

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000731	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/12/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BARRY HEALTHCARE & SR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1313 PRATT STREET BARRY, IL 62312
---	---

(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 and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 2) 300.610a) 300.1210b)3) 300.1210d)3) 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 the facility. Section 300.1210 General Requirements for Nursing and Personal Care 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. 3) All nursing personnel shall assist and	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: IL6000731	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/12/2023
--	---	--	--

NAME OF PROVIDER OR SUPPLIER BARRY HEALTHCARE & SR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1313 PRATT STREET BARRY, IL 62312
--	---

(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>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, 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 promote residents dignity by addressing residents needs timely and addressing residents in a respectful manner for 8 of 32 residents (R24, R25, R27, R29, R35, R37, R42, R45) reviewed for dignity in the sample of 41. This failure has resulted in R15 feeling worthless and in tears talking about her staff interactions.</p> <p>Finding include:</p> <p>1. On 12/4/23 at 10:30 AM, R15 had a very shaky</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000731	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2023
NAME OF PROVIDER OR SUPPLIER BARRY HEALTHCARE & SR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1313 PRATT STREET BARRY, IL 62312		
(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>voice and tears coming down her face during an interview related to staff and her treatment.</p> <p>On 12/04/23 10:27 AM, R15 stated, "Our girls are good. It might take them a bit but they are good. Agency staffing is horrible. They just don't care about us. They are here for a paycheck. Last week I had my light on and he came in and asked what I needed. I told him I had to go to the bathroom. He told me that I had an (incontinent brief) on and to just go to the bathroom in my brief. It will take agency staff over 30 minutes to answer a light. They just make me feel worthless." R29 stated that she did tell the nurses and they told her that she is ok. R29 stated that they walk around and talk on their phones with those things they put in their ears instead of working.</p> <p>On 12/5/23 at 3:00 PM, V1, Administrator, was questioned if she had heard of a complaint regarding staff from R15, V1 stated that she had not.</p> <p>On 12/7/23 at 2:00 PM, V1 stated that she looked into the matter of R15. V1 stated, "I have spoke with (R15) and staff and what I found out is everyone knows that R15 will only get up to the commode in the morning and apparently she was told to use her (incontinent brief) at night."</p> <p>R15's Admission Profile, print date of 12/8/23, documents that R15 was admitted on 3/25/2019 and has diagnoses Hemiplegia and hemiparesis following a stroke and Heart Failure.</p> <p>R15's Minimum Data Set (MDS), dated 11/16/23, documents that R15 is cognitively intact, requires substantial assistance for toileting and is always incontinent of bladder and occasionally</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000731	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

BARRY HEALTHCARE & SR LIVING **1313 PRATT STREET**
BARRY, IL 62312

(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>incontinent of bowel.</p> <p>2. On 12/04/23 at 10:10 AM, R25 stated that it takes about 30 minutes or more for staff to come and answer the light. Over the weekend it took them an hour and a half to come and put me in my recliner from my wheelchair.</p> <p>R25's Admission Profile, print date of 12/11/23, documents that R25 was admitted on 10/2/20 with diagnoses of Dementia and Type 2 Diabetes.</p> <p>R25's MDS, dated 11/1/23, documents that R25 is cognitively intact.</p> <p>3. On 12/04/23 at 9:36 AM, R42's call light was on. R42 stated that she has had her light on for "awhile". R42 stated, "You can't judge them on the one here today. It always takes her a long time. I want to get up and get out of bed."</p> <p>R42's Admission Profile, print date of 12/8/23, documents R42 was admitted on 8/3/23 and has diagnoses of Chronic Obstructive Pulmonary Disease and Obesity.</p> <p>R42's MDS, dated 11/1/23, documents that R42 is moderately cognitively impaired.</p> <p>4. On 12/04/23 at 9:48 AM, R45 stated, "They bring in agency and it takes them forever to get things done. I have waited for a half an hour for my call light."</p> <p>R45's Admission Profile, print date of 12/8/23, documents that R45 was admitted on 3/20/23 and has diagnosis of history of a stroke.</p> <p>R45's Minimum Data Set (MDS), dated 8/14/23, documents that R45 is cognitively intact.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000731	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/12/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BARRY HEALTHCARE & SR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1313 PRATT STREET BARRY, IL 62312
---	---

