

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014492</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/16/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LEMONT NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12450 WALKER ROAD LEMONT, IL 60439</b>
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S 000	Initial Comments	S 000		
S9999	<p>Complaint Investigation: 2271281/IL143613</p> <p>Final Observations</p> <p>Statement of Licensure Violation:</p> <p>300.610a) 300.610c)2) 300.696a) 300.696b) 300.696c)1) 300.1010h) 300.1210b)3) 300.1210d)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. 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>c) The written policies shall include, at a minimum the following provisions:</p> <p>2) Resident care services, including physician services, emergency services, personal</p>	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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S9999	<p>Continued From page 1</p> <p>care and nursing services, restorative services, activity services, pharmaceutical services, dietary services, social services, clinical records, dental services, and diagnostic services (including laboratory and x-ray);</p> <p>Section 300.696 Infection Control</p> <p>a) Each facility shall establish and follow policies and procedures for investigating, controlling, and preventing infections in the facility. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code. Each facility shall monitor activities to ensure that these policies and procedures are followed.</p> <p>b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections.</p> <p>c) Each facility shall adhere to the following guidelines and toolkits of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, and Agency for Healthcare Research and Quality (see Section 300.340):</p> <p>1) Guideline for Prevention of Catheter-Associated Urinary Tract Infections</p> <p>Section 300.1010 Medical Care Policies</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</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 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>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour,</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>seven-day-a-week basis:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to notify the physician of an elevated White Blood Cell Count.</p> <p>This applies to 1 of 4 residents (R1) reviewed for change in condition in a sample of 4.</p> <p>This failure resulted in R1 being admitted to the hospital Intensive Care Unit for treatment of Sepsis and Urinary Tract Infection.</p> <p>Findings include:</p> <p>R1's Resident Progress Notes dated 11/14/2021 documents R1 with increased confusion and cloudy urine. The Physician was notified, and orders were received to obtain a urinalysis and urine culture.</p> <p>R1's Physician Order Report 11/1/2021-11/30/2021 documents a Complete Blood Count (CBC) is to be completed every Monday.</p> <p>R1's final Laboratory Report dated 11/15/2021 at 5:07 PM documented a White Blood Cell Count (WBC) of 20.8 (normal range 4.8-10.8).</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>R1's Resident Progress Notes 11/18/2021 at 2:04 PM documents R1 with a poor appetite for breakfast and lunch. This note documents the Nurse Practitioner was notified of R1's poor appetite and the preliminary urinalysis and urine culture results.</p> <p>R1's Internal Medicine Progress Note dated 11/18/2021 documents R1 with elevated WBC's and a positive urine culture (preliminary result) without a fever. Azactam 1 gram intravenously every 12 hours was indicated for a Urinary Tract Infection (UTI).</p> <p>R1's final Laboratory Report dated 11/18/2021 at 2:39 PM documents a final urine culture result showing Morganella Morganii and Staphylococcus Aureus organisms.</p> <p>R1's Resident Progress Notes 11/19/2021 documents R1 was sent to the hospital for evaluation for decreased urine output and a swollen scrotum.</p> <p>R1's hospital Emergency Room Provider Notes 11/19/2021 documents R1 admitted to the Intensive Care Unit with diagnoses that include elevated White Blood Cell Count and Sepsis.</p> <p>R1's Discharge Summary dated 11/26/2022 documents R1's hospital admission due to diagnoses that include Sepsis, UTI and Scrotal Cellulitis. R1 expired on 11/26/2022 after being placed on Hospice Care by his family due to his advanced age and do not resuscitate order.</p> <p>On 2/16/2022 at V12 (Physician) stated the facility failed to notify me or my Nurse Practitioners of R1's elevated white count on</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>11/15/2021. We started R1 on antibiotics on 11/18/2021 even before the sensitivity report was completed because he was symptomatic and had a high white count. R1 did not die because of the UTI, he was improving with treatment; hospital notes clearly show he was improving and stabilized. R1 died because he was made comfort care and treatment was withdrawn. The failure to notify us of the elevated white count did delay his treatment and starting the antibiotics quicker may have prevented his hospitalization and decline at the facility. I cannot say this delay would have changed the outcome of the Scrotum/Penile Cellulitis, because he had a catheter.</p> <p>The facility policy, Notification of Resident Change in Condition Policy dated November 2016 documents the facility is to notify the physician promptly of any changes in a resident's health condition.</p> <p>(B)</p>	S9999		
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