

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2024
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NAME OF PROVIDER OR SUPPLIER ALIYA OF OAK LAWN	STREET ADDRESS, CITY, STATE, ZIP CODE 6300 WEST 95TH STREET OAK LAWN, IL 60453
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S 000	Initial Comments Complaint Investigations: 2496275/IL176511 2496612/IL176945	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 4: 300.230a) 300.230d) 300.3210v) Section 300.230 Information to Be Made Available to the Public by the Licensee a) Every facility shall conspicuously post for display in an area of its offices accessible to residents, employees, and visitors the following: d) All Cook County facilities with Colbert Class Members shall conspicuously display, in a public and accessible location, a Department-provided poster informing residents of their right to explore or decline community transition, and their right to be free from retaliation, regardless of their decision on transition. This poster shall include a telephone number for reporting retaliation to the Department and shall include the steps a resident should take if retaliation does occur. The display of the poster will be included as a compliance measure in the Department's survey process. Section 300.3210 General v) All Cook County facilities with Colbert Class Members shall provide educational materials and information to all newly admitted Colbert Class Members within one to three days	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
10/04/24

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>of admission, informing them of their rights and services under the Colbert Consent Decree, as prescribed by the Colbert Lead Defendant Agency. All Cook County facilities shall provide verification that the educational materials and information were given to the Colbert Class Members, as requested by a Colbert Defendant Agency.</p> <p>These Regulations are not met as evidenced by:</p> <p>A. Based on observation, interviews and record reviews, the facility failed to display a department provided retaliation poster in an accessible and visible location. This deficiency potentially affects seven (R7, R13, R16, R17, R20, R24 and R25) of seven residents reviewed for Colbert.</p> <p>B. Based on interview and record review, the facility failed to provide educational materials on information and services under Colbert Consent Decree within one to three days of admission for one (R20) of one resident reviewed for Colbert.</p> <p>Findings include:</p> <p>A. According to facility's list of residents under Colbert Decree, R7, R13, R16, R17, R20, R24 and R25 are currently Colbert Class Members.</p> <p>On 09/09/24 at 10:15 AM, it was observed that there was no Colbert retaliation poster displayed in the front lobby, common areas such as cafe, dining room, main activity room, and all units in the facility.</p> <p>On 09/10/24 at 2:35 PM, facility was toured again with V10 (Social Services) to observe display of Colbert retaliation poster, but none was observed. V10 stated, "We have Medicaid residents. Colbert poster should be posted where any residents can</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 2</p> <p>see it."</p> <p>On 09/10/24 at 2:40 PM, V1 (Administrator) was asked regarding display of Colbert retaliation poster in visible areas in the facility. V1 replied, "We should have Colbert posters in the building."</p> <p>On 09/11/24 at 10:02 AM, V36 (Social Worker) was also asked regarding Colbert poster. V36 stated, "We have Colbert residents in the building. Facility has to post the Colbert poster on each unit and by the front entrance."</p> <p>Facility was requested to present any policy related to Colbert. V1 stated that they don't have any policy pertaining to Colbert.</p> <p>B. R20 is a 57-year-old, male, admitted in the facility on 06/18/24 with diagnoses of Acute Kidney Failure and Dependence on Renal Dialysis. MDS (Minimum Data Set) dated 06/25/24 documented R20 has BIMS (Brief Interview for Mental Status) score of 12 which means moderate impairment in cognition. On 09/11/24 at 9:38 AM, R20 was asked if he is a Colbert Class member. R20 replied, "I don't know anything about Colbert. Somebody gave me a calling card, but I don't know what Colbert is. Nobody talked to me about it. I was not given any information about Colbert."</p> <p>On 09/11/24 at 10:02 AM, V36 (Social Worker) was asked regarding Colbert. V36 stated, "We have Colbert residents in the building. They do have case managers under Colbert who comes to facility and do the assessments. For new admission, I have not given any materials to new admission, but I believe when Colbert representative comes here, they give the information to residents that they see. To my</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 3</p> <p>understanding, it's the Colbert case manager doing that part. I am not sure if regulation stated it's the facility's responsibility, I would have to find out."