

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>IL6009112  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                      |   | (X3) DATE SURVEY COMPLETED<br><br>10/14/2021 |
| NAME OF PROVIDER OR SUPPLIER<br><br>PAUL HOUSE & HEALTH CR CTR |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3800 NORTH CALIFORNIA AVENUE<br>CHICAGO, IL 60618 |   |  |
| (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   | S 000  |   |  |
|  | Annual Licensure Survey  |  |   |  |
| S9999  | Final Observations   | S9999  |   |  |
|  | Statement of Licensure Violations:<br><br>1)<br><br>300.610a)<br>300.1210b)<br>300.1210c)1)<br>300.1630a)3)<br>300.1640a)<br>300.1640f)<br><br>Section 300.610 Resident Care Policies<br><br>a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br><br>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological |  |   |  |
|  |  |  | <b>Attachment A</b><br>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>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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>Section 300.1630 Administration of Medication</p> <p>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.</p> <p>3) Self-administration of medication shall be permitted only upon the written order of the licensed prescriber.</p> <p>Section 300.1640 Labeling and Storage of Medications</p> <p>a) All medications for all residents shall be properly labeled and stored at, or near, the nurses' station, in a locked cabinet, a locked</p> | S9999 |  |  |
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| S9999 | <p>Continued From page 2</p> <p>medication room, or one or more locked mobile medication carts of satisfactory design for such storage.</p> <p>f) The label of each individual multi-dose medication container filled by a pharmacist shall clearly indicate the resident's full name; licensed prescriber's name; prescription number, name, strength and quantity of drug; date this container was last filled; the initials of the pharmacist filling the prescription; the name and address of the pharmacy; and any necessary special instructions. If the individual multi-dose medication container is dispensed by a licensed prescriber from his or her own supply, the label shall clearly indicate all of the preceding information and the source of supply; it shall exclude identification of the pharmacy, pharmacist and prescription number.</p> <p>These requirements were NOT MET as evidence by:</p> <p>Based on observation, interview and record review, 1) the facility failed to assess two of two residents (R2 and R16) in the sample for knowledge and ability to safely and accurately self-administer medication before permitting them to do so without supervision. This failure affected R2 and R16 who were self-administrating medications without supervision and has the potential to affect all 85 residents identified residing at the facility during this survey.</p> <p>2) The facility failed to comply with the physician order and facility's policy on enteral tube medication administration. This failure affected one resident, R17, of two residents reviewed for enteral tube medication administration.</p> | S9999 |  |  |
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| S9999              | <p>Continued From page 3</p> <p>Findings include:</p> <p>1) On 10/12/21 at 11:53am, R2 was observed in R2's room sitting in the chair. A bottle of eye drops Tetrahydrozoline HCL and Fluticasone Propionate nasal spray 50mcg noted on the bedside dresser with no name and not in the manufacturer's container. R2 stated it's mine, I use them every morning so I don't have to wait for anyone (referring to facility nurses) to give them to me. This observation was brought to V4, RN (Registered Nurse) medication nurse's attention by the surveyor. Asked V4 what is the facility policy in regards to medication administration and self-administration protocol. V4 replied, R2 should not have these medications at the bedside, because R2 is not on medication administration program and there is not an physician order for R2's medications to be kept at bedside. V4 then added that R2 is a little confused and needs to be assessed for self-administration.</p> <p>On 10/12/21 at 12:10pm, interview conducted with V3 DON (Director of Nurse's) in regards to self-administration of medication facility protocol. V3 stated that R2 is not on self-administration program. V3 stated in part that medications should be labeled with residents name. Residents must have physician order for self-administration and evaluation that the resident can administer the medication safely.</p> <p>As of 3:00pm on 10/13/21, the facility was unable to present physician order or the self-administration of medication assessment or evaluation for R2.</p> <p>The facility policy on self Administration of Medication presented with effective date 01/01/2020 documented that residents in the</p> | S9999         |   |                    |

