STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013601	A. BUILDING _____ B. WING _____	04/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBOR HOUSE	760 OLD MCHENRY ROAD WHEELING, IL 60090

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S 000	Initial Comments Annual Licensure Survey Complaint 1795215/ IL 96504-330.4220 Complaint 1892258/IL 101672 Complaint 1892453/ IL 101885-330.1510	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 4 Licensure Findings: 330.230a)2)4) Section 330.230 Information to be Made Available to the Public By the Licensee a) Every facility shall conspicuously post or display in an area of it accessible to residents, employees, and visitors the following: 2) A description, provided by the Department of complaint procedures established under the Act and the name, address, and telephone number of a person authorized by the Department to receive complaints; 4) A list of the material available for public inspection under Section 3-210 of the Act. (Section 2-209 of the Act) This regulation is not met as evidenced by: Based on observation, interview and record review the facility failed to post a notice of the Nursing Home Hotline number and availability of survey results. This failure has the potential to affect all of the 34 residents listed on the facility census.	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 Findings include: During the environmental tour on 4/25/18 there were not any notices posted for the Nursing Home Hotline number and the availability of the results of previous results of Illinois Department of Public Health surveys. 4/25/18 11:30 AM V8 (Facilities Manager) stated that I have never seen any postings like that. V1 (Executive Director) should be able to answer that. 4/25/18 11:55 AM V1 (Executive Director) stated that we do not have notices posted about the survey results. We have survey results available if the family or residents ask for them. The survey results are available in the Business Office in House 1. The Hotline number is not posted. (AW) 2 of 4 Licensure Findings 330.790c)1) Section 330.790 Infection Control c) Depending on the services provided by the facility, each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, as applicable (see Section 330.340): 1) Guideline for Hand Hygiene in Health-Care Settings	S9999		

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S9999	Continued From page 2 This regulation is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that hand hygiene was performed during dining for two residents (R6, R7) in the sample of five and five residents (R9, R12, R13, R14, R15) in the supplemental sample. Findings include: 4/24/28 12:03 PM V11 (RS-Resident Specialist) removed R9's plate from the table. V11 then placed R6's plate on the table and started feeding R6. V11 did not perform hand hygiene. 4/24/15 12:08 PM V10 (RS) stopped feeding R15, V10 then placed a clothing protector on R14. V10 resumed feeding R15 and did not perform hand hygiene. 4/24/15 12:10 PM V4 (Activities Director) was feeding R12. V4 used R12's clothing protector to wipe R12's mouth. V4 then placed R13's plate on the table and assisted R13 with the meal. V4 did not perform hand hygiene. 4/24/15 12:30 PM V4 removed R7's plate and the fed mixed fruit to R12. V4 did not perform hand hygiene. 4/24/15 12:40 PM V4 stated that I should have used hand sanitizer. I should have some in my pocket. There are hand wipes inside the kitchen. I didn't go in there. 4/24/15 V11 stated that I should have performed hand hygiene but I didn't. The alcohol sanitizer is above the sink in the kitchen.	S9999		

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S9999	Continued From page 3 A policy titled Hand Washing Techniques reads 1. Hands should be washed before and after each task when caring for residents, after handling dirty or soiled material, before preparing to eat or serve food, and after using the toilet. A policy titled Infection Control reads When to wash hands--before handling food. (C) 3 of 4 Licensure Findings: 330.1510a) Section 330.1510 Medication Policies a) Every facility shall adopt written policies and procedures for assisting residents in obtaining individually prescribed medication for self-administration and for disposing of medications prescribed by the attending physicians. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. This regulation was NOT MET as evidenced by: Based on observation and interview the facility failed to follow their medication policy and procedure for one resident (R2) out of two residents reviewed improper nursing care in a sample of five. Findings include: 4/24/2018 at 10:00 A.M. V13 (Resident's	S9999		

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daughter in law) said while we were at the facility (I don't remember the date). The nurse had 2 bottles dated 2015 and 9/12/2017. My husband and I buy the medication for R2 and give it to the facility. The Carbidopa/Levodopa was dated 3/3/16, I don't believe R2 had any medication.

