facility had taken the following action to correct the noncompliance:</p> <ol style="list-style-type: none"> <li>1. On September 7, 2024, the facility filled out a Resident Grievance/Concern form and began a formal process of investigating and resolving R1's concern regarding the lack of care for his PICC line</li> <li>2. On September 7, 2024, R1 was provided with V1 Administrator and V3's ADON direct cell phone numbers, and V3 was assigned to check in with R1 daily to monitor daily care/progress/concerns.</li> <li>3. On September 7, 2024, facility nursing staff received training regarding PICC line care and dressing changes.</li> <li>4. On September 7, 2024, audits of all PICC lines in the facility began. Audits were completed three times in the last two weeks to ensure orders were placed and being followed for all PICC lines.</li> </ol>