

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005953	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/07/2023
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NAME OF PROVIDER OR SUPPLIER TAYLORVILLE SKLD NUR & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 800 MCADAM DR TAYLORVILLE, IL 62568
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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
S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210c)</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 300.1210 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.</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure catheter care was provided as scheduled for 1 of 1 residents (R49) reviewed for incontinent care/catheter care/urinary tract infections in the sample of 41. This failure resulted in R49 having recurrent urinary tract infections requiring Intravenous (IV) antibiotics and Contact Isolation; and causing discomfort/pain to the resident.</p> <p>Findings include:</p> <p>The Facility's Monthly Infection Control Log dated 12/2022 documents R49 had culture on 12/21/2022 which was positive for Extended-spectrum beta-lactamases (ESBL) of the urine.</p> <p>The Facility's Monthly Infection Control Log dated 1/1/2023 to 1/31/2023 documents R49 had an infection of the urine.</p> <p>The Facility's Monthly Infection Control Log dated 2/1/2023- 2/28/2023 documents (R49) "Date of onset: 2/21/2023, organism: ESBL.</p> <p>R49's Face sheet dated 12/27/2023 documents, "Diagnosis Information: Extended-spectrum beta-lactamases (ESBL) Resistance."</p> <p>R49's Minimum Data Set (MDS) dated 1/17/2023 documents R49 is cognitively intact and has an indwelling urinary catheter.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R49's Care Plan dated 9/22/2023 documents, "High Risk for Urinary Tract Infection due to: Indwelling Catheter (cath). Provide cath care every shift." It further documents, "1/31/2022- Provide Catheter/Peri-care QS (Every shift)."</p> <p>R49's Lab Results Report, collection date 2/22/2023 and 2/27/2023 as the reported date. It further documents, "Positive for ESBL Isolation precautions may be required. Please refer to your Infection Control Policy."</p> <p>R49's Care Plan dated 2/27/2023 documents, "(R49) has a Urinary Tract Infection (UTI)."</p> <p>R49's Care Plan dated 2/28/2023 documents, "Potential for infection R/T (related to) Midline IV (intravenous) cath."</p> <p>R49's Physician's Order Sheet (POS) dated 2/27/2023 documents, "Contact isolation due to ESBL to urine." It continues to document on 2/28/2023, R49 was started on an IV antibiotic three times a day for UTI for 10 days.</p> <p>On 2/27/2023 at 3:30 PM, noted that R49 and her belongings had been re-located to another room.</p> <p>On 2/28/2023 at 10:30 AM, V2, Director of Nursing (DON), stated she was attempting to obtain IV access for R49's infection, but was unsuccessful.</p> <p>On 2/28/2023 at 10:35 AM, R49 stated, "They don't even do this once a day (regarding catheter care). Night shift didn't do it last night. I've had a bladder infection for over a year. They should just keep me in isolation all the time since I have them so much. If they did clean it more often, I</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>think it would reduce the chances of it coming back. It is very painful, in my mons pubis (pubic area), and the flank of my back."</p> <p>On 2/28/2023 at 10:40 AM, V14, Certified Nursing Assistant (CNA), stated R49's peri-care spray was still in her previous room, and she would have to have someone get it.</p> <p>On 2/28/2023 at 11:05 AM, V14 stated catheter care should be done every-time they do peri-care. At that same time, V15, CNA, stated catheter care should be done at least once a shift.</p> <p>On 2/28/2023, R49 verified she was moved to her new room on 2/27/2023 around 2 or 3 in the afternoon.</p> <p>R49's Untitled Document dated Feb 2023 documents, "Catheter Care" Time: Q (Every shift) 0600-1800 (6 AM-6 PM), 1800-0600 (6 PM-6 AM). It further documents, "1- Was catheter care provided? Y- Yes, N-No" It continues to document either blanks or an "X" 2/6/2023, 2/8/2023, 2/14/2023, 2/17/2023, 2/20/2023, 2/23/2023 and 2/28/2023, indicating no catheter care was completed on 1800-0600 shift.</p> <p>The Facility's Catheter Care Daily (Female) Policy dated 1/9/15/2019 documents, "Policy Catheter care will be provided daily and as needed care. It is the responsibility of the Nursing Assistant to provide daily and as needed catheter care."</p> <p>The Facility's "Incontinence Care" Policy, dated 5/16/23, documents "All incontinent residents will receive incontinence care in order to keep skin clean, dry, free of irritation and odor. Incontinence care will be provided as required." It continues, Procedure: "5. Wash hands, apply gloves," It also</p>	S9999		

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S9999	Continued From page 4 documents, "8. Wash all soiled skin areas and dry very well, especially between skin folds." It further documents "Equipment: E. Lotion/Vaseline" It also documents, Procedure: "8. Wash all soiled skin areas and dry very well, especially between the skin folds. 9. Apply protective skin lubricant and rub well into skin." (B)	S9999		