</p> <p>On 09/11/24 at 12:39 PM, V43 (Outreach Specialist, Colbert) was interviewed regarding Colbert residents in the facility. V43 replied, "We do have Colbert residents in the facility. We get a list from the state, I come out and review the list of residents. If they are in the building, I come and visit them. I introduced myself and we tell them about housing and services outside facility. I come here once to two times a week. I can't see the residents who are newly admitted until after 60 days as part of the Decree. They don't have information about Colbert until I see them."</p> <p>A follow up interview with V36 was conducted on 09/12/24 at 11:45 AM. V36 was asked regarding R20. V36 verbalized, "He was in the Colbert program prior to facility admission and is still in the program."</p> <p>Outreach Activity Outcome dated 10/20/23 documented that R20 was seen by Colbert representative while he was still in another long-term care facility. However, R20 stated he was not given information regarding rights and services as Colbert Class member when he was admitted in the facility.</p> <p>Facility was requested to present any policy related to Colbert. V1 stated that they don't have any policy pertaining to Colbert.</p> <p style="text-align: center;">(C)</p> <p>Statement of Licensure Violations 2 of 4: 300.615e)</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 4</p> <p>300.615f)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on interviews and record reviews, the facility failed to conduct background checks on resident known as identified offender. This deficiency affects one (R23) of five residents reviewed for admission screening and has the potential to affect the 142 residents currently residing in the facility.</p> <p>Findings include:</p> <p>Per facility census, there are 142 residents</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>currently residing in the facility.</p> <p>R23 is an 80-year-old male, admitted in the facility on 11/23/2015 with diagnosis of Hemiplegia and Hemiparesis Following Unspecified Cerebrovascular Disease Affecting Left Non-Dominant Side. R23's CHIRP (Criminal History Information Response Process) was conducted on 02/10/24 and resulted to a hit. R23's name was checked under state sex offender website on 03/16/2020. His name was checked in the national sex offender registry and department of corrections on 12/23/23.</p> <p>On 09/10/24 at 1:42 PM, V1 (Administrator) and V7 (Admissions Director) was asked regarding background checks on residents. V1 stated, "We need to do background checks on all residents within 24 hours of admission - the CHIRP; the sex offender websites and department of corrections. When I came in, I ran an audit on all residents for background checks that is why R23 had his CHIRP done last February." V7 also verbalized, "CHIRP and department of corrections are done within 72 hours of admission. The sex offender websites is upon admission."</p> <p>Facility's policy titled "Abuse Policy and Prevention Program", dated 10-2022 documented in part but not limited to the following: Abuse policy. This facility affirms the rights of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This will be done by conducting pre-employment screening of employees and pre-admission screening of residents.</p> <p>(C) Statement of Licensure Violations 3 of 4:</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>750.230a)1) 300.2030 300.2100</p> <p>Section 750.230 Food Handlers ? Training</p> <p>a) All Food Handlers</p> <p>1) All food handlers, other than someone holding a certified food protection manager certificate, shall receive or obtain training in basic food handling principles, as outlined in Section 750.210, within 30 days after employment</p> <p>300.2030 Hygiene of Dietary Staff</p> <p>Food service personnel shall be in good health, shall practice hygienic food handling techniques, and good personal grooming.</p> <p>Section 300.2100 Food handling Sanitation; Section</p> <p>Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750).</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on observations, interview, and record review the facility failed to follow their policy for safe and sanitary food preparation. These failures affected 139 residents that receive meals from the kitchen by not ensuring proper covering of hair; not ensuring hand washing during food handling was done; not ensuring expired food was discarded timely; not ensuring garbage cans had lids on them when not being used and not ensuring kitchen staff (food handlers) had certificates.