02/26/20

If continuation sheet 1 of 18

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6004766 02/20/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH HAMMES PARC JOLIET JOLIET, IL 60435 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure Survey \$9999 Final Observations S9999 Statement of Licensure Violations (Violation 1 of 4) 300.1210b)3) Section 300.1210 General Requirements for Nursing and Personal Care 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: 3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling Attachment A catheter is not catheterized unless the resident's Statement of Licensure Violations clinical condition demonstrates that catheterization was necessary. This requirement was not met as evidenced by: Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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Illinois Department of Public Health

Electronically Signed

STATE FORM

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6004766 02/20/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **222 NORTH HAMMES PARC JOLIET JOLIET. IL 60435** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 Based on observation, interview and record review the facility failed to provide urinary catheter care in a manner that would prevent the potential development of infection and to maintain hygiene. This applies to 1 of 2 residents (R9) reviewed for urinary catheter care in the sample of 9. Findings include: R9 has multiple diagnoses which included morbid (severe) obesity, chronic kidney disease (stage 3), overactive bladder, neuromuscular dysfunction of the bladder and history of UTI (urinary tract infection). R9's admission MDS (Minimum Data Set) dated 1/22/20 shows that the resident is cognitively intact. The MDS shows that R9 requires extensive assistance with 2 staff physical assist with regards to toilet use and personal hygiene. On 2/18/20 at 10:13 AM, R9 was in bed, alert, oriented and verbally responsive. R9 had a urinary catheter draining moderate amount of dark colored yellow urine inside the collection bag. R9's catheter tubing had moderate amount of white sediments. R9 stated that she has a history of UTI, and she has been using the urinary catheter because of urinary retention. On 2/19/20 at 10:15 AM, R9's wound treatment was performed by V12 and V13 (both are treatment nurses). R9 had a strong odor coming from the perineal area. On 2/19/20 at 10:42 AM, R9 was in bed. V9 and V10 (both CNAs/Certified Nursing Assistants)

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provided perineal care and urinary catheter care

PRINTED: 04/20/2020 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6004766 02/20/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH HAMMES PARC JOLIET **JOLIET, IL 60435** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID. (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 to R9. V9 used a wet washcloth with skin cleanser and started wiping R9's abdominal folds three times folding the washcloth every time she wiped R9's abdominal folds. V9, using the same side of the same washcloth, wiped R9's left and right groin area. V9 then handed the used washcloth to V10. V10 used the same washcloth (without changing the side) and wiped R9 from the pubic area down to the anal area once, without separating the labia. Using the same side of the used washcloth, V10 wiped R9's urinary catheter tubing from the insertion site outwards. R9's records show that a urine specimen was collected on 2/12/20 for analysis with culture and sensitivity. The urine test result was positive for UTI. R9's physician order report dated 2/18/20 showed an order for "Tetracycline HCL (Hydrochloride) capsule 500 mg by mouth two times a day for UTI until 2/24/20." R9's care plan showed that the resident required an indwelling urinary catheter related to urinary retention. "The resident is unable to void without (urinary) catheter and has diagnosis of neuromuscular dysfunction of the bladder." The same care plan showed multiple interventions

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which included, "Good peri care."

On 2/19/20 at 4:50 PM V2 (Director of Nursing) stated that during perineal and urinary catheter care, the staff should always make sure to clean the resident properly to prevent urinary infection and to promote hygiene. V2 stated that the staff should separate R9's labia to thoroughly clean the area. According to V2, the staff should have used multiple clean washcloths for R9. The staff should have not used the same washcloth without

