

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER Paris Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1011 North Main Street Paris, IL 61944	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>32172</p> <p>Based on interview and record review the facility failed to notify a resident's physician of signs of a wound infection. This failure affected one of three residents (R1) reviewed for Physician Notification on the sample list of three.</p> <p>Findings Include:</p> <p>The Acute Change of Condition policy dated 1/23/23 documents the facility will identify and treat residents with an acute change of condition. The nursing staff will collect pertinent details to report to the physician. The nursing staff will contact the physician based on the urgency of the situation. The physician will help identify and authorize appropriate treatments.</p> <p>R1's Medical Diagnosis List dated April 2025 documents R1 is diagnosed with Atherosclerotic Heart Disease, Diabetes Mellitus Type II, Dementia, and Local Infections of the Skin and Subcutaneous Tissue.</p> <p>R1's Physician Order Sheet dated April 2025 documents an order placed on 2/20/25 for staff to complete a daily foot check related to a history of skin impairment/ulcer, current skin impairments/ulcers, color, temperature, edema, and pedal pulses and notify the physician with any changes.</p> <p>R1's Nurses Progress Note dated 3/16/25 documents V5 Licensed Practical Nurse (LPN) noted a change in R1's right second toe wound. The toe was noted to be edematous (swollen) and red. R1 winced when her toe was touched to clean the area. V5 documented she notified the facility wound nurse (V3) about the change.</p> <p>On 4/24/25 at 3:35 PM V3 Wound Nurse confirmed she was notified on 3/16/25 by V5 LPN about changes concerning R1's right second toe wound. However, a physician was not notified. V3 stated she had planned to notify someone the following day. However, V3 forgot that R1's wounds were being treated by V6 Vascular Wound Physician. V3 confirmed V6 should have been notified concerning the wound changes on 3/16/25. V3 confirmed no treatment for potential infection was put into place until R1's previously scheduled appointment with V6 on 3/20/25. On 3/20/25 R1 returned to the facility with an order for an antibiotic for cellulitis of R1's right second toe. V3 confirmed physician notification should have been done right away to see if any treatment could have been started prior to R1's wound clinic visit on 3/20/25.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>32172</p> <p>Based on interview and record review the facility failed to notify a resident's physician of signs of a potential wound infection subsequently delaying treatment resulting in Cellulitis of the wound. This failure affected one of three residents (R1) reviewed for Wound Treatments on the sample list of three.</p> <p>Findings Include:</p> <p>The Acute Change of Condition policy dated 1/23/23 documents the facility will identify and treat residents with an acute change of condition. The nursing staff will collect pertinent details to report to the physician. The nursing staff will contact the physician based on the urgency of the situation. The physician will help identify and authorize appropriate treatments.</p> <p>R1's Medical Diagnosis List dated April 2025 documents R1 is diagnosed with Atherosclerotic Heart Disease, Diabetes Mellitus Type II, Dementia, and Local Infections of the Skin and Subcutaneous Tissue.</p> <p>R1's Physician Order Sheet (POS) dated April 2025 documents an order placed on 2/20/25 for staff to complete a daily foot check related to a history of skin impairment/ulcer, current skin impairments/ulcers, color, temperature, edema, and pedal pulses and notify the physician with any changes. R1's POS dated 3/20/25 documents V6 Vascular Wound Physician ordered Bactrim (Antibiotic) 800/160 milligrams twice per day for seven days for Cellulitis.</p> <p>R1's current Care Plan dated April 2025 documents R1 has current vascular wounds and staff should monitor, document, and report any signs or symptoms of infection and consult the wound physician as needed.</p> <p>R1's Nurses Progress Note dated 3/16/25 documents V5 Licensed Practical Nurse (LPN) noted a change in R1's right second toe wound. The toe was noted to be edematous (swollen) and red. R1 winced when her toe was touched to clean the area. V5 documented she notified the facility wound nurse (V3) about the change.</p> <p>On 4/24/25 at 3:35 PM V3 Wound Nurse confirmed she was notified on 3/16/25 by V5 LPN about changes concerning R1's right second toe wound. However, a physician was not notified. V3 stated she had planned to notify someone the following day. However, forgot that R1's wounds were being treated by V6 Vascular Wound Physician. V3 confirmed V6 should have been notified concerning the wound changes on 3/16/25. V3 confirmed no treatment for potential infection was put into place until R1's previously scheduled appointment with V6 on 3/20/25. On 3/20/25 R1 returned to the facility with an order for an antibiotic for cellulitis of R1's right second toe. V3 confirmed physician notification should have been done right away to see if any treatment could have been started prior to R1's wound clinic visit on 3/20/25. V3 also confirmed R1's right second toe was diagnosed with Cellulitis and treated for the infection with antibiotics.</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Actual harm Residents Affected - Few	On 4/25/25 at 1:30 PM V9 Medical Physician confirmed the facility staff should have contacted a provider on 3/26/25 to get treatment orders (antibiotics -if wound looked infected) until R1 could have been seen for the change in wound condition. V9 confirmed R1's wound did end up with an infection which was determined by V6 Vascular Wound Physician and antibiotics were eventually ordered by V6 on 3/20/25. V9 confirmed R1's wound could have gotten much worse or caused further issues due to R1's co-morbidities and the four-day delay in treatment. V9 confirmed this delay put R1 at risk for complications.		

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<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>32172</p> <p>Based on interview and record review the facility failed to complete weekly pressure wound assessments/measurements for one of three residents (R1) reviewed for Wound Assessments on the sample list of three.</p> <p>Findings Include:</p> <p>The Pressure Ulcer policy dated 8/31/23 documents it is the responsibility of the Charge Nurse or Designee to measure and document on the pressure areas weekly, monitor for healing progress, and ensure appropriate treatments are in use. Documentation of the pressure ulcer must occur upon identification and at least once a week until healed. The assessment is to include wound characteristics, presence of granulation tissue or necrotic tissue, treatment and response to treatment, prevention techniques used, and any updated for the physician or resident/family of any regression of the wound. The Director of Nursing or Designee is responsible to maintain a weekly wound log.</p> <p>R1's Medical Diagnosis List dated April 2025 documents R1 is diagnosed with Atherosclerotic Heart Disease, Diabetes Mellitus Type II, Dementia, and Local Infections of the Skin and Subcutaneous Tissue.</p> <p>R1's March and April Treatment Administration Record documents nursing continued to provide daily wound treatments to R1's pressure wounds on her buttocks.</p> <p>There is no documentation of weekly wound assessments for R1's pressure wounds on her buttocks since 3/21/25 when the wounds were deemed healed.</p> <p>On 4/24/25 at 10:10 AM V3 Wound Nurse confirmed R1's pressure wound on her buttocks had been deemed healed on 3/21/25 and she was not made aware by staff that the wound had reopened and treatments on the wound never stopped. V3 confirmed that because she was not aware of R1's ongoing buttocks wound, she had not been completing weekly wound assessments for that wound for the last four weeks.</p>