

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145857	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/25/2025
NAME OF PROVIDER OR SUPPLIER  The Haven of St. Elmo		STREET ADDRESS, CITY, STATE, ZIP CODE  221 East Cumberland St Elmo, IL 62458	

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>(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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to follow physician orders for administration of treatments to wounds for 1 of 3 (R1) residents reviewed for pressure ulcers in the sample of 11. Finding include: R1's admission Record with a print date of 8/21/25 documents R1 was admitted to the facility on [DATE] with diagnoses that include metabolic encephalopathy, adult failure to thrive, mild protein calorie malnutrition, diabetes mellitus, mild intellectual disability, anemia, cognitive communication deficit, hemiplegia, hemiparesis, history of falls, edema, dementia, and peripheral vascular disease. R1's Minimum Data Set (MDS) dated [DATE] documents a Brief Interview for Mental Status (BIMS) score of 07, indicating a severe cognitive deficit. This same MDS documents R1 is dependent on staff for bed mobility and transfers. This MDS documents R1 has current pressure ulcers and is at risk of developing pressure ulcers. R1's current Care Plan documents Focus areas of, The resident has Stage 2 pressure ulcer left and right buttocks or potential for pressure ulcer development r/t (related to) Hx (history) of ulcers. Date Initiated: 06/30/2025. This Focus area includes interventions of, Administer treatments as ordered and monitor for effectiveness. Date Initiated: 06/30/2025 . Follow facility policies/protocols for the preventions/treatment of skin breakdown. Date Initiated: 06/30/2025 The resident requires a low air loss mattress et (and) w/c (wheelchair) cushion on bed et w/c Date Initiated: 06/30/2025 This same Care Plan documents a Focus area of The resident has diabetic ulcer of the Lt (left) heel r/t diabetes. Date Initiated: 06/05/2025. This Focus area includes interventions of, Heel boots at all times Treatments as per order. Follow up with Wound Care Physician as scheduled. Monitor for s/s (signs/symptoms) of infections until healed. Date Initiated: 06/05/2025 .Wound Dressing Lt Heel. Treatment as per order. Date Initiated: 06/05/2025 R1's Wound Specialist (V6) note dated 6/9/25 documents, Patient with PMH (past medical history): L (left) side ischemic CVA (cerebrovascular accident), anemia, HTN (hypertension), hypercholesterolemia, sepsis, UTI (urinary tract infection), HTN, DM2 (diabetes mellitus), failure to thrive, left carotid stenosis, who presents for evaluation and management of wound. Significant contributors for increased risk of wound incidence and/or impeded healing include but not limited to diabetic and vascular complicating factors, generalized muscle weakness, impaired mobility, and inevitable effects of aging This Wound Specialist note documents under Wound Assessment(s) Wound #1 Left, Posterior Heel is an acute Deep Tissue Pressure Injury persistent non-blanchable deep red, maroon or purple discoloration Pressure ulcer acquired 6/3/2025 and has received a status of Not Healed measurements 2.3 cm (centimeters) length x 1 cm width with no measurable dept no slough and no eschar present Wound Orders: Wound #1 Left, Posterior Heel. Cleanse wound with: wound cleanser. Topical Treatment: Apply betadine, Primary Dressing/Apply: Bordered gauze Treatment Goals: Patient Assessment and Chronic Contributing Conditions: Due to the medical complexity of this patient any skin breakdown is a clinically expected outcome. Assessment: Healing is expected to be delayed due to identified