

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                      |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>IL6006308</b>                  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____  | (X3) DATE SURVEY COMPLETED<br><br><b>10/16/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ARBA CARE CENTER OF TOLUCA</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>101 EAST VIA GHIGLIERI<br/>TOLUCA, IL 61369</b> |   |   |
| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG   | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE                                  |
| S 000   | Initial Comments<br><br>Annual Licensure Survey<br><br>Licensure Survey for Subpart S: SMI<br>Arba Care Center of Toluca is in substantial compliance with Subpart S, 77 Illinois Administrative Code 300.4000  | S 000   |   |   |
| S9999   | Final Observations<br><br>Statement of Licensure Violations<br><br>300.686 b.)<br>300.696 c.) 2.)<br>300.1210 B.) D) 1.) 2.) 5.)<br>300.1650 c.)<br>300.2210 b.) 6.)<br><br>Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Drugs<br><br>b) Psychotropic medication shall not be prescribed or administered without the informed consent of the resident, the resident's guardian, or other authorized representative. (Section 2-106.1(b) of the Act) Additional informed consent is not required for reductions in dosage level or deletion of a specific medication. The informed consent may provide for a medication administration program of sequentially increased doses or a combination of medications to establish the lowest effective dose that will achieve the desired therapeutic outcome. Side effects of the medications shall be described.<br><br>These requirements are not met as evidenced by:<br><br>Based on interview and record review the facility | S9999   |   |   |

**Attachment A**  
**Statement of Licensure Violations**

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>failed to obtain informed consent prior to the initiation of psychotropic medication for one of four (R6) residents reviewed for psychotropic medication use in a sample of seven.</p> <p>Findings include:</p> <p>Medications- Antipsychotics Policy dated 6/12/2014 documents, "5. c) Staff Nurses will obtain consent for the use of the ordered medication."</p> <p>1. The Nursing Facility Psychiatric Follow-Up dated 7/21/2015 documents R6 with diagnoses to include Schizophrenia, Seizure Disorder and Depressive Disorder. This Follow-Up documents R6 as receiving Levetiracetam, 500 milligrams (mg) twice day for Seizure Disorder and Mood Disorder.</p> <p>The October 2015 Physician Order Sheets and Medication Administration Record document R6 receiving Levetiracetam, 500 mg, twice a day.</p> <p>On 10/14/15, E3 (Assistant Director of Nurses) stated there is no consent for R6 to receive Levetiracetam. E3 stated, "Yes, there should be one."</p> <p>On 10/14/15, E1 (Administrator) stated R6 requires a power of attorney to provide consent for use of psychotropic medications.</p> <p>(B)</p> <p>Section 300.696 Infection Control</p> <p>c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention,</p> | S9999         |   |                    |

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| S9999 | <p>Continued From page 2</p> <p>United States Public Health Service, Department of Health and Human Services (see Section 300.340):</p> <p>2) Guideline for Hand Hygiene in Health-Care Settings</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to prevent cross contamination during medication administration for one of two residents (R6) in the sample of seven and one resident (R56) in the supplemental sample, and during incontinence care for two of six residents (R3, R5) reviewed for incontinence care in the sample of seven.</p> <p>Findings include:</p> <p>1. The facility policy Standard Precautions, dated 6-1-15, documents " 5. When to Wash Hands: c. After removing gloves ...; i. It may be necessary to wash hands between tasks and procedures on the same resident to prevent cross-contamination of different body sites; 8. When to Wear Gloves: d. Change gloves between tasks and procedures on the same resident after contact with material that may contain microorganisms; 9. When to Remove Gloves: a. Promptly after use. b. Before touching non-contaminated items and surfaces. c. Before going to another resident. d. Wash hands as soon as possible after glove removal. "</p> <p>On 10-15-15, at 10:15 am, E2, Director of Nursing (DON), stated " Gloves should be changed when dirty and between resident to resident cares. (Staff) should use hand sanitizer or wash hands in between glove changes. "</p> <p>On 10-13-15, at 11:10 am, E15, Registered Nurse (RN), administered insulin to R39 then removed E15 ' s gloves. At 11:20 am, and without</p> | S9999 |  |  |
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Illinois Department of Public Health