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING IL6004766 02/20/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH HAMMES **PARC JOLIET** JOLIET, IL 60435 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 rinsing (washcloth) to clean the front area and the indwelling urinary catheter tubing for R9 because the washcloth was already used to clean R9's abdomen and groin areas. The facility's policy and procedure dated 9/14 regarding incontinence care showed in part, "wash genitalia using proper aseptic technique." "In female, separate labia, wash with strokes from top downward." The facility's policy and procedure dated 10/31/18 regarding urinary catheter care shows that the purpose for urinary catheter care is "To establish guidelines to reduce the risk of, or prevent infections in resident with an indwelling catheter." The same policy and procedure show in part "Each resident with an indwelling catheter will receive perineal and catheter care with soap and water during routine care." "Encrustations on the (urinary) catheter should be removed from the meatus (opening of the urethra) outward with clean wash cloth, rinsed." (C) (Violation 2 of 4) 300.1210b)4) 300.1210d)4)A) 300.1210d)4)B) 300.1210d)4)C) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest

PRINTED: 04/20/2020 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6004766 02/20/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH HAMMES **PARC JOLIET** JOLIET, IL 60435 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX. PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 4 S9999 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: 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet: eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. 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: 4) Personal care shall be provided on a 24-hour. seven-day-a-week basis. This shall include, but not be limited to, the following: A) Each resident shall have proper daily personal

physician.

attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the

bath and hair wash weekly and as many additional baths and hair washes as necessary

B) Each resident shall have at least one complete

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6004766 02/20/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH HAMMES **PARC JOLIET** JOLIET, IL 60435 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) \$9999 Continued From page 5 S9999 for satisfactory personal hygiene. C) Each resident shall have clean, suitable clothing in order to be comfortable, sanitary, free of odors, and decent in appearance. Unless otherwise indicated by his/her physician, this should be street clothes and shoes. These requirements were not met, as evidenced by: Based on observation, interview and record review the facility failed to assist residents identified as needing assistance with personal hygiene, bathing and dressing. This applies to 10 of 16 residents (R3, R5, R8, R10, R11, R12, R13, R14, R15 and R16) reviewed for personal hygiene and dressing. Findings include: 1. R8 has multiple diagnoses which included cerebral infarction due to embolism of unspecified cerebral artery, dementia without behavioral disturbance, mild intellectual disabilities and need for assistance with personal care based on the face sheet. R8's quarterly MDS (Minimum Data Set) dated 1/10/20 shows that R8 is moderately impaired with cognition. The same MDS shows that R8 requires extensive assistance from staff with regards to personal hygiene. On 2/19/20 at 10:08 AM, R8 was ambulating along the second floor hallway using a rolling walker. R8 had an accumulation of overgrown facial hair and neck hair. R8 stated that he wanted the staff to shave him. V4 (nurse) was present during this observation.

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the face sheet.

3. R11 had multiple diagnoses which included dementia with behavioral disturbance based on

R11's annual MDS dated 1/3/20 showed that the resident is severely impaired with cognition. The same MDS showed that R11 required extensive

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fingernails.

white flaky substances. R12's fingernails were long, uneven and jagged with black/brown substances underneath. V5 (CNA/Certified Nursing Assistant) was present during these observations. V5 stated that R12 is not combative with staff during care and that R12 would allow the staff to shave him, clean him and trim his

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
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| NAME OF | PROVIDER OR SUPPLIER | STREET ADI | ORESS, CITY, S | TATE, ZIP CODE | | - |
| PARC JOLIET 222 NORTH JOLIET, IL 6 | | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | MUST BE PRECEDED BY FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY) | D BE | (X5) COMPLETE DATE |
| S9999 | Continued From page 8 | | S9999 | | | |
| | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8 5. R13 had multiple diagnoses which included hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side, cerebral infarction and dementia without behavioral disturbance based on the face sheet. R13's quarterly MDS dated 12/31/19 showed that R13 was severely impaired with cognition. The same MDS showed that R13 required extensive assistance from the staff with regards to dressing and personal hygiene. On 2/18/20 at 11:26 AM, R13 was sitting in his high back reclining wheelchair inside the second floor dining/television area. R13 was alert, verbally responsive but confused. R13's dark brown colored shirt had large amount of white flaky substance in the chest, abdominal and shoulder areas. R13 had dried crusty substances on his forehead and surrounding his eyes (bilateral). R13 had an accumulation of overgrown facial hair and overgrown hair coming out of his bilateral ears. R13's fingernails were long, uneven and jagged with black substances underneath. R13 stated that he wanted staff to clean him, shave him and trim his fingernails. V3 (Assistant Director of Nursing) was present during these observations. 6. R14 had multiple diagnoses which included vascular dementia with behavior disturbance and late onset Alzheimer's disease based on the face sheet. R14's quarterly MDS dated 1/30/20 showed that R14 was severely impaired with cognition. The same MDS showed that R14 required extensive assistance from the staff with regards to personal hygiene. | | | | | |