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| S9999 | <p>Continued From page 4</p> <p>facility who wish to self-administer medications may do so, if determined that they are capable of doing so. Procedure includes but not limited to assessing the resident using the Medication Self-Administration Evaluation Form which includes mental and physical capabilities to determine whether a resident is capable of self-administration. Self-administration medications must be stored in a safe and secure place, which is not accessible by other residents. An order stating "May self-administer medications and keep at bedside" must be obtained. Nursing staff will periodically check bedside stock and compare to MAR (Medication Administration Record) removing any unauthorized medications for return to family or responsible party. This guideline was not followed.</p> <p>On 10/13/21 at 9:35am, during observation of residents on the second floor, R16 was observed awake in bed. On R16's over-bed table was a medication cup containing 4 pills. Inquired from R16 why the medications were there; R16 stated "I got 7 pills, I took some, and now I've got these 4 to take." At this time, V13 (LPN-Licensed Practical Nurse) was asked regarding the pills. V13 stated "I gave her 7 pills and I thought she would take the pills".</p> <p>On 10/13/21 at 9:55am, V3 (Director of Nursing) was interviewed and stated that R16 does not have an order to self-administer her medications, and that the medications should not be at the bedside.</p> <p>2) On 10/13/21 at 8:46am during observation of gastrostomy tube (G-Tube) medication administration to R17 by V11(RN-Registered Nurse), V11 was observed doing the following: V11 opened up the following medications: Amiodarone 100mg(milligrams) 1 tablet;</p> | S9999 |  |  |
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| S9999              | <p>Continued From page 5</p> <p>Carbidopa-Levodopa 10-100mg 1 tablet;<br/>Magnesium Oxide 400mg 1 tablet;<br/>Senna-Docusate Sodium 8.6-50mg 1 tablet;<br/>Eliquis 2.5mg 1 tablet; Famotidine 20mg 1 tablet;<br/>and Oxybutynin 5mg 1 tablet. V11 crushed all seven pills together, mixed them up in a half-cup of water, stopped the G-Tube machine, and pushed the medication down the G-Tube after flushing the tube. V11 also flushed the tube after the medications were pushed through the tube. After leaving the resident's room, V11 was asked why all the medications were crushed together and mixed together; V11 responded that she is an agency nurse and she works in many nursing homes and that is the way she administers G-Tube medications.</p> <p>On 10/13/21 at 11:00am, V3 (Director of Nursing) was interviewed regarding this. V3 stated that the nurse should crush each medication separately and administer each medication separately. R17's Physician Order dated 9/26/21 states: Flush G-Tube with 5ml (milliliters) of water before and after each medication administered."</p> <p>Facility's policy on "Enteral Tube Medication Administration" with revision date 1/1/2020 states "To safely and accurately administer oral medications through an enteral tube: #6- Administer each medication separately; #9: Allow medication to flow down tube via gravity; Do not push medications through the tube; Give gentle boosts with the plunger if medication will not flow by gravity.</p> <p>(B)</p> <p>2)</p> <p>300.610a)</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 6</p> <p>300.1210b)<br/>300.1210d)5)<br/>300.1220b)2)3)</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 which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a 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>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> | S9999         |   |                    |

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| S9999  | <p>Continued From page 7</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> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care</p> | S9999  |   |                    |



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| S9999  | <p>Continued From page 8</p> <p>These requirements were NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to implement pressure ulcer prevention interventions for residents at risk for pressure ulcers. This failure has the potential to affect five residents (R4, R7, R14, R15, and R16), reviewed for pressure ulcer prevention interventions.</p> <p>Findings include:</p> <p>On 10/13/21 at 12:23 PM, R4's bed was observed with low air loss mattress on the bed with weight setting placed at 400 pounds.</p> <p>On 10/13/21 at 12:29 PM, R7's bed was observed with low air loss mattress on the bed with weight setting placed at 450 pounds.</p> <p>On 10/13/21 at 12:25 PM, R14's bed was observed with low air loss mattress on the bed with weight setting placed between 320 pounds and 350 pounds.</p> <p>On 10/13/21 at 12:27 PM, R15's bed was observed with low air loss mattress on the bed with weight setting placed at 350 pounds.</p> <p>On 10/13/21 at 12:31 PM, R16's bed was observed with low air loss mattress on the bed with weight setting placed at 350 pounds.</p> <p>On 10/13/21 at 1:43 PM, V3 (Director of Nursing, DON) was interviewed regarding pressure ulcer prevention and low air loss mattresses, V3 stated that she is currently doing the wound care. V3 was questioned regarding how the facility</p> | S9999  |   |  |