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| S9999   | Continued From page 3<br><br>performing hand hygiene, E15 administered a Hydrocodone/APAP 5/325mg tab to R6.<br>On 10-13-15, at 12:15 pm, E10, Licensed Practical Nurse (LPN), administered medications to R22 then without performing hand hygiene administered medications to R56.<br>2. On 10-14-15, at 9:50 am, E6, Certified Nursing Assistant (CNA), performed incontinent care for R3. With gloved hands, E6 tucked R3' s urine saturated incontinent brief between R3' s legs and with the same contaminated gloves, E6 picked up a bottle of perineal wash, sprayed a wet wash cloth, and cleansed R3 ' s perineal area. With the same contaminated gloves, E6 then rinsed and dried R3 ' s perineal area. With new gloves (but no handwashing), E6 then assisted R3 to turn onto R3 ' s right side, tucked incontinent brief soiled with feces underneath R3 ' s bottom. With the same contaminated gloves R3 sprayed perineal wash to a wash cloth, wiped feces from R3 ' s rectal area, then rinsed and dried R3 ' s rectal area. With the same contaminated gloves, E6 applied a clean incontinent brief under R3 then assisted R3 to turn onto R3' s left side touching R3's bare skin and removed R3' s soiled brief. Next E6 assisted R3 to turn onto R3' s back side, touching R3' s bare skin, and then adjusted the clean incontinent brief and R3's gown before removing the contaminated gloves.<br>3. On 10/15/15 on 11:10am, R5 sat on the toilet with a gait belt around the waist. After R5 completed having a bowel movement, E8 and E9 (Certified Nursing Assistants) stood R5 up from the toilet with gloved hands. Using the same gloved hands, E8 then used disposable wipes to cleanse R5's buttock and rectal area, applied a clean incontinence brief and pulled up R5's pants. E8 was then assisted by E9 to transfer R5 to the wheelchair; E8 held onto R5's gait belt to | S9999   |   |   |

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| S9999   | <p>Continued From page 4</p> <p>complete the transfer using the same soiled gloves. E8 then disposed of the soiled gloves without performing hand hygiene and pushed R5 in the wheelchair up to the sink to wash R5's hands, turning on the faucet for R5. After assisting R5, E8 left the room without performing hand hygiene.</p> <p>(B)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour,</p> | S9999   |   |   |

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| S9999 | <p>Continued From page 5</p> <p>seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to provide physician ordered dressing treatments for two residents (R3, R4) and measurement of oxygen saturation levels for one resident (R3) of seven residents reviewed for physician orders in a sample of seven. The facility failed to accurately administer physician ordered medications for two of 31 residents (R39 and R41) reviewed for medication administration.</p> <p>Findings include:</p> <p>1. The Admission Record dated 6/1/2015 documents R4 admitted to the facility on 12/1/2005 with diagnoses to include morbid obesity. The Minimum Data Set dated 7/24/15 documents R4 as cognitively intact.</p> <p>The Wound Care Specialist Evaluation dated 8/20/15 documents R4 with an improved wound to the abdominal pannus measuring 4.5 centimeters (cm) by 12.5 cm by 1.5 cm. This Evaluation documents continue silver absorbing agent dressing daily and as needed with a dry protective dressing once daily and as needed.</p> <p>The Wound Care Specialist Evaluation dated</p> | S9999 |  |  |
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| S9999              | <p>Continued From page 6</p> <p>9/17/15 documents R4 as refusing an evaluation.</p> <p>The Wound Care Specialist Evaluation dated 10/1/15 documents R4 with an improved wound to the abdominal pannus measuring 5.0 cm by 12.5 cm by 1.0 cm. This Evaluation documents continue silver absorbing agent dressing daily and as needed with a dry protective dressing once daily and as needed.</p> <p>The Weekly Wound Tracking Tool dated 10/8/15 documents R4 with a wound to the pannus measuring 5cm by 12.5 cm by 1.0 cm.</p> <p>On 10/13/15 at 12:45pm, R4 gathered supplies, kept beside, to complete the dressing change to the wound to the abdominal pannus. The only dressings present were dry protective dressings; no silver absorbing dressings were present. R4 then completed the dressing change using a mirror to visualize the abdominal pannus wound. The abdominal pannus wound is an open linear area with healing granulation tissue to the edges. R4 cleansed the wound with wound cleaner, dried the area and applied a dry protective dressing. R4 secured the dressing by placing the abdominal pannus over the dressing. R4 stated only a dry protective dressings is being used to complete the treatment and R4 could not remember when the current dressing regimen was started.</p> <p>On 10/13/15 at 1:55pm, E10 (Licensed Practical Nurse) stated R4 self- completes the wound treatment to the abdominal pannus. E10 stated the treatments are ordered as recommended by Z3 (Wound Physician) and the nurses document the treatments completed by R4 on the Treatment Record. E10 stated R4 has not been using silver adsorbing dressings to complete the wound</p> | S9999         |   |                    |

