

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>IL6001630</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>07/03/2019</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>UNIVERSITY REHAB</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>500 SOUTH ART BARTELL ROAD<br/>URBANA, IL 61802</b> |
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| S 000              | Initial Comments<br><br>First Probationary Licensure survey  | S 000         |   |                    |
| S9999              | Final Observations<br><br>Statement of Licensure Violations:<br><br>1 of 5 Licensure Findings:<br><br>300.670a)<br>300.670c)1)2)3)<br>300.670k)1)2)3)<br><br>300.670 Disaster Preparedness<br><br>a) For the purpose of this Section only, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the facility.<br><br>c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to:<br><br>1) Ensure that all personnel on all shifts are trained to perform assigned tasks;<br>2) Ensure that all personnel on all shifts are familiar with the use of the fire-fighting equipment in the facility; and<br>3) Evaluate the effectiveness of disaster plans and procedure.<br><br>k) Coordination with Local Authorities | S9999         |   |                    |

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

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| Illinois Department of Public Health<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| S9999 | <p>Continued From page 1</p> <p>1) Annually, each facility shall forward copies of all disaster policies and plans required under this Section to the local health authority and local emergency management agency having jurisdiction.</p> <p>2) Annually, each facility shall forward copies of its emergency water supply agreements, required under Section 300.2620(d), to the local health authority and local emergency management agency having jurisdiction.</p> <p>3) Each facility shall provide a description of its emergency source of electrical power, including the services connected to the source, to the local health authority and local emergency management agency having jurisdiction. The facility shall inform the local health authority and local emergency management agency at any time that the emergency source of power or services connected to the source are changed.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to conduct disaster drills on each shift, failed to evaluate the effectiveness of the fire drills, failed to provide the facility's disaster policies and procedures, failed to provide the emergency water supply agreements and provide a description of the facility's emergency source of electrical power to the local emergency management agency annually. This failure has the potential to affect 143 residents residing in the facility.</p> <p>Finding includes:</p> <p>On 7-1-19 at 2:20 P.M., the facility's fire and disaster drill records were reviewed with V3, Regional Maintenance Director. There was no documentation that disaster drills were conducted</p> | S9999 |  |  |
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| S9999 | <p>Continued From page 2</p> <p>in the past 12 months (July 2018 through June 2019). V3 stated he was not aware of any documented disaster drills. V3 checked with V4, the facility's Maintenance Director and V5, the facility's Maintenance Assistant. V4 and V5 were unable to provide documentation of disaster drills in the past 12 months.</p> <p>The monthly fire drills were reviewed. There was no evidence that the facility analyzed the effectiveness of the staff during the fire drills and if further training was needed.</p> <p>V3, V4, and V5 had no documentation that the facility provided the local emergency management agency with the facility's disaster policies and plans, the facility's emergency water plan, and the facility's emergency source of electrical power policy and procedure annually. V1, Administrator stated on 7-1-19 at 3:35 P.M. that V1 did not have evidence that the required policies and procedures were provided to the local emergency management agency.</p> <p style="text-align: center;">(AW)</p> <p>2 of 5 Licensure Findings</p> <p>300.610a)<br/>300.680a)<br/>300.680c)</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</p> | S9999 |  |  |
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| S9999 | <p>Continued From page 3</p> <p>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>Section 300.680 Restraints</p> <p>a) The facility shall have written policies controlling the use of physical restraints including, but not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, wheelchair safety bars and lap trays, and all facility practices that meet the definition of a restraint, such as tucking in a sheet so tightly that a bed-bound resident cannot move; bed rails used to keep a resident from getting out of bed; chairs that prevent rising; or placing a resident who uses a wheelchair so close to a wall that the wall prevents the resident from rising. Adaptive equipment is not considered a physical restraint. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as physical restraints. The policies shall be followed in the operation of the facility and shall comply with the Act and this Part. These policies shall be developed by the medical advisory committee or the advisory physician with participation by nursing and administrative personnel.</p> <p>c) Physical restraints shall not be used on a resident for the purpose of discipline or convenience.</p> <p>These regulations are not met as evidenced by:</p> | S9999 |  |  |
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| S9999 | <p>Continued From page 4</p> <p>Based on observation, interview and record review the facility failed to keep a resident free from physical restraints for one resident (R105) reviewed for physical restraints in the sample of 15.</p> <p>Findings include:</p> <p>The facility's Use of Restraints policy dated April 2017 documents, "Restraints shall only be used to treat the resident's medical symptom(s) and never for discipline or staff convenience, or for the prevention of falls." "Examples of devices that are/may be considered physical restraints include leg restraints, arm restraints, hand mitts, soft ties or vest, wheelchair safety bars, (geriatric) chairs, and lap cushions and trays that resident cannot remove."</p> <p>R105's Physician Order Report dated 6/2/19 to 7/2/19 documents R105 was admitted to the facility on 5/24/17 with diagnoses including: Alzheimer's Disease, Chronic Pain, Dementia With Behavioral Disturbance, Restlessness and Agitation, Anxiety Disorder and Vascular Dementia with behavioral disturbance. There is no order for a restraint on this Physician Order Report.</p> <p>R105's Care Plan dated 5/24/17 documents R105 is at risk for falls due to cognitive status, incontinence, Vascular Dementia, Coronary Artery Disease, Restlessness and Agitation, Obsessive Compulsive Disorder, Arthritis and Anxiety. The approaches listed for this problem include, "(Geriatric) chair delivered from (end of life care) on 4/29/19. This chair is to be used when up for increased comfort and better positioning, floor mat next to the bed and Personal Alarm in bed</p> | S9999 |  |  |
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| S9999   | <p>Continued From page 5</p> <p>with resident.</p> <p>R105's Minimum Data Set (MDS) dated 4/16/19 documents R105 is severely cognitively impaired. This MDS also documents R105 `walks with supervision of one person physical assist and transfers with limited assistance of two person physical assist.</p> <p>R105's Fall Risk assessment dated 2/10/19 and 6/27/19 document R105 is at a high risk for falls. R105's Restraints/Adaptive Equipment Use Assessment dated 4/29/19 documents the geriatric chair used when R105 is up is not a restraint. This Assessment lists R105 had falls on 3/6/19, 3/10/19, 4/3/19, 4/25/19 and 4/26/19. This assessment also documents alternatives were not attempted.</p> <p>R105's Nurses Progress Notes document R105 also had falls on 6/4/19 trying to get out of the geriatric chair, on 6/15/19 fell out of bed, on 6/22/19, 6/27/19 and 6/28/19 R105 fell trying to get out of the geriatric chair. R105's Nurses Progress Notes dated 7/2/19 documents, "has been brought to nurses station because (R105) keeps trying to stand up out of (geriatric chair)."</p> <p>R105's Nurses Progress Notes dated 6/28/18 at 10:55 AM, documents R105 was sitting up straight and R105 was moving R105's feet and tried scooting to the edge of the geriatric chair. This note was written by V14 Registered Nurse.</p> <p>On 7/2/19 at 9:03 AM, R105 was sitting at the nurses station. R105 was in a geriatric chair. This chair was pushed all the way up to the desk with the brakes on. R105 was sitting upright in this chair and R105 was pushing on the arm rests and the foot rest. R105 was also pushing R105's</p> | S9999   |   |                    |

