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: C B. WING IL6005722 06/11/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 NORTH MAIN STREET **LOFT REHABILITATION & NURSING EUREKA, IL 61530** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation #1924072/IL112798 S9999 Final Observations S9999 Statement of Licensure Violations: 1 of 2 300.610a) 300.1210b) 300.3240a) Section 300.610 Resident Care Policies 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.

> Attachment A Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Section 300.1210 General Requirements for

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological

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.

Nursing and Personal Care

Electronically Signed

TITLE

(X6) DATE 06/28/19

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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S9999	each resident's corplan. Adequate and care and personal resident to meet the care needs of the resident 300.3240  a) An owner, licent	sident, in accordance with imprehensive resident care diproperly supervised nursing care shall be provided to each e total nursing and personal esident.  Abuse and Neglect see, administrator, employee y shall not abuse or neglect a	\$9999			
	Based on observatinterview, the facilitincontinence care of Urology recommer Urinary Tract Infect (R1) reviewed for it. This failure has resisted uled toileting appropriately after recurrent Urinary Tof 5 months and charea.  Findings include:  The facility policy, the facility policy, the facility policy, the facility policy, this procedure are comfort to the resist in irritation, and condition." The poresident, "a. Use it.	ion, record review, and by failed to ensure proper was provided and follow additions for the prevention of tions, for one of three residents according to a program, not being on a program, not being cleansed incontinence, developing fract Infections over the course pronic dermatitis in the groin detection of the provide cleanliness and the provide cleanliness and the observe the resident's skin licy instructs staff, for a female process or skin cleansing the provide cleansing the provided the				

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6005722 B. WING 06/11/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 NORTH MAIN STREET **LOFT REHABILITATION & NURSING EUREKA, IL 61530** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 2 S9999 agent. b. Wash perineal area, wiping from front to back. (1.) separate labia and wash area downward from front to back. (2.) Continue to wash the perineum moving from inside outward to and including thighs, alternating from side to side, and using downward strokes. Do not reuse the same wipe or washcloth or water to clean the urethra or labia. (3.) If using a washcloth, rinse the perineum thoroughly in the same direction, using fresh water and a clean washcloth. (4.) Gently dry perineum." Admission Records, dated 6/10/19, document R1 was admitted to the facility on 12/21/18 with the diagnosis of "other specified Disorders of Bladder". A Minimum Data Set assessment. dated 3/28/19, documents R1 as occasionally incontinent, requiring the extensive assistance of one staff member for toileting, and having no cognitive impairment. An Order Listing Report documents R1 was treated with antibiotics for a Urinary Tract Infection on 1/14/19. R1's Plan of Care was updated on 4/04/19, to identify R1 as high risk for skin breakdown due to decreased mobility, incontinence and requiring staff assistance for toileting, and advises staff to keep R1 dry as possible and minimize skin exposure to moisture. Physician Office Visit Notes, dated 3/11/19, document R1 was seen by Urology for recurrent Urinary Tract Infections (UTI), Urinary Incontinence, and blood in the urine. The 3/11/19 Office Visit Notes document R1 reported to the Urologist that she did not get cleansed by facility staff in a timely manner when she was incontinent of urine. The 3/11/19 Office Visit Notes instruct nursing home staff to do the following: return for follow up in six weeks, start medication

(D-mannose) for prevention of UTIs, "timed

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the upstairs dining room. R1 was continuously

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING; \_\_\_\_\_ C B. WING \_\_\_\_\_ IL6005722 06/11/2019

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nois Depa	left the upstairs dining room and was waiting the elevator to go downstairs for lunch. At am, R1 was in the main dining room for lunwhere she remained until 2:00 pm and was to her room. At that time, R1 stated she was given incontinence care before the morning activity, so sometime prior to 11:00 am. R stated she was incontinent of urine and conthat she was currently wet but indicated it wouldn't matter if she told the staff she need incontinence care, because "they will just go me when they do." R1 stated she does known they do." R1 stated she does known they do." R1 stated she does known they do." R1 stated she would be toileting program, but staff won't do it for he stated her groin area is red, and sometime don't wipe her at all when they change her and simply put a clean brief on her without cleansing. R1 also stated she would prefe use a bed pan at night, but the staff on this make her just wet her diaper and then she have to lay in the urine. R1 stated staff are putting Nystatin powder on her groin, but the don't routinely. R1 stated she had a full list instructions from her doctor regarding her incontinence care, but it's never been follow the staff. R1 was visibly upset when talking her care and stated she is increasingly frust because she isn't getting the care she need even though she has repeatedly complained staff.  On 6/06/19 at 2:17 pm, R1 was taken by V (Certified Nursing Assistant) to the toilet for care. R1's incontinence brief was saturate urine, V5 (Certified Nursing Assistant) to the toilet for care. R1's incontinence brief was saturate urine, V5 (Certified Nursing Assistant) to the toilet for care. R1's incontinence brief was saturate urine, V5 (Certified Nursing Assistant) to the toilet for care. R1's incontinence brief was saturate urine, V5 (Certified Nursing Assistant) to the toilet for care. R1's incontinence brief was saturate urine, V5 (Certified Nursing R5 also stated R1 was "pretty wet". V5 also stated R1 was "pretty wet". V5 also stated R1 was "pretty wet". V5 also stated R1 was	ng for 11:45 nch, staken ras last g 1 uld tell eded get to ow at sto sto led er. R1 staff brief, r to d shift will e to be ney t of wed by g about strated ds, ed to 5 peri d with irmed ated, is			