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| S9999   | Continued From page 7<br>treatment.<br><br>On 10/13/15 at 2:40pm, E3 (Assistant Director of Nursing) stated R4 should be using the silver absorbing dressings as Z3 recommended.<br><br>R4's August 2015 Treatment Record documents using a silver absorbing dressing and a dry protective dressing to the wound to the pannus of abdomen; nurses are signing the Treatment Record. The September and October 2015 Treatment Records document a dry protective dressing to the wound to the abdominal pannus but does not document use of a silver absorbing dressing.<br><br>The Prevention and Management of Pressure Ulcers and Wounds Policy dated 5/28/2014 documents "4. The facility will ensure that a resident with pressure ulcers or wounds receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. 5.II. Document in the resident's chart and the Treatment Administration Record (TAR) that wound care was administered as prescribed."<br><br>2. The Physician Order Statement (POS), dated 10-1-15 to 10-31-15, documents R3 with diagnoses of Morbid Obesity and Diabetes Type II.<br>R3's Wound Care Specialist Evaluation, dated and signed by R3's wound physician on 9-17-15, documents R3 with a "Stage 4 Pressure Wound of the Perirectal Coccyx and a plan (treatment) of "Silver Absorbing Agent - Once Daily and PRN (as needed)."<br>R3's Care Plan, dated 9-21-15, documents the focus "The resident has a pre-admission pressure ulcer on coccyx ..." with an intervention | S9999   |   |   |

