## Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 02/22/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145439  NAME OF PROVIDER OR SUPPLIER Accolade Healthcare of Savoy		(X2) MULTIPLE CONSTRUCTION A. Building B. Wing  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 con-	tact 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)				
F 0640	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.				
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34058				
Residents Affected - Few	Based on record review and interview, the facility failed to encode and transmit a Resident Assessment Instrument (MDS, Minimum Data Set) within the required time frames. This failure affects one resident (R1) on the sample list of seven.  Findings include:  On 6/30/22, R1's Minimum Data Set List documents an MDS dated [DATE] which is documented as In Progress.  On 6/30/22, R1's MDS dated [DATE] did not have sections A, G, H, I, J, L, M, N, O, and P completed.				
	On 6/30/22 at 2:36 pm, V14, Minim right now, I am behind on MDS's. I DON(Director of Nursing) responsi	num Data Set Coordinator, began an in am the only one in the building doing l bilities right now. (R1)'s MDS dated [Day to transmit. I have to do a quarterly re	terview by stating, I will tell you MDS's and I am sharing the ATE] is not completed, yes, that is		

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 145439

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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 07/01/2022	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
Accolade Healthcare of Savoy		302 West Burwash Savoy, IL 61874		
For information on the nursing home's	plan to correct this deficiency, please con	l tact 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)			
F 0686	Provide appropriate pressure ulcer care and prevent new ulcers from developing.			
Level of Harm - Immediate jeopardy to resident health or	34058			
safety	Based on observation, interview, and record review, the facility failed to sanitize scissors prior to a pressure ulcer dressing change, failed to document completion of pressure ulcer treatments, and failed to document weekly skin checks. These failures affect one resident (R1) on the sample of seven.			
Residents Affected - Few				
	Findings include:			
	1.) On 6/30/22 at 10:30 am, V5, Licensed Practical Nurse, conducted a pressure ulcer dressing change for R1. During this dressing change, V5 stated, I forgot my scissors, then requested for V18, Certified Nursing Assistant to go out to the treatment cart and retrieve the scissors. Upon receiving the scissors as requested from V18, V5 proceeded, without sanitizing the scissors, to cut a gauze roll which then was packed directly and firmly into the pressure ulcer on R1's sacrum. This pressure ulcer was approximately 5 centimeters (cm) long by 5 cm wide by 4 cm deep, had blackened areas of necrosis on the interior ulcer, devitalized slough tissue on the interior ulcer, and had a foul odor. At 10:40 am, V5 stated, Yes the scissors were here on top of the treatment cart. I am far from perfect.			
	2.) R1's current Physician Order Sheet (POS) dated 6/30/22 documents physician orders for pressure ulcer dressing treatments as, Stage 4 pressure wound of the sacrum, cleanse with NS/WC (normal saline/ wound cleanser), pat dry, pack wound with 1/4 strength Daikans (sp, Dakins) solution, cover with ABD (abdominal pad) twice daily and PRN (as needed), initiated 6/24/22 and Wound to the right heel, cleanse with NS/WC, pat dry, apply skin prep to peri-wound area, apply thera-honey to wound bed, then cover with silicone foam border, change 3 times per week and PRN, initiated 6/21/22. This same POS documents a physician order Weekly skin assessments to be done every week on evening shift on Tuesdays, initiated 5/21/22.			
	R1's Treatment Administration Record (TAR) documents the sacrum ulcer did not receive a dressing change on 6/4/22, 6/9/22, 6/21/22, 6/25/22, and 6/29/22. This same TAR documents R1 did not receive the weekly skin check on Tuesday 6/21/22.			
	thought there needed to be some of check procedure because one nurs document an open area if it is cove	censed Practical Nurse/Wound Nurse, clarification and education among the n se might only document a new open ar ered by a dressing, and some nurses d n stated, But in any event, they need to	ursing staff about the weekly skin ea, and one nurse might not on't necessarily disrobe a resident	

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(X4) ID PREFIX TAG			agency.		
	SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)				
F 0697	Provide safe, appropriate pain management for a resident who requires such services.				
Level of Harm - Minimal harm or potential for actual harm	34058				
Residents Affected - Few	Based on observation, record review, and interview, the facility failed to manage a resident's pain in preparation for a skin ulcer dressing change, according to the resident's care plan. This failure affects one resident (R1) out of the sample of seven.				
	Findings include:				
	On 6/30/22 at 10:30 am, V5, Licensed Practical Nurse/Wound Care Nurse conducted an ulcer dressing change on the right heel for R1. During this dressing change, R1 was wincing, moaning, and withdrawing (R1's) leg away from the treatment procedure.				
	On 6/30/22 at 10:40 am, V5 confirmed R1 was exhibiting expressions of pain, and stated, I will go talk with her nurse to give (R1) something. I do know her POA (Power of Attorney) doesn't want (R1) to have anything stronger than Tylenol.				
	R1's current Care Plan (initiated 4/25/22, revised 6/10/22 documents a care plan focus area for, Stage 3 (deteriorated to stage 4 as of 6/24/22) pressure ulcer to sacrum, and (R1) has chronic pain related to diabetic neuropathy, and (R1) has a diabetic ulcer of the right heel. The nursing interventions for these focus areas is documented as, Administer analgesia (Bio-Freeze or Tylenol) as per orders, give 1/2 hour before treatment or care and turning or repositioning to ensure the resident's comfort.				
	R1's Physician Order Sheet documents a physician order for, Tylenol 650 milligrams every 8 hours PRN (as needed) for pain.				
	R1's Medication Administration Record for June 2022 documents R1 has not received a single dose of Tylenol during the month of June 2022.				
	On 7/1/22 at 10:40 am, V1, Adminis (R1) and give (R1) something before	strator stated, I agree that we need to be the treatments.	pe evaluating pain management for		