

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6017008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/19/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THRIVE OF FOX VALLEY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4020 E NEW YORK STREET AURORA, IL 60504</b>
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S 000	Initial Comments	S 000		
	First Probationary Licensure Survey			
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.696a) 300.696c)2) 300.1210b)</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 300.696 Infection Control</p> <p>c) 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 (see Section 300.340):</p> <p>2) Guideline for Hand Hygiene in Health-Care Settings.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>The facility shall provide the necessary care and</p>	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

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>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>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to follow standard infection control practices during provisions of incontinence care related to hand hygiene and gloving.</p> <p>This applies to 3 of 4 residents (R3, R4, R9) observed for infection control during provisions of care in the sample of 9.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. On 5/17/21 at 10:21 AM, V12 (Occupational Therapist/OT) had just finished providing occupational therapy with R9. V12 assisted R9 to the bed and checked R9's vital signs, then she (V12) left the room still wearing her gloves and without hand hygiene.</li> <li>2. On 5/17/21 at 12:17 PM, V6 (Nurse) rendered incontinence care to R3 who was wet with urine. V6 cleaned R3 by wiping his (R3's) frontal perineum followed by wiping/cleaning the buttocks then back to the frontal perineum again while wearing same soiled gloves.</li> </ol>	S9999		

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S9999	<p>Continued From page 2</p> <p>On 5/18/21 at 10:15 AM, R3 was observed to be under contact isolation. According from V5 (Wound Care Nurse), it is due to R3's VRE (vancomycin-resistant enterococcus) of the urine. At 10:20 AM, V5 rendered incontinence and wound care to R3 with the help of V11 (Nurse). During the process of care, she (V11) helped R3 reposition, then she touched different surfaces (both clean and dirty) as well as scratched her face while wearing same gloves.</p> <p>3. On 5/8/21 at 12:00 PM, V9 and V10 assisted R4 to the toilet who voided and had a bowel movement. While R4 was sitting on the toilet bowl, V10 removed R4's soiled pants and placed a clean pair of pants to R4's legs. After R4 finished using the toilet, V10 proceeded to provide peri-care, and helped V9 applied new incontinence brief to R4 and pulled the clean pants back up in place for R4 while wearing the same gloves.</p> <p>On 5/18/21 at 2:42 PM, V8 (Assistant Director of Nursing/ADON) stated that during provisions of care the staff must perform hand hygiene before handling resident, when hands become soiled, or after touching body fluids, and after removing soiled gloves. The staff must wash hands and change gloves in between tasks to prevent infection.</p> <p>Facility's Policy and Procedure for Hand Hygiene and Personal Protective Equipment (PPE) showed:</p> <p><b>GUIDELINE:</b> All personnel are responsible for hand hygiene. Wash hands with soap and water when hands are visibly soiled or when working with a resident with a spore producing organism (c-diff). If hands</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>are not visibly soiled, use an alcohol-based waterless antiseptic agent for routinely decontaminating hands. The American Hospital Association and the Center for Disease Control recommend:</p> <ul style="list-style-type: none"> <li>- After contact with a source likely to be contaminated with a virulent microorganism for hospital pathogen (i.e. urinary catheter systems or dressing from a draining wound).</li> <li>- After moving from a contaminated body site to a clean body site during patient care.</li> </ul> <p><b>GUIDELINE:</b> Personal Protective Equipment is required when there is risk that an employee maybe exposed to potentially infectious materials. 4. PPE will be removed before leaving room and placed in an appropriately designated area or container for disposal. 6. Gloves should be worn anytime there is reasonable anticipation of occupational exposure. Disposable gloves should be replaced as soon as practical after contamination. Gloves should never be washed and reused. (C)</p> <p>300.610a) 300.1620a) 300.1640a) 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. The written policies shall be followed in operating</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p><b>Section 300.1620 Compliance with Licensed Prescriber's Orders</b> 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><b>Section 300.1640 Labeling and Storage of Medications</b> a) All medications for all residents shall be properly labeled and stored at, or near, the nurses' station, in a locked cabinet, a locked medication room, or one or more locked mobile medication carts of satisfactory design for such storage. (See subsections (f) and (g) of this Section.)</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to administer medications as prescribed by physician's and as recommended by the pharmacy this applies to 2 of the 7 residents (R4, R8) observed for medication pass. The facility failed to ensure that the resident's medications cabinet is locked and secure, this applies to 2 of 9 residents (R6, R7) in</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>the sample of 9.