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PRINTED: 07/30/2019 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: \_ B. WING 06/11/2019 IL6005722 STREET ADDRESS, CITY, STATE: ZIP CODE NAME OF PROVIDER OR SUPPLIER 700 NORTH MAIN STREET **LOFT REHABILITATION & NURSING EUREKA, IL 61530** 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 Continued From page 5 S9999 few minutes, V5 had R1 stand and V5 wiped R1 with a packaged cleansing wipe from front to back on the back side, and with another wipe in the upper groin area on both sides. V5 did not use soap and water, or cleanse near the urethra, folds of the labia or upper thighs. R1 did have visible redness in the groin area and inner upper thighs, and V5 applied a barrier cream to that area. V5 indicated that she routinely uses the wipes on R1 for incontinence care. On 6/10/19 at 12:41 pm, V8 (Licensed Practical Nurse) stated when she came on shift 6/09/19 (day shift) that she found R1 soaked with urine in her bed. R1 reported to V8 that staff had not been in to give her incontinence care since 1:00 am. V8 stated R1 has also told her that staff won't cleanse her after finding her incontinent, but just put a dry brief on her. V8 stated she has reported all of this to management, because R1 has frequent UTIs. On 6/10/19 at 12:05 pm, V7 (Care Plan Coordinator) stated R1 has voiced complaints to her about not receiving proper incontinence care. that the CNAs are not cleaning her appropriately and this has been reported to management. V7 stated R1 is alert and knows how her care is to be given. V7 stated R1 was not currently on a toileting program, but R1 would be a perfect candidate for one, as she is often aware of when she needs to void. V7 stated R1 gets frequent Urinary Tract Infections, which is another reason

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toileting her would be in her best interest. V7 stated it was her understanding that the facility did not utilize any kind of toileting programs, as she had inquired about that for certain residents and was told they don't have one. V7 stated there is no reason staff could not honor R1's request to use a bedpan at night and that would

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	concluded that R1's and high risk for UT into her plan of care	ther than laying in urine. V7 surinary incontinence needs I's has not been incorporated and V7 was unaware of the ndations on 3/11/19 and				
	stated the facility is program for resident to be toileted, staff arequested. V2 indicandidate for sched that R1 has reported cleansing her properthis with them. V2 smaking R1 void in honor her request for Cn 6/11/19 at 9:45 are Registered Nurse for been her patient for R1's last few checkwith the care she is stated she saw R1 to informed her that the following any of her which included toiled her perineum with sof incontinence. V1 increased risk for decare as soon as she she stressed having	pm, V2 (Director of Nursing) just now initializing a toileting its; however, if a resident asks should toilet them as sated R1 would be a good uled toileting. V2 confirmed d to her the CNAs are not orly, and she has discussed stated staff should not be are depend at night and should or a bed pan.  am, V10 (Advanced Practicing or Urology) stated R1 has some time now and during ups, R1 has been very upset receiving at the facility. V10 two weeks ago and R1 the facility staff were not instruction from her last visit, ting R1 routinely and to wash oap and water, after episodes to stated, due to R1's eveloping UTIs, R1 needs peri the becomes wet and therefore the R1 on a routine toileting arch 2019. V10 stated R1 told				
	skin and simply just brief off and replace stated, after her 5/30 two sets of instruction	metimes not even cleanse her take the wet incontinence it with a clean one. V10 D/19 appointment, she gave ons for R1's care, one to R1 acility staff. V10 stated she				

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S9999	even called V2 to e were being followed call. V10 stated R1 dermatitis on her gi being wet with urine incontinence care; concern is R1's rec	nsure her recommendations d, but V2 did not return her already has a chronic roin, which is from constantly e and not receiving proper however, V10's biggest urrent UTIs, which are the	S9999			× ×
	a) The facility shall procedures govern facility. The written be formulated by a Committee consisti administrator, the a medical advisory confinersing and other policies shall compositive the facility and shall compositive and shall compositive written policies the facility and shall compositive written policies.	dvisory physician or the ommittee, and representatives or services in the facility. The ly with the Act and this Part. It is shall be followed in operating I be reviewed at least annually documented by written, signed				

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wear clothing that she voiced to V3 (Certified Nursing Assistant) she did not want to wear, V3 throwing clothes at R1, yelling at R1 and

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	slamming the door humiliated.	on R1, making R1 cry and feel			
	Findings include:				
	Exploitation - Prever (1/2017)," documer right of our resident mistreatment, abust misappropriation of includes, but is not corporal punishment any physical or chetreat residents' memust not be abused limited to, facility st consultants, contracaregivers who proresidents on behalf agencies serving the resident representation volunteers or other established an envias possible and incenvironment that the rand respect. The five services in a perso which all individuals. Treating any reside uphold a resident sindividuality dehum creates an environd disrespectful and/o towards the resider documents, under means any physical	resident property. This limited to freedom from the involuntary seclusion, and emical restraint not required to dical symptoms. Residents d by anyone, including, but not aff, other residents, ctors, volunteers, and other vide care and services to for the facility, staff of other ne resident, family members, ative, legal guardians, friends, individuals. This facility has ironment that is as homelike cludes a culture and the east each resident with dignity acility provides care and in-centered environment in a retreated as human beings, and in a manner that does not tense of self-worth and tense of se			
	assault inflicted upo accidental means i	on a resident other than by n a facility. Abuse is the willful			

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lunch, that V3 was dressing her that morning and

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