

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015382	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LINCOLNSHIRE ASSISTED LVG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 170 JAMESTOWN LANE LINCOLNSHIRE, IL 60069
--	---

(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 Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 330.790a)c) 330.1110f)g) Section 330.790 Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. 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): This REQUIREMENT was not met as evidenced by: Based on observation, interview, and record review the facility failed to follow Centers for Control (CDC) by not wearing N95 masks and recommended PPE (personal protective equipment) for new admissions on transmission based precautions (contact/droplet precautions). This applies to 1 of 7 residents (R5) reviewed for	S9999		

**Attachment A
Statement of Licensure Violations**

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015382	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LINCOLNSHIRE ASSISTED LVG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 170 JAMESTOWN LANE LINCOLNSHIRE, IL 60069
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>infection control in the sample of 12.</p> <p>The findings include:</p> <p>On March 29, 2021, at 12:03 PM, V10 Certified Nursing Assistant (CNA) was walking R5 down the hallway to the dining room for the noon meal. R5 was not wearing a mask or any face covering. V10 was wearing a surgical mask. She was not wearing an N95 or face shield. She stated, they only wear surgical masks and nothing else. She added, that she did not have any residents on isolation at that time. R5's room had an isolation cart outside of her room.</p> <p>The list of residents that are on isolation provided by the facility on March 29, 2021 shows, R5 was on isolation for PUM (new admission- not fully vaccinated).</p> <p>R5's electronic medical record (EMR) show she was admitted to the facility on March 17, 2021 (11 days since admission).</p> <p>On March 29, 2021, at 12:41 PM, V2 Director of Nursing stated, R5 was on isolation for contact/droplet precautions because she was a new admission. He stated, staff should be wearing N95 masks, face shield, gown, and gloves. She will be on isolation for 14 days.</p> <p>On March 29, 2021, at 12:12 PM, V11 R5's daughter stated, R5 has not been vaccinated for COVID-19 yet and that the facility has her on a list for their next COVID-19 vaccine clinic.</p> <p>The list of residents fully vaccinated provided by the facility on March 30, 2021 shows, there are 7 residents total on that unit (including R5). R7-R12 have been fully vaccinated for COVID-19</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015382	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LINCOLNSHIRE ASSISTED LVG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 170 JAMESTOWN LANE LINCOLNSHIRE, IL 60069
--	---

(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
S9999	<p>Continued From page 2</p> <p>. R5 is the only resident that has not been vaccinated for COVID-19.</p> <p>The facility's COVID-19 guidelines and emergency preparedness plan last revised March 11, 2021 shows, "C) Isolation and Quarantine: PUI's (person under investigation), COVID-19 positive cases, new admissions & readmissions under observation, and exposed individuals should immediately be placed in contact ad droplet isolation.... Healthcare personnel entering the room should use standard precautions, contact precautions, droplet precautions, and use gown, gloves, N95 (or surgical mask if N95 is unavailable due to crisis situation), and eye protection (e.g. goggles or a face shield).</p> <p>The CDC's interim infection prevention and control recommendations to prevent SARS-CoV-2 spread in nursing homes and long term care facilities last updated on March 29, 2021 shows, "New Admissions and Residents who Leave the Facility: Create a Plan for Managing New Admissions and Readmissions: In general, all other new admissions and readmissions should be placed in a 14-day quarantine, even if they have a negative test upon admission... Residents can be transferred out of quarantine if they remain with no fever and without symptoms for 14 days..."</p> <p style="text-align: center;">" C "</p> <p>(2 of 2)</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015382	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LINCOLNSHIRE ASSISTED LVG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 170 JAMESTOWN LANE LINCOLNSHIRE, IL 60069
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 3</p> <p>Section 330.1110 Medical Care Policies f)The facility shall notify the physician of any accident, injury, or unusual change in a resident's condition. (A, B) g) At the time of an accident, immediate treatment shall be provided by personnel trained in medically approved first aid procedures. (A, B)</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to assess and notify the physician of a diabetic resident having a hypoglycemic episode. This applies to 1 (R2) of 6 residents in the sample of 6 reviewed for medications.</p> <p>The findings include:</p> <p>On 3/29/21 at 9:44 AM, R2 said his morning blood sugar was 53, he felt dizzy and the nurse did nothing for him.</p> <p>R2's Admission Record dated 3/30/21, shows his diagnoses included Diabetes. R2's current Medication Administration Record (MAR) for 3/1/21-3/31/21 shows his blood glucose on 3/29/21 at 6:00 AM was 54. R2's MAR for 3/2021 and his Order Summary Report for 3/2021 show R2's physician is to be notified for hypoglycemia (low blood glucose).</p> <p>R2's current Care Plan provided by the facility (initiated on 6/22/20 with a target date of 6/20/21) shows R2 is at risk for fluctuating blood sugars due to diabetes mellitus.</p> <p>On 3/29/21 at 12:27 PM, V7, Licensed Practical Nurse (LPN), said there are protocols for calling the doctor when a resident's blood sugar is out of</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015382	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LINCOLNSHIRE ASSISTED LVG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 170 JAMESTOWN LANE LINCOLNSHIRE, IL 60069
--	---

(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
S9999	<p>Continued From page 4</p> <p>range; usually the range is less than 70 or greater than 400.</p> <p>On 3/30/21 at 9:08 AM, V9, LPN, said if a resident's blood sugar is less than 75-80, they give the resident orange juice or apple juice and notify the physician. V9 said she would document the incident and watch the resident for symptoms including dizziness, shakiness, or drowsiness.</p> <p>On 3/20/21 at 1:08 PM, V2, Clinical Director, said a resident with a blood sugar of 54 should be assessed by the nurse, the physician notified for further instruction, and the interventions and doctor notification should be documented. If the physician doesn't answer or call back immediately, the nurse might give orange juice to the resident and note any symptoms (change in mentation, sweats, cold/clammy skin).</p> <p>R2's Progress Notes from 3/29/21 to 3/30/21 at 1 PM show no documentation regarding his blood sugar of 53 on 3/29/21 at 6 AM.</p> <p>The facility's Diabetes Management Policy (revised 8/5/20) shows, "It is the policy of this facility to provide optimal nursing care for diabetic patients to: Recognize, assist and document the treatment of complications commonly associated with diabetes. The Procedure includes documentation of the resident's vital signs, assessment of symptoms, level of consciousness, physician notification and orders ...</p> <p style="text-align: center;">" B"</p>	S9999		