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| S9999 | <p>Continued From page 6</p> <p>knees against the desk.</p> <p>On 7/2/19 at 9:06 AM, V14 Registered Nurse stated R105 can walk with assist of two and a gait belt. V14 also stated R105 is wanting to stand today that why R105 is sitting at the nurses station.</p> <p>On 7/2/19 at 10:54AM, R105 was seated in the television area in the geriatric chair. R105 was trying to sit up in the geriatric chair. V14 went over to talk to R105 and asked R105 to sit back. R105 was pulling on things on the geriatric chair.</p> <p>On 7/2/19 at 11:15AM, R105 was in the geriatric chair, pushed up to the table with R105's knees touching the table, the geriatric chair's brakes were locked and R105 was unable to push the geriatric chair away from the table.</p> <p>On 7/2/19 at 11:25 AM, V2 Director of Nursing stated R105's family has gone against V2 with every fall intervention V2 has tried to put into place. V2 stated R105's family wants R105 in the geriatric chair for R105's safety and they do not want R105 to walk. V2 stated R105 is able to walk with assistance. V2 stated the staff has walked R105 a couple of times. V2 stated R105 is constantly trying to get up out of the geriatric chair. V2 stated V2 agreed the geriatric chair is keeping R105 from walking.</p> <p>On 7/2/19 at 11:47AM, V8 Certified Nursing Assistant (CNA) stated if they put R105 to bed R105 will just try to get up so they leave R105 in the geriatric chair.</p> <p>(C)</p> | S9999 |  |  |
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| S9999 | <p>Continued From page 7</p> <p>3 of 5 Licensure Findings</p> <p>300.610a)<br/>300.1210b)3)4)5)<br/>300.1210d)5)<br/>300.3220f)</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>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>3) All nursing personnel shall assist and encourage residents so that a resident who is</p> | S9999 |  |  |
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| S9999              | <p>Continued From page 8</p> <p>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 catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary.</p> <p>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.</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>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, 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> | S9999         |   |                    |

