

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002653	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2023
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NAME OF PROVIDER OR SUPPLIER EASTERN STAR HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 9890 STAR LANE, P.O. BOX 317 MACON, IL 62544
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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: Violation 1 of 2</p> <p>300.696 b)</p> <p>Section 300.696 Infection Prevention and Control b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration's Respiratory Protection Guidance. 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.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observations, interview, and record review the facility failed to appropriately store nebulizer equipment to prevent the potential cross contamination and growth of bacteria for one of one residents (R2) reviewed for inhalation medications on the sample list of 15.</p> <p>Findings include:</p> <p>R2's Infection Report dated 4/14/23 documents</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>R2 is receiving antibiotic therapy for pneumonia.</p> <p>On 4/17/23 At 9:45 AM, a nebulizer mask and tubing were lying directly on R2's bed. The nebulizer mask was not in a bag.</p> <p>On 4/17/23 at 11:10 AM, V4 Registered Nurse picked up the nebulizer mask off of the bed and poured Albuterol into the mask's medication cup and applied the mask to R2's face and started the nebulizer machine.</p> <p>On 4/18/23 at 9:25 AM, R2's nebulizer mask was lying directly on the top of the nebulizer machine. The nebulizer mask was not in a bag.</p> <p>On 4/18/23 at 1:00 PM, V1 Administrator stated that the nebulizer mask's medication cup should be rinsed after use and then bagged to prevent the risk of infection.</p> <p>The facility's Nebulizer Use policy dated 11/15/12 documents, "Keep tubing, (medication) cup, and mouthpiece/mask inside plastic bag during non-use."</p> <p>(C)</p> <p>Violation 2 of 2 300.686b)3)</p> <p>Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Medications b) A resident shall not be given unnecessary medications. An unnecessary medication is any drug used: 3) Without adequate monitoring;</p> <p>These requirements are not met as evidenced by:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Based on interview and record review the facility failed to track targeted behaviors for two residents (R2,R5) of 15 residents reviewed for psychotropic medications in a sample list of 15 residents.</p> <p>Findings Include:</p> <p>The facility policy Psychotropic Medication revised 3/31/16 states "Residents shall not be given psychotropic drugs unless the drug therapy is necessary, as documented in the resident's behavior tracking sheet, to treat a specific condition as diagnosed and documented in the resident's clinical record." This policy also states "Each resident receiving a psychotropic medication will be placed on a behavioral management program and mood/behaviors reviewed every month. Behaviors will be documented on the behavior tracking sheets and the nurse's notes."</p> <p>R5's Continuity of Care Document printed 4/18/23 includes the following diagnoses: Type II Diabetes, Macular Degeneration, and Ulcerative Pancolitis.</p> <p>R5's Minimum Data Set (MDS) dated 2/23/23 documents R5 is severely cognitively impaired but has no concerning behaviors.</p> <p>R5's Physician's Order Sheets (POS) for March 1,2023 through April 30, 2023 include a current order initiated 2/20/23 for lorazepam (antianxiety) 0.5 mg tablet as needed oral, give 0.5mg by mouth every 6 hours for agitation.</p> <p>R5's Care Plan updated 2/23/23 does not include behavior management interventions/plan to justify the use of a psychotropic medication.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 4/19/23 at 10:30AM V1, Administrator stated "I wish I could tell you we have the behavior tracking for (R5), but we don't."</p> <p>2. R2's Medication Administration Record documents an order dated 5/12/20 for Xanax 0.25 milligrams at hour of sleep. This record with a print date of 4/18/23 documents R2 received this medication every night from 4/1/23 through 4/17/23 for the month of April 2023.</p> <p>R2's Psychotropic medication assessment documents R2 is receiving Xanax 0.25 milligrams at hour of sleep for anxiety. This assessment documents R2 is not on a behavior management program.</p> <p>On 4/19/23 at 11:00 AM, V1 Administrator stated R2 was not on a behavior management program.</p> <p>(C)</p>	S9999		