

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145843	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Miller Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1601 Butterfield Trail Kankakee, IL 60901	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to obtain consent prior to a wound procedure of a cognitively impaired resident. This failure resulted in the facility obtaining a wound biopsy without consent from R2's family. This applies to 1 of 1 (R2) resident reviewed for resident's rights. The findings include: R2 was [AGE] years old. R2 had multiple diagnoses which included hemiplegia and hemiparesis, aphasia, dysphagia, acute and chronic respiratory failure, and lobar pneumonia per the Face Sheet. R2's MDS (Minimum Data Set) dated 06/06/25 showed R2 had severe cognitive impairment. R2's Specialty Physician Wound Evaluation & Management Summary dated 07/10/25 showed, Skin tear wound of the left shoulder, full thickness. Wound size 1.7 x 1.5 x 0.1 cm. Moderate serous exudate. 100% granulation tissue. Wound progress not at goal due to suspicious non healing lesion. Procedure: Biopsy of a skin tear wound of the left shoulder. Consent for procedure: The rationale for biopsy, alternative options, and procedure risks were explained on 07/10/2025 to the patient who indicated agreement to proceed with the procedure. On 08/22/25 at 12:40 PM, V2 (Registered Nurse/Wound Care) stated R2 was admitted to the facility with a left shoulder skin tear. V2 stated on 07/10/25 the left shoulder skin tear was biopsied by the wound care doctor. V2 stated R2 shook his head and gave verbal consent for the procedure. V2 stated I don't recall if the biopsy was discussed with the family before it was done. On 08/22/25 at 1:55 PM, V3 (Social Worker) stated R2 was not able to make decisions or give consents for care or procedures. V3 stated R2's family also did not want decisions made without them being present. On 08/22/25 at 3:26 PM, V7 (family member) stated R2 cognitively was unable to give verbal consent for biopsy. V7 stated verbal consent was not obtained from R2's wife or daughter before the biopsy. R2's EMR (Electronic Medical Record) was reviewed. There was no documentation of verbal consent for the biopsy of the left shoulder given by R2's wife or daughter.</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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