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| S9999 | <p>Continued From page 9</p> <p>Section 300.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)</p> <p>The regulations are not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to complete pressure sore treatments and failed to administer gastrostomy tube flushes and failed to prevent cross contamination by failing to maintain urinary catheter tubing off the floor and failed to use proper techniques in performing incontinence care for three residents (R107, R109, R106) reviewed for nursing care in the sample of 15.</p> <p>Findings include:</p> <p>The Urinary Catheter Care Policy dated September 2005 states "Be sure the catheter tubing and drainage bag are kept off the floor."</p> <p>The Standard Precautions policy dated December 2007 states "Change gloves as necessary, during the care of a resident to prevent cross-contamination from one body site to another (when moving from a "dirty" site to a "clean" site."</p> <p>1.) The Physician Order Sheet dated 7/2/19 documents an order dated 3/5/19 for R107 to have "150 cc (cubic centimeters) (milliliters) flush (per gastrostomy tube) before and after AM/PM (morning/evening) med (medication) pass."</p> | S9999 |  |  |
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| S9999 | <p>Continued From page 10</p> <p>V6's (Registered Dietician) Progress Note dated 6/18/19 states "RD (Registered Dietician) nutritional assessment for (R107's) tube feeding" "Flush 150 ml (milliliters) before and after med pass BID (twice daily)."</p> <p>R107's Medication Administration Records (MAR) and Enteral Meds (medications) Flowsheets dated March 2019 through July 2019 do not document that R107 received the 150 cc flush before and after the morning and evening medication passes.</p> <p>On 7/2/19 at 8:55 am V7 Licensed Practical Nurse administered R107's morning medication through R107's gastrostomy tube. V7 flushed R107's gastrostomy tube with 15 cc of water before and after administering R107's medication. V7 did not flush R107's gastrostomy tube with 150 cc of water before and after administering R107's medication.</p> <p>On 7/2/19 at 9:10 am V7 confirmed V7 did not flush R107's gastrostomy tube with 150 cc of water before and after administering R107's morning medications. V7 stated instructions to flush R107's gastrostomy tube with 150 cc of water before and after the morning medication pass did not populate in the computer as a task for V7 to complete.</p> <p>On 7/2/19 at 10:05 am V2 Director of Nurses stated the order for R107's gastrostomy tube to be flushed with 150 cc of water before and after the morning and evening medication passes was not entered into the computer correctly so the order did not trigger during the medication pass for the nurses to complete. V2 confirmed the 3/5/19 order for R107 to receive the gastrostomy</p> | S9999 |  |  |
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| S9999 | <p>Continued From page 11</p> <p>tube flushes was not initiated by staff.</p> <p>On 7/3/19 at 8:50 am V6 Registered dietician confirmed the order for R107 to receive a 150 ml water flush before and after medications with the morning and evening medication pass for a total of 600 milliliters of free water every 24 hours. V6 stated the 600 milliliters of water flush is planned to provide hydration for R107 and help flush R107's medications through the gastrostomy tube.</p> <p>2.) The Minimum Data Set dated 4/30/19 documents R109 is cognitively impaired and requires extensive assistance of two staff members for dressing.</p> <p>R109's Care Plan dated 5/9/19 documents R109 has stage four pressure sores on R109's right and left feet.</p> <p>The Dietary Recommendation dated 2/27/19 documents "concern: multiple wounds and low BMI (body mass index)" "Recommendation" "Add fortified mashed potatoes at noon and PM meal."</p> <p>The Physician Order Report dated 6/3/19 through 7/3/19 documents an order for R109 to have "fortified mashed potatoes at noon and PM meal" and a daily treatment to R109's right and left foot pressure wounds of "cleanse both bunion wounds with NS (normal Saline). Pat dry apply hydrogel with collagen and nonadhesive pad then wrap with (gauze)."</p> <p>On 7/1/19 at 10:52 AM V10 Licensed Practical Nurse and V11 Wound Nurse removed R109's socks to prepare to complete R109's pressure sore treatments. At that time R109 did not have dressings on R109's right or left foot pressure</p> | S9999 |  |  |
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| S9999              | <p>Continued From page 12</p> <p>wounds. V10 stated V10 did not know R109's dressing were missing. V10 confirmed R109 should have dressings covering R109's pressure sores at all times.</p> <p>On 7/1/19 at 11:55 am and 7/2/19 at 12:13 PM R109 was in the dining room eating lunch and R109 did not have fortified mashed potatoes.</p> <p>On 7/1/19 at 12:45 PM V13 Dietary Aide confirmed R109 was not served fortified mashed potatoes at lunch.</p> <p>On 7/2/19 at 12:45 PM V13 Dietary Aide confirmed R109 did not receive fortified mashed potatoes at lunch and that R109's tray card documents R109 should be served fortified mashed potatoes at lunch. V13 stated other dietary staff read the tray card to V13 and V13 prepares the plate. V13 stated "if the staff reading the tray card do not tell (V13), (V13) does not know."</p> <p>3.) The Minimum Data Set dated 5/2/19 documents R106 requires extensive assistance from staff for transfers.</p> <p>The Care Plan dated 5/2/19 documents R106 has a suprapubic catheter for urinary retention.</p> <p>The Progress Note dated 4/30/19 documents R106 was treated for a urinary tract infection with antibiotic therapy on that date.</p> <p>On 7/1/19 at 12:10 PM, 12:25 PM, 12:45 PM and 1:00 PM R106 was seated in the wheelchair with R106's suprapubic catheter tubing laying on the floor.</p> <p>On 7/1/19 at 1:06 PM V12 Certified Nurses Aide</p> | S9999         |   |                    |