(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>The facility Call System, Resident policy, dated 9/2022, documents, "Calls for assistance are answered as soon as possible, but no later than 5 minutes. Urgent requests for assistance are addressed immediately."</p> <p>5. On 12/05/23 at 10:24 AM, R35, R24, R37 and R27 were all in attendance at the resident group meeting. All stated it takes a long time for staff to respond to call lights because there is not enough staff. R24 stated if staff did not bring their kids to work with them if they don't have a sitter there would be less staff to take care of them.</p> <p>R24's Minimum Data Set (MDS) dated 11/9/2023 documents that R24 is cognitively intact. R24's Care plan dated 10/16/2019 documents R24 requires supervision and set up for bathing. R27's MDS dated 6/20/2023 documents R27 is cognitively intact. R35's MDS dated 11/27/2023 documents R35 has moderate cognitive impairment</p> <p>The facility resident council minutes dated 11/28/2023 documents under old business kids are brought to work. New business documents not enough staff to serve meals. Call lights are taking too long 30 minutes. Resident council minutes dated August 2023 documents it takes a long time to get call lights answered because there is not enough staff. (No violation is issued)</p> <p>Statement of Licensure Violations (2 of 2)</p> <p>300.610a)</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000731	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/12/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BARRY HEALTHCARE & SR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1313 PRATT STREET BARRY, IL 62312
---	---

(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 5</p> <p>300.1210b) 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.</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> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, 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</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000731	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/12/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BARRY HEALTHCARE & SR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1313 PRATT STREET BARRY, IL 62312
---	---

(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 6</p> <p>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 observation, interview and record review, the facility failed to obtain Physician Orders for a change of condition for 1 of 15 residents (R150) reviewed for quality of care in the sample of 41. This failure resulted in R150 being delayed treatment for mouth sores, nausea, and a sore throat.</p> <p>Findings include:</p> <p>On 12/04/23 at 10:52 AM, R150 stated, "They just put me on a new medicine, and it has been awful. I got canker sores all over my mouth. I couldn't figure out what was going on. On Friday (12/1/23) or Saturday (12/2/23) I told the nurses, and they looked in my mouth and said it was canker sores. Nothing from doctor yet but they are going to talk to him today. My throat is sore, and I have been very nauseous. It's a new medicine for arthritis." R150 is sitting in her room in her wheelchair. R150 appears to be in discomfort and is very pale.</p> <p>R150's Health Status Note, dated 12/3/2023 at 06:55 AM, documents, "res (resident) noted to have canker sores to inner upper lip and inner bottom lip. c/o (complaint of) sore throat. nausea. vomiting. Vs (vital signs) - 186/76 (blood pressure) - 72 (pulse) - 98.2 (temperature) - 20 (respirations) - 95% RA (room air). Fax written and sent to MD (Medical Doctor)."</p> <p>On 12/5/23 at 11:55 AM, V10, Nurse Practitioner,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000731	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2023
NAME OF PROVIDER OR SUPPLIER BARRY HEALTHCARE & SR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1313 PRATT STREET BARRY, IL 62312		
(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 7</p> <p>stated that she saw R150, and she does have stomatitis (condition that causes painful swelling and sores inside the mouth) in her mouth and that she has sores inside her mouth. V10 stated that today was the first time she had heard of it, and she has ordered her a mouth rinse for it.</p> <p>R150's Physician Order, dated 12/5/23, documents, "Nystatin Mouth/Throat Suspension (Nystatin (Mouth-Throat)). Give 15 ml (milliliter)/hr (hour) by mouth after meals and at bedtime for oral stomatitis for 14 Days magic mouthwash with equal ratios of diphenhydramine 12.5mg (milligram) elixir, Maalox susp (suspension). nystatin 100,00 unit/gram-swish 15ml for as long as tolerated, then spit out."</p> <p>On 12/11/23 at 2:30 PM, V1, Administrator, stated that there was a misplaced fax related to this, but she agreed the nurses should have followed up when they did not hear back from the doctor in a timely fashion.</p> <p>The policy Change in a Resident's Condition or Status, dated 2/2021, fails to document what to do if Physician fails to answer notice of change of condition.</p> <p>(B)</p>	S9999		