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER-COMPLETED A. BUILDING: B. WING IL6004766 02/20/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH HAMMES **PARC JOLIET JOLIET. IL 60435** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 9 S9999 On 2/18/20 at 10:47 AM, R14 was sitting in a chair inside the second floor dining/activity room. R14 was alert and verbally responsive. R14 had an accumulation of overgrown chin hair. R14's fingernails were long, jagged and with black/brown substances underneath, R14 stated that she wants the staff to shave her chin hair and to trim and clean her fingernails. V3 was present during these observations. R14's care plan showed that R14 "has decreased mobility and functional ability and requires staff assistance with her ADL needs to maintain the highest possible level of functioning." The same care plan showed multiple interventions which included, "1 staff assist with dressing, grooming, hygiene needs" and "1 staff assist with resident's nail care. Keep fingernails clean, trimmed and smooth." 7. R15 had multiple diagnoses which included dementia with behavioral disturbance based on the face sheet. R15's quarterly MDS dated 1/8/20 showed that R15 was severely impaired with cognition. The same MDS showed that R15 required extensive assistance from the staff with regards to dressing and personal hygiene. On 2/18/20 at 11:00 AM, R15 was sitting in her wheelchair, in front of the second floor nursing station. R15 was alert but confused. R15 was wearing a purple colored sweater which had scattered dried brown and white substances at the front (chest and abdomen area) and on the

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breakfast.

right sleeve area. V3 stated that the dried substances were most likely food debris from

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6004766 02/20/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **222 NORTH HAMMES PARC JOLIET JOLIET, IL 60435** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 10 S9999 On 2/19/20 at 9:58 AM, V2 (Director of Nursing) stated that it is a part of the facility's nursing care services to provide hygiene and grooming. including removal of unwanted facial and ear hair. oral care, nail care, changing of clothes when needed and bathing. V2 stated that oral care should be performed on a daily basis. 8. R5's face sheet included diagnoses of systemic sclerosis, unspecified dementia with behavioral disturbance, schizoaffective disorder, and unspecified osteoarthritis. R5's comprehensive MDS dated 1/18/20 showed that R5 was cognitively impaired and required extensive assistance of one staff person physical assist for personal hygiene. On 2/18/20 at 11:55 AM, R5 was seated in a recliner in the lounge with visiting family members. R5 was unable to respond to queries. R5 was clenching her fists and noted to have very long curved finger nails (greater than 1/4 inch long) that were digging into her palms. V14 (family) verified that the nails are too long and stated, "They (staff) don't do anything about it. She (R5) has scleroderma and cannot open her fingers." R16's face sheet included diagnoses of unspecified dementia without behavioral disturbance, lack of coordination, other abnormalities of gait and mobility, need assistance for personal care. R16's comprehensive MDS dated 1/09/20 showed that R5 was cognitively intact and required extensive assistance of one staff person physical assist for personal hygiene.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
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| S9999 | On 2/18/20 at 10:44 AM, R16 was seated in a wheel chair in his room and was noted to have very long nails (greater than ¼ inch long), some jagged, that were curled into R16's palms. R16 stated that he is unable to cut his own nails and would like to have them cut. 10. R3's face sheet showed that he was admitted on 11/01/2019 and included diagnoses of lack of coordination, difficulty in walking, history of falling, unspecified osteoarthritis, dependence on renal dialysis. R3's Comprehensive MDS dated 11/18/19 showed that R3 was moderately intact in cognition and required total dependence of one staff person physical assist for bathing. On 2/19/20 at 9:27 AM, R3 was lying in bed and appeared sweaty and stated "I would like to get up and take a shower. I asked the nurse every day for three days and she says 'maybe tomorrow'." R3 stated that he does not recall ever getting a shower since admission and he gets bed baths about once a week. On 2/20/20 at 9:48 AM, V11(nurse) verified that R3 gets a bed bath instead of showers as at times he does not want to get up out of bed Review of "Bath and skin report sheet" (January 2020) documented that R3 had bed baths/showers on 1/2/20, 1/4/40, 1/8/20, 1/11/20, 1/16/20 and refused one on 1/25/20. Review of "Bath and skin report sheet" (February, 2020) documented that R3 received a bath on 2/4/20 and refused one on 2/8/20. This showed that R3 was given or offered a shower once a week on the week of the 2rth and 19th of January and week of the 2nd of February. This also showed | | S9999 | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
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| | | IL6004766 | B. WING | | 02/ | 02/20/2020 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DDRESS, CITY, STATE, ZIP CODE | | | | |
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| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETE DATE | |
| S9999 | that R3 was not give week of the 26th in 9th in February. On 2/19/20 at 11:18 Nursing) stated that offered a shower/be or more often per rearring activities of that the purpose is, | en or offered showers in the January and the week of the AM, V3 (Assistant Director of the residents should be ad bath at least twice a week | S9999 | | | | |
| | | (C) | | | | | |
| | (Violation 3 of 4) | | | | | | |
| | 300.1210d)1) 300.1620a) 300.1630a)2) | | | | | | |
| | Section 300.1210 G Nursing and Person | eneral Requirements for al Care | | | | | |
| | | | | | | | |
| | | uding oral, rectal, hypodermic, amuscular, shall be properly | | | | | |
| | Section 300.1620 C Prescriber's Orders | ompliance with Licensed | | | | | |