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| S9999 | <p>Continued From page 13</p> <p>transferred R106 from the wheel chair to the bed. V12 placed R106's catheter tubing on the floor while V12 moved the wheel chair from the bedside. V12 then removed R106's pants and brief, turned R106 on R106's side and cleansed R106's rectal area. Brown staining was present on the cloth after V12 cleansed R106's rectal area. Then without removing V12's contaminated gloves, completing hand hygiene, and applying clean gloves, V12 turned R106 on to R106's back and cleaned R106's suprapubic catheter.</p> <p>On 7/1/19 at 1:25 PM V12 confirmed V12 should have removed V12 contaminated gloves before handling R106's catheter tubing.</p> <p>(B)</p> <p>4 of 5 Licensure Findings</p> <p>300.610a)<br/>300.1210d)1)<br/>300.1620a)<br/>300.1630b)</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</p> | S9999 |  |  |
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| S9999              | <p>Continued From page 14 and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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>Section 300.1620 Compliance with Licensed Prescriber's Orders</p> <p>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.</p> <p>Section 300.1630 Administration of Medication</p> <p>b) The facility shall have medication records that shall be used and checked against the licensed prescriber's orders to assure proper administration of medicine to each resident. Medication records shall include or be accompanied by recent photographs or other means of easy, accurate resident identification. Medication records shall contain the resident's</p> | S9999         |   |                    |

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| S9999 | <p>Continued From page 15</p> <p>name, diagnoses, known allergies, current medications, dosages, directions for use, and, if available, a history of prescription and non-prescription medications taken by the resident during the 30 days prior to admission to the facility.</p> <p>These regulations are not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to administer medications as ordered by the Physician for one resident (R110) reviewed for medication administration in the sample of 15.</p> <p>Findings include:</p> <p>The facility's Administering Medications policy dated December 2012 documents, "Medications shall be administered in a safe and timely manner, and as prescribed." "Medications must be administered in accordance with the orders, including and required time frame." "The individual administering the medication must check the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication."</p> <p>1.) R110's Physician Order Report dated 6/2/19 to 7/2/19 documents R110 was admitted to the facility on 3/19/18 with diagnoses including Constipation, Pain in Right Foot, Pain in Left Foot, Dementia, Major Depression and Anxiety. This same report documents orders for Prednisolone Acetate drops, 1% (percent), amount one drop, ophthalmic (eye), special instructions: use eye drop until bottle is empty four times a day; AM(morning), Noon, PM(evening), HS (hour of sleep) with a start date</p> | S9999 |  |  |
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Continued From page 16 of 6/19/19.

