

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004253	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/04/2023
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NAME OF PROVIDER OR SUPPLIER ALLURE OF MENDOTA	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 FIRST AVENUE MENDOTA, IL 61342
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S 000	Initial Comments First Probationary Licensure Survey.	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>One of Four 300.3220k)</p> <p>Section 300.3220 Medical Care</p> <p>k) A resident shall be permitted respect and privacy in his or her medical and personal care program. Every resident's case discussion, consultation, examination and treatment shall be confidential and shall be conducted discreetly, and those persons not directly involved in the resident's care must have his or her permission to be present. (Section 2-105 of the Act).</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to provide privacy during blood glucose monitoring and during administration of insulin and eye drops for two (R8 and R9) of eight residents reviewed for medication administration in the sample of 18.</p> <p>Findings include:</p> <p>The facility's undated Medication Administration policy documents: "Policy: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state,</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. Policy Explanation and Compliance Guidelines: 7. Provide privacy."</p> <p>On 10/3/23 at 12:00 pm, the dining room was filled with residents sitting at tables waiting for the noon meal to be served.</p> <p>1. The current Physician Order Sheet for R9 documents an order for "Novolog Flexpen 100 units/ml (milliliter); Inject 6 units subcutaneously two times a day" and "Novolog Flexpen 100 unit/ml; Inject as per sliding scale."</p> <p>On 10/3/23 at 12:09 pm, R9 was sitting in a reclining wheelchair at a dining room table with R15 and R16. V4 LPN (Licensed Practical Nurse) approached R9 with a blood glucose monitoring device and spoke to R9. V4 pricked R9's finger, squeezed blood onto test strip. V4 LPN told R9 her blood glucose level was 227 and that she (V4 LPN) would be back with her insulin. R9 left the dining room and returned with an Insulin pen and proceeded to raise R9's left sleeve and administer R9's insulin.</p> <p>On 10/3/23 at 12:45 pm, V4 LPN confirmed this is normal practice and stated, "They (the residents) are already in the dining room, so yes."</p> <p>2. The current Physician Order Sheet for R8, documents an order for "Artificial Tears Solution 1.4% (Polyvinyl Alcohol). Instill one drop in both eyes three times a day for dry eyes."</p> <p>On 10/3/23, at 12:10 pm, R8 was sitting at a dining room table with R17 and R19. V5 Licensed Practical Nurse/LPN administered one drop of</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Artificial Tears in each of R8's eyes.</p> <p>On 10/3/23, at 12:48 pm, V5 LPN stated, "We should give them privacy, but typically we do it wherever they are sitting." (C)</p> <p>Two of Four 300.615e) 300.615f)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.</p> <p>These requirements are not met as evidenced by: Based on interview and record review the facility</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>failed to ensure required Identified Offender protocols were obtained for four residents (R1, R3, R4, and R10) of eight residents reviewed for Identified Offender background checks in a sample of 18.</p> <p>Findings include:</p> <p>On 10/4/23 at 2:00 pm, V9 CNO (Chief Nursing Officer) stated the facility does not have a written policy for Identified Offenders. The BOM (Business Officer Manager) is responsible for doing the checks prior to admission.</p> <p>On 10/4/23 at 1:40 pm, V10 BOM (Business Office Manager) stated she completes all the required resident Identified Offender forms and usually does them all on the same day. V10 BOM stated the prior company did not require her to check the National Sex Offender Website because she checked the Illinois Sex Offender Website. V10 stated the only time she would check the National Sex Offender Website was if the resident came back with concerns.</p> <p>1. The Census Report for R10, documents R10 was previously a resident at the facility with admission on 7/28/23 and was discharged home on 8/26/23. This same report documents R10 readmitted to the facility on 9/28/23.</p> <p>On 10/4/23 at 1:35 pm, V10 BOM confirmed the State Sex Offender Registry check, Criminal History Information Response Process Form, and State Department of Corrections was not done for R10's 9/28/23 admission because they had previously been done on 7/26/23 for R10's last admission to the facility. V10 BOM stated she did not think that she needed to redo them since R10 had previously been a resident at the facility in</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>July.</p> <p>2. The Face Sheet for R1, documents R1 admitted to the facility on 9/12/23.</p> <p>The Medical Record for R1 does not include a CHIRP (Criminal History Information Response Process) having been completed for R1.</p> <p>On 10/4/23 at 1:43 pm, V10 BOM stated she is not sure why there is not a CHIRP in R1's chart and that it is not coming up in the computer system as having been done and is unable to locate it.</p> <p>3. The Face Sheet for R3, documents R3 was admitted to the facility on 9/30/22.</p> <p>The Medical Record for R3 does not include documentation that a CHIRP was completed or that the National Sex Offender Website was checked.</p> <p>On 10/4/23 at 1:44 pm, V10 BOM stated the company who owned the facility prior did not have her check the National Sex Offender Website or obtain a CHIRP unless the resident had a "hit."</p> <p>4. The Face Sheet for R4, documents R4 was admitted to the facility on 9/27/23.</p> <p>The Medical Record for R4 includes Illinois State Offender Website was not initiated until 10/3/23 and the Medical Record does not contain the State Sex Offender Website or National Sex Offender Website was checked.</p> <p>On 10/4/23 at 1:45 pm, V10 BOM stated the checks for R4 were not initiated until 10/3/23 and she usually does the checks prior to the resident</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>being admitted to the facility and is not sure why R4's was not. (C)</p> <p>Three of Four 300.1210a)</p> <p>Section 300.1210a) General requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to develop and/or revise care plans for pressure wounds, hip fracture restrictions, transmission-based precautions and an indwelling urinary catheter for three residents (R3, R4, R6) reviewed for care plans of 18 sampled residents.