</p> <p>The findings include:</p> <p>A. R4 is a guest in the facility who has multiple medical diagnoses to include diabetes mellitus. R4's Medication Administration Record (MAR) showed; To give Novolog (Insulin Aspart) 20 units subcutaneously three times a day with meals and to give sliding scale of Novolog four times a day. On 5/17/21 at 12:15 PM, V7 (Nurse) checked R4's blood glucose level (BGL), with result of 197 mg/dl and based on this BGL and the recommended sliding scale, R4 is to be given 6 units.</p> <p>On 5/17/21 at 1:05 PM, V7 (Nurse) administered 26 units of Insulin Aspart to R4. However, this insulin was given to R4 after she (R4) finished her lunch.</p> <p>R8's MAR showed multiple prescribed medications including Symbicort Aerosol 160-4.5 mcg/ACT. To give 2 puffs (oral inhalation) every 12 hours for chronic asthma.</p> <p>On 5/18/21 at 9:30 AM, V11 (Nurse) administered Symbicort Aerosol to R8. V11 handed the Symbicort R8 which then gave herself 2 puffs of the inhaler 5 seconds in between. V11 did not give instructions to R8 of how soon she should take the puffs in between doses.</p> <p>On 5/18/21 at 2:35 PM, V8 (Assistant Director of Nursing/ADON) gave the following statement: The facility followed physician order and pharmscript (instructions from pharmacy) when administering medications. For the inhalers, if it's prescribed to give 2 puffs of the same medication, it is required to wait 1-2 minutes to</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>administer the second puff after the initial one. In addition, the Novolog (Insulin Aspart) is a short acting insulin. Usually it is given prior to mealtime if it is a sliding scale and before or with meals for the regular insulin Aspart dosage.</p> <p>Facility's Medication Administration Guideline showed: To ensure that the administration of medications is performed in a safe manner to prevent medication errors.</p> <p>Procedure:</p> <p>4. Medication preparation/Administration</p> <p>a. Five Rights:</p> <ul style="list-style-type: none"> <li>- Right Medications</li> <li>- Right Dose</li> <li>- Right Time</li> <li>- Right Route</li> <li>- Right Person</li> </ul> <p>5. Follow special directions (take with food, before meals, after meals, sitting upright, etc.)</p> <p>Pharmscript guidelines for Oral Inhalation Administration dated 9/2018 showed:</p> <p>III. Metered Dose and Dry-Powder Inhalers:</p> <p>12. Press down on the inhaler once to release the medication as the resident start to breathe slowly through the mouth over 3-5 seconds. Do not spray more than 1 puff at a time.</p> <p>13. Instruct the resident to hold their breath for 10 seconds if possible, to allow the medication time to reach deeply into the lungs, then slowly exhale through the nose.</p> <p>14. If another puff of the same or different medication is required, wait at least 1-2 minutes</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>between, then repeat the procedure above. Some dry-powder inhalers require more than one inhalation to receive the full dose.</p> <p>B. R7's face sheet included diagnosis of supraventricular tachycardia, chronic kidney disease stage 3, personal history of pulmonary embolism, malignant neoplasm of unspecified site of right female breast, secondary malignant neoplasm of the bone, secondary malignant neoplasm of liver and intra hepatic bile duct, need for assistance with personal care.</p> <p>On 5/17/21 at 11:42 AM, R7's medicine storage cabinet in room was noted to be open. The same storage cabinet had multiple drugs in the cabinet which included Diltiazem HCL, Lisinopril, Loratadine, Methylprednisolone, Prochlorperazine Maleate, Toprol XL, Calcium/Vitamin D, Tylenol. V5 (Licensed Practical Nurse, wound care) who was in the hallway was notified of this and V5 stated that the medication storage unit is usually locked and that the unit nurse has the keys to open each cabinet.</p> <p>2.R6's face sheet included diagnoses of acute embolism of unspecified deep veins of right lower extremity, anemia, gastro-esophageal reflux disease without esophagitis, spinal stenosis, other abnormalities of gait ad mobility, need for assistance with personal care.</p> <p>On 5/17/21 at 12:50 PM, R6's medicine storage cabinet in room was also noted to be open. The same storage cabinet had multiple drugs in the cabinet which included Amlodipine Bensylate, Diphenhydramine HCL, Fluoxetine, Levothyroxine Sodium tablet, Pantoprazole Sodium, Pravastatin Sodium, Warfarin, Omega 3, Biotin, Vitamin D3,</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>Vitamin B12, Coenzyme Q10, Tums, Tylenol Extra Strength. V6 (Registered Nurse) who was in the next room was notified of the this and V6 stated that the medicine cabinet unit should have been closed.</p> <p>On 5/18/21 at 1:36 PM, V2 (Director of Nursing) stated that the medicine cabinets automatically close once shut by the nurses. V2 stated that these medicine cabinets should be closed by the nurses after medication administration.</p> <p>Facility policy and procedure titled Medication Storage (effective date 4/20/20) included the following: Policy: The facility maintains proper store of a variety of medications in accordance to the pharmacy recommendations and regulatory guidelines Procedure: 1. The facility acknowledges that the medications can be stored in a variety of storage areas located within the nursing unit and under lock and key. 2. Each individual patient room has a lockable cabinet for medications and a double lock for narcotics....</p> <p>(C)</p>	S9999		