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| S9999 | <p>Continued From page 8</p> <p>of "Follow facility policies/protocols for the prevention/treatment of skin breakdown. " The facility ' s policy Prevention &amp; Management of Pressure Ulcers &amp; Wounds, dated 6-1-15, documents " 4. The facility will ensure that a resident with pressure ulcers or wounds receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. "</p> <p>The Treatment Administration Record (TAR) for R3, dated October 2015, does not document any physician order for wound treatment for R3 ' s Stage 4 pressure wound. R3's TAR, dated September 2015, documents the wound treatment for Silver Sulfadiazine to coccyx does not document the treatment was provided on 9-1-15 to 9-6-15, 9-8-15, 9-10-15 through 9-13-15, 9-18-15, 9-26-15, 9-27-15, and 9-30-15. On 10-14-15, at 9:10 am, E10, Licensed Practical Nurse (LPN), stated that E10 has not performed wound care for R3 in the past two weeks. E10 stated that she delegated the task to the hall nurse assigned to R3 ' s care.</p> <p>The facility's Daily Staffing Sheets, dated 10-1-15 to 10-13-15, documents that E14 (Licensed Practical Nurse/LPN) was scheduled to care for R3 on 10-7-15 and 10-8-15; E13 (Registered Nurse/RN) was scheduled to care for R3 on 10-1-15 through 10-4-15, 10-10-15, 10-11-15, and 10-13-15.</p> <p>On 10-14-15, at 9:47 am, E14, LPN, stated " I wouldn't have changed (R3's) dressing if it wasn't on the TAR (Treatment Administration Record). I wouldn ' t have known about it as I went through the book (TAR). "</p> <p>On 10-14-15, at 12:43 pm, E13, Registered Nurse (RN), stated "I have only changed (R3 ' s) wound dressing once (October 15, 2015) for the month of October."</p> <p>3. On 10-13-15, at 10:05 am R3 was sitting</p> | S9999 |  |  |
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| S9999              | <p>Continued From page 9</p> <p>upright in R3 ' s bed with oxygen on via nasal cannula at 2 liters per minute.<br/>R3 ' s physician visit, dated 7-29-15, documents " Impressions: COPD (Chronic Obstructive Pulmonary Disorder), on oxygen. "<br/>R3 ' s Care Plan, dated 12-26-13, documents the focus "Potential for Respiratory Impairment (related to) Diagnosis of COPD (Chronic Obstructive Pulmonary Disease) ... "with an intervention of "Monitor oxygen saturation monthly and prn (as needed). "<br/>The Discharge Medication Instructions from a local hospital for R3, dated 7-10-15, documents an order for R3 to have "Oxygen 2 liters per minute via nasal (cannula) as needed to keep oxygen saturation over 92%."<br/>R3 ' s Physician Order Statement (POS), dated 7-1-15 to 7-31-15, documents an order for "SPO2 sats (Peripheral capillary oxygen saturation) check and &amp; record every shift, start: 3-26-13."<br/>R3 ' s Treatment Administration Records (TAR), dated July 2015 through October 2015, do not document that any oxygen saturation checks were completed.<br/>On 10-15-15, at 10:15 am, E2, Director of Nursing (DON), stated "You always have to have a pulse oximeter (saturation) for a resident on oxygen - (the order) depends on the doctor and resident. "</p> <p>4. The facility ' s policy Medication Administration, dated 5-11-15, documents " Procedure: 3. Licensed nurses will administer all medications by adhering to the " 5 Rights of Medication Administration: Right Patient, Right Medication, Right Dose, Right Route and Right Date &amp; Time. "</p> <p>The Physician Order Statement (POS) for R39, dated 10-1-15 to 10-31-15, documents R39 with a</p> | S9999         |   |                    |

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| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG   | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE                                  |
| S9999   | Continued From page 10<br><br>diagnosis of Diabetes and an insulin order of " Novolog flexpen 100 unit/ml (milliliter) - inject Sub-Q (subcutaneous) before meals and at bedtime per sliding scale: ...401-450 = 15 units.<br><br>On 10-13-15, at 11:03 am, E15, Registered Nurse (RN) obtained a blood glucose result for R39 that read " hi ". E15 stated that a high reading means the blood glucose is over 550.<br><br>On 10-13-15, at 11:10 am, E15, RN, administered 15 units of Novolog 100units/ml to R39 subcutaneously.<br><br>On 10-14-15, at 1:15 pm, E15, RN stated " I rechecked (R39 ' s) blood glucose 30-45 minutes later (after the " hi " reading) and it (the blood glucose) had come down. If it was still (reading) high I would have called the doctor. "<br><br>On 10-15-15, at 8:45 am, E2, Director of Nursing (DON), stated " If the (blood glucose monitor) reads ' high ', the nurse should call the doctor because they don' t know what that number is. If the number is outside of their parameters the nurse should call the doctor. " E2 stated that according to the Manufacturer ' s instructions for the facility ' s blood glucose monitor a high reading means the result is greater than 600.<br><br>5. The Physician Order Statement (POS), dated 10-1-15 to 10-31-15, documents R41 ' s morning medications as: " Calcium + D one tab once daily, Aspirin chew 81mg one tab once daily, Microzide 25mg one tab once daily, Multi-vitamin one tab once daily, Verapamil 240 Mg ER one tab once daily, Carbamazepine 200mg one tab three times per day, and Valproic acid 250mg capsule four times daily. " | S9999   |   |   |