R110's Nurses Progress Notes dated 6/28/19 at 6:36 PM, written by V17 Registered Nurse (RN) documents, "Res (Resident) cont (continues) on observation r/t (related/to) rt (right) eye cataract removal. Res was concerned with eye drop order. Order was clarified with eye clinic it is to be in rt eye only until drops are all gone in bottle. Res made aware. Will cont to monitor."

On 7/2/19 at 8:30 AM, V17 washed V17's hand and donned gloves then prepared to administer R110 the Prednisolone (Corticosteroid) 1% eye drops. V17 opened the bottle and with one hand pulled slightly down on the left eye lower eye lid and started to administer the Prednisolone in the left eye. V17 was prompted that it was the wrong eye. V17 stopped and administered the drop in the right eye. V17 stated V17 was administering it on V17's left side by mistake.

2.) R110's Physician Order Report dated 6/2/19 to 7/2/19 documents an order for Colace (stool softener) capsule, 100 mg (milligram), 200 mg oral twice a day, AM and PM with a start date of 5/6/19.

On 7/2/19 at 8:30 AM, V17 prepared R110's medications in a medication cup. V17 removed one 100 mg tablet of Colace from the pill bottle and placed it into the medication cup with the other medications. Before V17 administered the medications V17 confirmed there were eight pills in the medication cup. V17 administered the medications to R110.

On 7/2/19 at 2:12 PM, V17 confirmed R110 should have received two 100 mg Colace tablets on 7/2/19 at the morning medication pass.

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| S9999 | <p>Continued From page 17</p> <p style="text-align: center;">(C)</p> <p>5 of 5 Licensure Findings:</p> <p>300.610a)<br/>300.3210a)</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>Section 300.3210 General</p> <p>a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law based on their status as a resident of a facility. (Section 2-101 of the Act)</p> <p>These regulations is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to provide privacy during incontinence care and dignity during meals for five of 15 residents (R106, R111, R112, R113, and R114) reviewed for resident rights in the sample of 15 residents.</p> | S9999 |  |  |
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| S9999              | <p>Continued From page 18</p> <p>Findings include:</p> <p>The Assistance with Meals policy dated July 2017 states "Residents who cannot feed themselves will be fed with attention to safety, comfort and dignity, for example: Not standing over residents while assisting them with meals;"</p> <p>1. The Minimum Data Set dated 5/2/19 documents R106 is cognitively intact.</p> <p>On 7/1/19 at 1:06 PM V12 Certified Nursing Assistant (CNA) transferred R106 from the wheel chair to the the bed, removed R106's pants and brief and turned R106 on to R106's side facing the window to complete perineal care. V12 did not pull the privacy curtain around R106's bed. On 7/1/19 at 1:15 PM while R106 was unclothed from the waist down, R106's room mate (R115) opened the door to the room and came into the room. R115 stated "I'm not peeking." V12 then partially pulled the privacy curtain around R106 and continued to provide perineal care for R106. R115 then entered the bathroom next to R106's bed. When R115 finished using the bathroom R115 exited the bathroom and stated "is (R106) descent now?"</p> <p>On 7/1/19 at 1:25 PM V12 confirmed V12 should have pulled the privacy curtain around R106 while V12 was providing R106's care.</p> <p>On 7/3/19 at 12:00 PM R106 stated R106 would prefer that staff pull the privacy curtain around R106 during care.</p> <p>The Resident Rights Guidelines for All Nursing Procedures states "For any kind of procedure that involves direct resident care, follow these steps:"<br/>"provide for the resident's privacy."</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 19</p> <p>2. On 7/1/19 at 12:30 PM and 12:35 PM V8 Certified Nurses Aide was standing at a dining table in the dining room feeding R111 and R112.</p> <p>On 7/1/19 at 12:30 PM and 12:35 PM V16 CNA was standing at a dining table in the dining room feeding R113 and R114.</p> <p>(AW)</p> | S9999         |   |                    |