barriers to healing. Barrier(s) to healing: Dementia/Impaired cognition. Diabetes, Impaired mobility, Inevitable effect(s) of aging. Malnutrition, Vascular issues R1's Order Recap Report dated 6/1/25 to 8/31/25 documents a physician order for Left ext (exterior) heel- Betadine daily leave OTA (open to air) every day shift for Diabetic Foot ulcer Start Date 06/05/2025. R1's Treatment Administration Records (TAR) dated 6/1/25 to 6/30/25 documents a physician order of, left ext heel- betadine daily leave OTA every day shift for Diabetic Foot ulcer Start Dated 06/05/2025.D/C (discontinue) Date: 06/24/2025. On 8/21/25 at 2:05 PM, V4 (Assistant Director of Nurse/ADON) stated she wasn't sure why V6 (Wound Specialist) progress note documented an order to cover the wound on the left heel with a border foam dressing. V4 stated when they did the treatment with V6 they left it open to air. V4 stated she should have clarified the order. R1's Wound Specialist note dated 6/23/25 documents under Wound Assessments, .Wound #2 Buttock gluteal fold is an acute Partial Thickness Dermatologic/Rash acquired on 06/16/2025 and has received a status of Not Healed measurements are 7.5 cm length x 8 cm width x 0.01 cm depth .no slough and no eschar present. The wound is improving .Wound Orders: Wound #2 Buttock gluteal fold, Cleanse wound with: Wound cleanser .Apply barrier cream/ointment daily .Additional Orders: .Barrier cream/ointment 3 x (times) per day and after incontinent episodes Due to the medical complexity of this patient any skin breakdown is a clinically expected outcome .R1's Order Recap Report dated 6/1/2025 to 8/31/2025 documents the following physician orders, Buttocks- apply A &amp; D ointment q (every) shift et (and) after incont (incontinent) everyday and night shift for MASD (moisture associated skin damage Start date 06/17/25 R1's TAR dated 06/01/2025 to 06/30/2025 documents a</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>(continued on next page)</p>

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F 0725  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to ensure sufficient staff to meet the needs of the residents timely. This failure has the potential to affect all 46 residents currently residing at the facility. Findings include: 1. R1's admission Record with a print date of 8/21/25 documents R1 was admitted to the facility on [DATE] with diagnoses that include metabolic encephalopathy, adult failure to thrive, mild protein calorie malnutrition, diabetes mellitus, mild intellectual disability, anemia, cognitive communication deficit, hemiplegia, hemiparesis, history of falls, edema, dementia, and peripheral vascular disease. R1's Minimum Data Set (MDS) dated [DATE] documents a Brief Interview for Mental Status (BIMS) score of 07, indicating a severe cognitive deficit. R1's Order Recap Report dated 6/1/25 to 8/31/25 includes the following physician orders. Insulin Glargine subcutaneous solution 100 unit/ml (milliliters) (Insulin Glargine) Inject 5 unit subcutaneously at bedtime related to Type 2 Diabetes Mellitus with Hyperglycemia .Start Date: 07/04/2025 . The facility Medication Admin Audit Report dated 8/1/25 to 8/21/25 documents R1's Insulin Glargine ordered to be administered at bedtime was administered late on 8/4/25, 8/7/25, 8/15/25, and 8/17/25. 