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>Findings include:</p> <p>Facility Policy/Comprehensive Care Plans dated 2022 documents: Other factors identified by the interdisciplinary team, or in accordance with the resident's preferences, will be addressed in the plan of care.</p> <p>Facility Policy/Pressure Injury Prevention and Management dated 2022 documents: After completing a thorough assessment/evaluation, the interdisciplinary team shall develop a relevant care plan that includes measurable goals for prevention and management of pressure injuries with appropriate interventions. Pressure injuries will be differentiated from non-pressure injuries.</p> <p>On 10/4/23 at 2:15pm R3's left heel wound was assessed and treated by V3, ADON (Assistant Director of Nursing). Wound was brownish/red and located on R3's left inner heel.</p> <p>Wound Observation Tool dated 10/01/2023 indicates R3 acquired a Stage II left inner heel pressure wound (on that date).</p> <p>Current Care Plan (date initiated 10/19/22; revised 10/02/23) indicates, "(R3) has impaired skin related to right inner heel and skin tears to left arm. (R3) is at risk for further impaired skin/DTI (Deep Tissue Injury) related to limited mobility, incontinence and diagnosis of anemia."</p> <p>Care Plan interventions include an air mattress for her bed and a cushion for her wheelchair. Care Plan does not include interventions for off-loading pressure on affected area: left inner heel.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>On 10/4/23 at 12:35am V8, Care Plan Coordinator stated, "I've always done it that way. I put all skin impairments in one problem." V8 acknowledged pressure wounds require specific interventions and should be specific to location of wound.</p> <p>On 10/4/23 at 1:00pm V9, CNO (Chief Nursing Officer) stated pressure wounds should be care planned separately from other types of skin impairments and interventions should have included R3's left inner heel as well as chair and mattress.</p> <p>2) On 10/3/23 and 10/4/23 R4 was in bed in a private room. The door to R4's room had a sign indicating Contact and Droplet Precautions.</p> <p>Infection Prevention and Control Monthly Log dated September 2023 indicates R4 on Contact and Droplet Precautions for MRSA (Methicillin-resistant Staphylococcus aureus).</p> <p>R4's Current Physician's Orders include orders initiated on 9/27/23 for "Contact and droplet precautions" and "Weekly weights X 4 weeks."</p> <p>R4's Progress Note dated 9/28/23 at 3:34pm indicates, "Daily weight times 3 days. Unable to get out of bed per therapy and hip precautions."</p> <p>Progress Note dated 9/29/23 at 10:14am indicates, "Daily weight times 3 days. No (mechanical lift) slings available."</p> <p>Current Care Plan did not include R4's inability to be weighed/hip precautions or precautions for contact and droplet precautions.</p> <p>On 10/4/23 at 12:30pm V2, DON (Director of</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>Nursing) stated residents are usually weighed three days in a row after admitted to the facility. V2 stated there were slings available, however therapy later reported R4 should not be transferred out of bed with a mechanical lift sling due to R4's specific hip precautions. V2 stated R4's inability to be transferred by mechanical lift and specific hip precautions should have been added to R4's care plan.</p> <p>On 10/4/23 at 12:45pm V8, Care Plan Coordinator stated she was unaware that R4 had hip precautions or that he should not be transferred by mechanical lift and should have been added to R4's care plan. V8 stated R4's care plan should have included R4's isolation precautions and specific interventions.</p> <p>3) On 10/3/23, at 12:46pm, R6 was lying in bed with an indwelling catheter draining clear amber urine.</p> <p>Current Physician's Order indicates indwelling urinary catheter was ordered on 9/20/23.</p> <p>R6's current Care Plan does not include any focus, goal, or interventions for the care of R6's indwelling catheter.</p> <p>On 10/4/23, at 12:30pm, V8, Minimum Data Set/MDS/Care plan Coordinator confirmed R6's Care Plan does not include R6's indwelling catheter and should. V8 stated, "I resolved it when it was removed and didn't bring it back to the care plan when it was re-inserted for bladder retention." (C)</p> <p>Four of Four</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>300.610a) 300.610c)2)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>c) The written policies shall include, at a minimum the following provisions:</p> <p>2) Resident care services, including physician services, emergency services, personal care and nursing services, restorative services, activity services, pharmaceutical services, dietary services, social services, clinical records, dental services, and diagnostic services (including laboratory and x-ray);</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident's oral medication was given according to pharmacy directions for one resident (R14) of eight residents reviewed for medication administration in a sample of 18.</p> <p>Findings include:</p>	S9999		

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S9999	Continued From page 10 The facility's Medication Administration policy, undated, documents: "Policy: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. Policy Explanation and Compliance Guidelines: 14. Administer medication as ordered in accordance with manufacturer specifications." R14's current Physician Order Sheet/POS includes an order for "Peridex Solution 0.12% (Chlorhexidine Gluconate) Give 15ml (millimeters) by mouth every 8 hours for oral rinse. Swab in mouth." On 10/3/23, at 3:20pm, V4 Licensed Practical Nurse/LPN poured 30ml of R14's Peridex Solution into a medicine cup. The pharmacy label on this bottle of Peridex Solution states: "Swish in mouth. Then Spit. Do Not Swallow." At 3:39pm, V4 dipped an oral swab stick into the solution and swabbed R14's oral cavity. V4 did not instruct R14 to spit out the solution and R14 swallowed it. On 10/3/23, at 3:50pm, V4 LPN confirmed the pharmacy label on R14's bottle of Peridex Solution stated to Spit and Do Not Swallow. V4 stated since the pharmacy label says she should have had R14 spit it out afterwards. (C)	S9999		