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| S9999              | <p>Continued From page 9</p> <p>determines who receives a low air loss mattress for pressure ulcer prevention. V3 stated that those residents who are at high risk or come in with a stage 2 receive a low air loss mattress. V3 then stated that, especially those residents with stage 3 or 4 ulcer receive an air mattress. When V3 was asked who sets up the air loss mattress to the specific weight settings for each resident? V3 stated the facility uses a local supply company that usually applies the settings to the bed. If the driver is vaccinated and can come in the facility, otherwise the mattress is dropped off at the front desk and the nurse sets up the mattress with the proper settings. V3 further mentioned that hospice patients use their own vendors for low air loss mattresses and those vendors place the settings on the bed. V3 was asked if she was aware that the settings for low air loss mattress are based on the resident's weights in order to be therapeutic and V3 stated that she was aware.</p> <p>Residents care plan documents in part, provide preventative measures per facility protocol for:</p> <p>R4's care plan initiated 08/31/21</p> <p>R14's care plan initiated 03/09/21</p> <p>R15's care plan initiated 05/03/21</p> <p>R16's care plan initiated 03/09/21</p> <p>R4's weight was reviewed and documented on 10/07/21 weight is 146.5 pounds. R4's Braden Scale dated 09/19/21 documented a Braden score of 14 and that R4 is a moderate risk for pressure ulcers.</p> <p>R7's weight was reviewed and documented on 10/07/21, weight 253 pounds. R7's Braden Scale</p> | S9999         |   |                    |

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| S9999  | Continued From page 10<br><br>dated 09/27/21 documented a Braden score of 15 and that R7 is at risk for pressure ulcers.<br><br>R14's weight was reviewed and documented on 10/11/21, weight 118.4 pounds. R14's Braden Scale dated 08/09/21 documented a Braden score of 9 and that R14 is a very high risk for pressure ulcers.<br><br>R15's weight was reviewed and documented on 10/07/21, weight 118.4 pounds. R15's Braden Scale dated 08/09/21 documented a Braden score of 13 and that R14 is a moderate risk for pressure ulcers.<br><br>R16's weight was reviewed and documented on 10/02/21, weight 182 pounds. R16's Braden Scale dated 08/12/21 documented a Braden score of 15 and that R16 is at risk for pressure ulcers.<br><br>Facility's policy titled "Skin Integrity Pressure Ulcer Pressure Injury" dated 01/01/2020 documents in part, Policy Statement: Any resident who is admitted without a pressure ulcer/pressure injury will not develop a pressure ulcer/pressure injury unless clinically unavoidable and a resident who has a pressure ulcer pressure injury will receive care, services to promote healing, prevent infection (to the extent possible), and prevention of additional pressure ulcers/pressure injury ... 3. iii: ... Implement monitor and modify interventions to attempt to stabilize, reduce or remove the underlying risk factor ... 6. j: ... pressure redistribution mattress and/or wheelchair cushion. The facility did not follow these guidelines.<br><br>(B) | S9999  |   |  |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>IL6009112</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>10/14/2021</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>PAUL HOUSE &amp; HEALTH CR CTR</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3800 NORTH CALIFORNIA AVENUE<br/>CHICAGO, IL 60618</b> |
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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 |
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| S9999 | <p>Continued From page 11</p> <p>3)</p> <p>300.1810)</p> <p>Section 300.1810 Resident Record Requirements</p> <p><b>B) Confidentiality.</b> The facility policy shall include adequate safeguards to ensure confidentiality of patient medical records, including procedures to limit access to authorized users. The authorized user must certify in writing that he or she is the only person with authorized user access to the identifier and that the identifier will not be shared or used by any other person. A surveyor or inspector in the performance of a State-required inspection may have access to electronic medical records, using the identifier and under the supervision of an authorized user from the facility. A surveyor or inspector may have access to the same electronic information normally found in written patient records. Additional summary reports, analyses, or cumulative statistics available through computerized records are the internal operational reports of the facility's Quality Assurance Committee.</p> <p>This requirement was NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure that a resident's electronic medical records was safeguarded and not left open and visible to others. This failure affected one resident (R18) of total sample of 6 residents reviewed for medical records confidentiality.</p> <p>Findings include:</p> | S9999 |  |  |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>PAUL HOUSE &amp; HEALTH CR CTR</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3800 NORTH CALIFORNIA AVENUE<br/>CHICAGO, IL 60618</b> |   |   |
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| S9999   | <p>Continued From page 12</p> <p>On 10/13/21 at 9:20am during observation of medication administration on the second floor, V4 was observed administering medications to R18. After V4 left the medication cart to go to give the medications to R18, R18's electronic medication records remained open and visible to anyone passing in the hallway. Inquired from V4 why the computer screen was left open, V4 stated that she knew she was supposed to log out of the computer screen.</p> <p>Facility's policy titled "Electronic Protected Health Information (EPHI)" states in part:<br/>To ensure the security and integrity of medical records of residents at the Facility.<br/>A. the Facility will work to locate terminals for access to EPHI in secure locations to prevent unauthorized access.<br/>i. Computers or other electronic devices will be located in areas that limit access by Residents and visitors.<br/>ii. When possible, monitors should face away from public view.</p> <p>(Comments Accepted, no violation)</p> <p>4)<br/>300.2100<br/>Section 300.2100 Food Handling Sanitation<br/>Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750).<br/><br/>(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)</p> | S9999  |   |   |