Illinois Department of Public Health

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| S9999 | <p>Continued From page 11</p> <p>On 10-14-15, at 8:17 am, E14, Licensed Practical Nurse (LPN), did not administer any Calcium + D to R41.</p> <p>On 10-14-15, at 1:18 pm, E14, LPN, stated " I probably missed that one. "</p> <p>(B)<br/>Section 300.1650 Control of Medications<br/>c) All medications having an expiration date that has passed, and all medications of residents who have been discharged or who have died shall be disposed of in accordance with the written policies and procedures established by the facility in accordance with Section 300.1610. Medications shall be transferred with a resident, upon the order of the resident's physician, when a resident transfers to another facility. All discontinued medications, with the exception of those products regulated and defined as controlled substances under Section 802 of the federal Controlled Substances Act (21 USC 802), shall be returned to the dispensing pharmacy. Medications for any resident who has been temporarily transferred to a hospital shall be kept in the facility. Medications may be given to a discharged resident only upon the order of the licensed prescriber.<br/>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to dispose of expired medications from the current stock in the medication storage room and from all three medication carts. This has the potential to affect seven of seven residents (R1-R7) in the sample of seven reviewed for medications and 47 residents in the supplemental sample (R8-R14, R16-R35, R37-R39, R41-R48, R50, and R52-R59).</p> <p>Findings include:</p> | S9999 |  |  |
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| S9999  | Continued From page 12<br><br>The facility ' s policy Medication Administration, dated 5-11-15, documents " Procedure: 4. Nurses should also note that all medications are stored and labeled appropriately, including the date the container was opened and expiration dates. "<br>On 10-14-15, at 1:27 pm, the facility ' s medication storage room had numerous medications with expired dates consisting of: Aspirin 325mg (milligrams) 100 tabs (10/2014 - two bottles, 3/2014 - one bottle, 3/2015 - five bottles, 4/2015 - two bottles, 7/2015 - two bottles); Aspirin 325mg 1000 tabs (7/2015 - one bottle); Calcium 600mg 150 tabs (4/2015 - three bottles, 6/2015 - one bottle); Vitamin C 1000 tabs (7/2015 - one bottle); Ferrous Sulfate 220mg elixir 16 oz (ounces) (6/2015 - one bottle, 7/2015 - four bottles); Fiber Laxative 625mg 90 caplets (6/2015 - three bottles); and Vitamin B6 100 mg 100 tabs 6/2015 - one bottle).<br>On 10-14-15, at 3:15 pm, the facility ' s C hall medication cart had numerous medications with expired dates located in the top drawer consisting of: Aspirin 325mg 100 tabs (one bottle expired [exp] 2/2015 and one bottle exp 10/2014); Vitamin D 1000 iu (international unit) 100 tabs one bottle exp 5/2015); Cranberry concentrate 1680mg 90 soft gels (one bottle exp 9/2015); Guaifenesin 400mg 100 tabs (one bottle exp 7/2015); and R8 ' s Tamsulosin HCl (Hydrochloride) 0.4mg capsules (one bottle exp 5/7/15).<br>On 10/15/15 at 3:15 pm expired medications were also identified in the bottom drawer of the C hall medication cart which consisted of: Aspirin 325mg 100 tabs (one bottle exp 7/2015); Multi-vitamin with iron 1000 tabs (one bottle exp 6/2015); Fiber Laxative 625mg 90 caplets (one bottle exp 6/2015); and R9 ' s Valproic Acid syrup 250mg/5ml (milliliters) (one bottle exp 6/4/2015). | S9999   |   |  |