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6004766 02/20/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH HAMMES **PARC JOLIET JOLIET. IL 60435** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 13 S9999 a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time. Section 300.1630 Administration of Medication a) All medications shall be administered only by personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Licensed practical nurses shall have successfully completed a course in pharmacology or have at least one year's full-time supervised experience in administering medications in a health care setting if their duties include administering medications to residents. 2) Each dose administered shall be properly recorded in the clinical record by the person who administered the dose. These requirements were not met as evidenced by: Based on observation, interview and record review the facility failed to administer medications as ordered by the physician. There were 30 opportunities with 2 errors, resulting in a 6.66% medication error rate.

Illinois Department of Public Health

This applies to 2 of 7 residents (R12 and R24)

PRINTED: 04/20/2020 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6004766 02/20/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH HAMMES PARC JOLIET **JOLIET, IL 60435** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 14 S9999 observed during the medication administration. Findings include: 1) On 2/18/20 at 4:59 PM, V15 (nurse) prepared and administered multiple medications to R24, including Amlodipine Besylate 10 mg, 1 tablet. R24's physician summary order report shows an order for, "Amlodipine Besylate 5 mg tablet, give 1 tablet orally in the evening for htn (hypertension)." R24's MAR (medication administration record) for the month of February 2020 showed that the "Amlodipine Besylate 5 mg tablet, give 1 tablet orally in the evening for htn (hypertension)" will be administered at 5:00 PM. This MAR did not reflect Amlodipine Besylate 10 mg to be administered. The same MAR showed documentation from V15 that she administered the Amlodipine Besylate 10 mg, 1 tablet at 5:00 PM on 2/18/20.

On 2/19/20 at 2:45 PM, V15 stated that on 2/18/20 during the evening medication pass for R24 she gave Amlodipine Besylate 10 mg, 1 tablet, because the blister pack for this medication was available in the medication cart together with the rest of R24's other medications. V15 stated that she did not pay attention to the dosage of the said medication. V15 was asked to verify the order dosage for R24's Amlodipine Besylate. V15 stated that the ordered dosage for R24's Amlodipine Besylate is 5 mg and not 10 mg. According to V15 she made a medication error because she administered 10 mg, instead of the ordered 5 mg.

2) On February 19, 2020 at 11:30 AM during medication pass, V4 (nurse) was observed

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