4/25/2018 at 11:30 A.M. V6 (Licensed Practical Nurse) said we notify the family that medications was out. Medications are ordered by the family one week ahead of time. Resident did not miss any medications." All medications for R2 were in their appropriate medication bottles.

4/27/2018 at 11:30 A.M., V6 said zero mean out of medication if the family didn't bring it. No notes in chart stating the family was called at the end of March. We don't have records when the medication comes in, the family picks up the medication from the pharmacy.

4/26/2018 at 11:45 A.M. V1 said the Nurse Practitioner wrote the prescription then the nursing department calls the family member to pick the medication up.

4/26/2018 at 2:41 P.M. V`14 said Zero means medication not given. I called the family and the doctor. I didn't document it but I might have placed it on the twenty four hour report.

4/26/2018 at 2:54 P.M. documentation noted on MAR (Medication Administration Report) dated 4/1/18-4/15/2018 reveals Donepezil HCL 10 mg tablet not given and on 4/13/2018 - 4/17/2018 Sertraline HCL 100 MG was not given.

4/26/2018 at 3:11 P.M., documentation dated 4/13/18 twenty four hour report reveals 'Medication ordered for POA (power of Attorney)

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prescriptions in chart Donepezil and Sertraline left a Voicemail to POA to P/U (pick up). There was no follow-up documentation
Policy reads:

If a medication is not available we will use our own pharmacy and any costs will be the responsibility of the resident's representatives.

(C)

4 of 4 Licensure Findings:

330.4220f)

Section 330.4220 Medical Care

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)

This Regulation was NOT MET as evidenced by:

Based on observations and record review the facility failed to apply povidone-iodine to a resident's pressure sores and failed to include a nonstick foam 4x4 dressing. This failure affected one of two resident (R6) in the supplemental sample.

Findings include:

R6 is a 75 year old resident of the facility with

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diagnoses not limited to dementia and traumatic brain injury. Her hands are contracted and R6 is confined to a wheelchair. R6 has unstageable pressure ulcers to bilateral heel.

Printed electronic medical record titled "Actual Clinical Face to Face Encounter" for R6 notes that R6 was evaluated by wound doctor on 4/21/2018. Orders for wound care are as follows:

Clean heels with foam soap
Dry well
Povidone-iodine to eschars
Gauze moist with povidone-iodine to heels
Nonstick foam 4x4 dressing to both heels
Gauze bandage rolls to hold in place
Pressure relieving boots to both feet all day and night

On 04/24/18 at 1:12 PM, V5, RN (Registered Nurse), performed wound care on R6. The old wound dressings dated 04/23/18 were removed then both heels were cleaned with foam soap. Both pressure ulcers with eschar. Bilateral heels were allowed to dry. V5 then soaked a 4x4 gauze with povidone-iodine and applied it to the right heel. Clean, dry 4x4 gauze was applied over the povidone-iodine soaked gauze. V5 then used a gauze bandage roll to hold dressings in place to right ankle. Povidone-iodine was not applied directly to the eschar and nonstick foam 4x4 dressing was not applied to right heel as ordered.

At 04/24/18 1:30 PM, V5 addressed R6's left heel wound. V5 cut a small piece of foam dressing then soaked it in betadine, and placed it directly to the left heel. Clean, dry 4x4 gauze was then placed over the povidone-iodine soaked foam dressing and held it in place with gauze bandage rolls. V5 then placed pressure relieving boots to

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S9999	Continued From page 7 bilateral heels. Povidone-iodine was not applied directly to the eschar and gauze moist with povidone-iodine was not applied. Facility's "Wound Care Protocol" reads: All skin care orders will be followed according to the physician's order. On 04/25/18 at 12:35 PM, V1, Executive Director, stated that orders faxed from the wound doctor do not have to be transcribed onto the physician's order forms. Stated the faxed copy of the electronic medical record titled "Actual Clinical Face to Face Encounter" by the wound doctor is sufficient for the nurses to follow. (C)	S9999		