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| S9999              | <p>Continued From page 13</p> <p>These requirements were NOT MET as evidence by:</p> <p>Based on observation, interview and record review, the facility failed to discard left over food items stored in the walk in freezer in a timely manner; failed to properly date and label opened food items not in the original manufacturer's package stored in the refrigerator; and failed to dispose of dented food cans. These failures have the potential to cause food borne illnesses to all 80 residents who were identified as receiving oral diets from the facility kitchen.</p> <p>Findings include:</p> <p>On 10/12/21 at 11:15am, during initial kitchen observation tour with V7 (Cook/Prep Cook) was identified as being in charge of the kitchen. The following observations were made in the food storage room: two cans of 6 LBS oz of diced potatoes, one can of chop suey vegetables 6 LBS, 6 OZ can and one 6 LBS oz of whole tomatoes were dented and co-mingled with non dented cans. V7 stated the cans should have stored together on the return food items shelves.</p> <p>On 10/12/2021 at 11:20am in the freezer, three separate bags of carrots were noted with dates of 9/15/21, 12/18/20 and 12/20/20. Beets in a plastic bag labeled 6/7/21, spinach labeled 3/5/21, ground beef not dated or labeled, and chicken tenders stored in a plastic bag dated 9/18/21. V7 stated in part that the dates on food items are use by dates. V7 stated that the food has expired and they should have thrown away.</p> <p>When this observation was brought to V1's (administrator) attention V1 stated the real supervisor is off and will not be back before the</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 14</p> <p>survey is over. V1 stated in part that dietary staff will be re-educated.</p> <p>The facility policy on Storage of Dry Goods/Foods presented dated 2018 documented that dented cans are stored in a designated area to be returned to vendors. This guideline was not followed.</p> <p>The facility policy on Labeling and Dating Foods presented dated 2017 documented that the policy is to decrease the risk of borne illness and to provide the highest quality, foods is labeled with the date opened and date by which the item should be discarded. Procedure includes but not limited to making sure the packed or containerized bulk food may be removed from the original package and stored in an ingredient bin labeled with the common name of the food, the date the item was opened and date by which the item should be discarded or used by. This guideline was not followed.</p> <p>The facility Food &amp; Nutrition services Sanitation &amp; food Safety policy on Refrigerated food presented and dated 2017 documented under procedure that refrigerated food prepared in the healthcare community is labeled with the date to discard or used by. This includes leftovers. The discard/use by date will be a maximum of six days after preparation. Recommended maximum storage period for food items that includes but not limited to meat and carrots if opened 3 to 4 days refrigerated. Lunch meat opened 1 week refrigerated.</p> <p>(AW)</p> | S9999         |   |                    |