2. R2's admission Record with a print date of 8/21/25 documents R2 was admitted to the facility on [DATE] with diagnoses that include muscular dystrophy, methicillin resistant staphylococcus aureus, diabetes, quadriplegia, anemia, depression, hypertension, colostomy, and acquired absence of right and left leg below the knee. R2's MDS dated [DATE] documents a BIMS score of 14, indicating R2 is cognitively intact. R2's Order Summary Report Active Orders as of 8/21/25 includes the following physician orders. Insulin Glargine solution Pen-injector 100 unit/ml Inject 70 unit two times a day for diabetes. Start Date: 07/17/2025 . Colestid Oral Tablet .Give 1 tablet by mouth two times a day related to hyperlipidemia. Start Date 06/28/25 . Enoxaparin Sodium Injection Prefilled Syringe Kit 40 mg (milligrams)/0.4 ml .Inject 40 milligram intramuscularly at bedtime for Prophylaxis .Start Date: 06/28/2025 .Sertraline HCL Oral Tablet 100 mg .Give 100 mg by mouth at bedtime for depression .Start Date: 06/28/2025 .Melatonin Oral tablet 3 mg .Give 4.5 mg by mouth at bedtime for insomnia .Start Date: 06/28/2025 Apixaban Oral Tablet 5 mg .Give 1 tablet by mouth two times a day for Blood Thinner .Start Date 08/13/2025 .Metoprolol Tartrate Oral Tablet 25 mg .Give 0.5 tablet by mouth two times a day related to Essential (Primary) Hypertension .Start Date: 08/20/2025 Trazadone HCL Oral Tablet 50 mg .Give 1 tablet by mouth at bedtime for sleep .Start Date: 08/13/2025 Potassium Chloride ER Tablet Extended Release 20 MEQ (milliequivalent) Give 1 tablet by mouth two times a day for hypokalemia .Start Date: 08/13/2025 The facility Medication Admin Audit Report dated 8/1/25 to 8/21/25 documents the following medications were administered late to R2 1. Insulin Glargine on 8/2 - 8/5, 8/9 - 8/11, 8/14 - 8/16, 8/18, 8/19, and 8/21/25. 2. Colestid on 8/2 - 8/5, 8/9 - 8/11, and 8/13 - 8/20. 3. Enoxaparin on 8/5, 8/13, 8/14, 8/19, and 8/20. 4. Sertraline on 8/5, 8/14, 8/18, 8/19, and 8/21. 5. Melatonin on 8/5, 8/13, 8/14, 8/18, 8/19, and 8/20. 6. Apixaban on 8/13-8/19. 7. Metoprolol on 8/13 - 8/18 and 8/20. 8. Trazadone on 8/13, 8/14, and 8/17. 8. Potassium Chloride on 8/13- 8/16, 8/18 - 8/20. 3. R3's admission Record with a print date of 8/21/25 documents R3 was admitted to the facility on [DATE] with diagnoses that include paraplegia, immobility syndrome, vitamin deficiency, Alzheimer's disease, and peripheral vascular disease. R3's MDS dated [DATE] documents a BIMS score of 13, indicating R3 is cognitively intact. R3's Order Summary Report dated 8/21/25 includes the following orders, Keppra Oral Tablet 1000 MG . Give 1000 mg by mouth at bedtime for unspecified convulsions .Start Date: 4/11/2025 .hydroxyzine HCL Oral Tablet 25 mg .Give 25 mg by mouth at bedtime for anxiety disorder Start Date 04/11/2025 .Aricept Oral Tablet 10 mg .Give 10 mg by mouth at bedtime for dementia .Start Date: 04/11/2025 . Trazadone HCL Oral Tablet 50 mg .Give 0.5 tablet by mouth at bedtime for depression Start Date: 04/11/2025 Divalproex Sodium Oral Tablet Delayed Release 125 mg .Give 125 mg by mouth at bedtime for unspecified convulsions .Start Date: 04/11/2025 .Mucinex Oral Tablet Extended Release 12 Hour .Give 1 tablet by mouth at bedtime for cough/congestion .Start Date: 04/11/2025 .Levothyroxine Sodium Oral Tablet 125 mcg (micrograms) .Give 125 mcg by mouth in the morning for hypothyroid .Start Date: 04/11/2025 .The facility Medication Admin Audit Report dated 8/1/25 to 8/21/25 documents the following medications were administered late to R3. 1. Keppra on 8/3 and 8/15, 2. hydroxyzine on 8/3, 8/15, 8/16, and 8/18, 3. Aricept on 8/3 and 8/15, 4. trazadone on 8/3 and 8/15, 5. divalproex on 8/3 and 8/15, 6. Mucinex on 8/3 and 8/15, 7. levothyroxine on 8/16 and 8/18/25. On 8/21/25 at 8:16 AM, V7 (Registered Nurse/RN) stated they don't have enough staff to meet the needs of the residents timely. V7 stated she works night shift and the bedtime medications (8 pm and 9 pm)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>(continued on next page)</p>

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