Illinois Department of Public Health

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| S9999  | <p>Continued From page 13</p> <p>On 10-14-15, at 3:35 pm, the facility ' s B hall medication cart had numerous medications with expired dates located in the top drawer consisting of: Vitamin B6 100mg 100 tabs (one bottle exp 6/2015); Fiber Laxative 625mg 90 caplets (one bottle exp 6/2015); and Aspirin 325mg 100 tabs ( one bottle exp 4/2015 and one bottle exp 6/2015). Expired medications were also identified in the bottom drawer of this B hall medication cart which consisted of: Ferrous Sulfate 220mg 16 oz (one bottle exp 7/2015); Multi-vitamin with iron 1000tabs (one bottle exp 6/2015); Calcium 600mg 150 tabs (one bottle exp 4/2015); and Enteric coated Aspirin 325mg 1000tabs (one bottle exp 7/2015).</p> <p>On 10-14-15, at 3:50 pm, the facility ' s A hall medication cart had numerous medications with expired dates located in the top drawer consisting of: Mucus Relief 400mg 100 tabs (one bottle exp 7/2015); Oyster Shell Calcium 500mg plus D 100 tabs (one exp 7/2015 bottle); Fiber Laxative 625mg 90 caplets (two bottles exp 6/2015); Vitamin B6 100mg 100 tabs (two bottles exp 6/2015); Aspirin enteric coated 325mg 100 tabs (one bottle exp 10/2014). Also located in this top drawer was a bottle of tabs (approximately half full) with no pharmacy or Manufacturer label and " Senna " hand written on the bottle. Also identified in this A hall medication care located in the bottom drawer, was one bottle of R10 ' s Nystatin suspension 100000 with " Discard after 9/12/15 " on the label.</p> <p>On 10/15/15, at 10:15 am, E2, Director of Nursing (DON) stated " The staff should not use expired medications. If an over the counter medication is expired they should throw it away and get a new bottle. Any unlabeled container of medication is unacceptable. It should have either a pharmacy or Manufacturer label on it. "</p> <p>On 10/15/15, at 3:00 pm, E1, Administrator,</p> | S9999   |   |                    |

Illinois Department of Public Health

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| S9999   | <p>Continued From page 14</p> <p>provided the facility ' s pharmacy medication profile scan, dated 10/15/15, and verified the scan ' s accuracy of current physician medication orders for R1-R7 and R8-R14, R16-R35, R37-R39, R41-R48, R50, and R52-R59 as residents with orders by attending physicians for one or more of these over the counter medications.</p> <p>(B)<br/>Section 300.2210 Maintenance<br/>b)6) Each facility shall: Maintain the grounds and other buildings on the grounds in the safe, sanitary and presentable condition.<br/>This requirement is not by:<br/>Based on observation and interview, the facility failed to keep ceiling vents in six resident bathrooms on the C hall free from excessive debris and dust buildup. These failures have the potential to affect two residents (R4 and R7) in a sample of seven and twenty residents ( R9, R17, R19, R23, R24, R33, R35, R37, R38, R44, R46, R47, R56, R57, R58, R60, R61, R62, R63 and R64) on the supplemental sample.</p> <p>Findings include:</p> <p>On 10/14/15 at 1:30 p.m., the bathrooms utilized by residents (R4, R7,R9, R17, R19, R23, R24, R33, R35, R37, R38, R44, R46, R47, R56, R57, R58, R60, R61, R62, R63 and R64) had excessive dirt and dust debris in the ceiling vents.</p> <p>On 10/14/15 at 1:30 p.m., E7 (Maintenance Supervisor) confirmed the dust buildup in the vents.</p> <p>On 10/14/15 at 1:30 p.m., R24 stated, "Oh those cobwebs are horrible. I have been trying to get someone to get those down. I' ve been here three months and no one has cleaned the vents. "</p> | S9999   |   |                    |

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| S9999              | <p>Continued From page 15</p> <p>On 10/14/15 at 1:40 p.m., E12 (Housekeeping Supervisor), stated, "There is no job description or appointed responsibility for cleaning bathroom vents. I don' t know when they were cleaned last."</p> <p>The facility's resident room rooster, dated 10/14/15, documents R4, R7, R9, R17, R19, R23, R24, R33, R35, R37, R38, R44, R46, R47, R56, R57, R58, R60, R61, R62, R63 and R64 are the residents who reside in adjoining rooms with dusty bathroom ceiling vents.</p> <p>(B)</p> | S9999         |   |                    |