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>Findings include:</p> <p>On 09/09/2024 at 9:47 AM Surveyors went to kitchen and was accompanied by District manager, V26 for kitchen tour. He states kitchen manager, V34 is on vacation. After donning hair nets and washing hands V26 accompanied surveyors on tour for kitchen. Hair nets available by handwashing sink. All staff wearing hair nets. V27, Dietary Aide did have on a hair net, but end of braid was hanging out of hair net touching her back. V26 was asked by surveyor if the hair net should cover all hair and he replied that yes, all hair should be in the hair net. V26 Jimmy brought attention to V27 and told her she needed to put all her hair in the hair net. She apologized and said it must have fallen out. She ensured all hair was in hair net and washed hands.</p> <p>On 09/09/2024 at 9:47 AM 3 garbage cans noted to not have lids on them. One was being used by kitchen staff by dish washer area and other two by door but were empty. One box of hush puppies noted to have freezer burn. V26 stated that it should be discarded as it had freezer burn.</p> <p>09/09/2024 at 9:47 AM 1 bag of open grits did not have a use by date on it and some grits spilled on the tray it was sitting on. 1 gallon of opened soy sauce with used by date of 06/03/2024 seen on shelf. 1 gallon of opened sautéing cooking wine with no use by date observed on shelf. V26 stated that all those 3 items should be discarded as they should be used by use by date and have a use by date labeled on the packaging once opened.</p> <p>On 09/09/2024 at 11:38 AM Surveyors returned to kitchen to watch tray line. V28 (Cook) observed</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>getting temperatures of food with no concerns. Tray line observed. In the middle of preparing trays, V28 needed plastic condiment cups and removed gloves, grabbed condiment cups, touched face with ungloved hand and put new gloves on prior to returning to prepare trays. V28 did not wash hands after touching her face or before putting on new gloves. V26 stated that all employees are expected to wash hands after touching face and prior to donning new gloves for meal preparation.</p> <p>On 09/09/2024 at 11:38 AM All food handler certificates/SERV Safe certifications reviewed with list of kitchen staff. 1 kitchen staff, V29 (Dietary Aide) did not have food handlers' certificate. V29's hire date was 07/16/2024. V26 stated she does not have it (Food Handlers') certificate, if she works today, I will have her do it today.</p> <p>On 09/11/2024 at 8:55 AM V26 provided information regarding V29's food handlers' certificate. Food handlers certificate provided with completion date of 09/10/2024. V26 stated per their union they have 60 days to have food handlers certificate completed from hire date. Also, he provided information regarding the wine that did not have a use by date marked on the open bottle. He brought the bottle and bottle does have expiration date of 09/07/2028. He provided email showing the wine was purchased 01/03/2024 and bottle did have open date marked on it as 01/05/2024.</p> <p>On 09/11/2024 at 9:35 AM V26 provided paperwork showing expiration dates showing that foods that expire 6 months after opening and it lists vinegar as one of these foods. Wine was not on this list. This document also states bottled</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>foods expire 1 year after opening. V26 will go look and see if he can provide another document showing wine specifically.</p> <p>Facility Policy Title "Labeling and Dating Policy" which reads: Foods will be labeled upon delivery to the facility and staff will follow the expiration date guidelines as posted or "use by date" on the product itself.</p> <p>Procedure " Staff will utilize the food storage guidelines for storing food. Once open the food will be stored accordingly. " Any items past the use by date will be discarded of immediately " All foods that are opened are to be wrapped or put in a sealed container for proper storage to prevent contamination Facility Policy on Hand washing: 4 . When to wash your hands. Wash your hands as often as possible. It is important to wash your hands. " Before starting to work with food, utensils, or equipment " Before putting on gloves " When switching between raw foods and ready to eat foods " After handling soiled utensils and equipment " After coughing, sneezing, using a tissue or using tobacco products " After eating and drinking " After touching skin, face, or hair.</p> <p>(C) Statement of Licensure Violations 4 of 4: 300.610a) 300.1210b) 300.1210d)3)5)</p>	S9999		

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S9999	<p>Continued From page 10</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> <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</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>resident's medical record.</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on interview, and record review the facility failed to follow their policy and resident care plan related to skin care and activities of daily living for one dependent resident (R4) to keep skin clean and failed to follow doctors' orders to administer three residents (R2, R16, R17) their prescribed medication. These failures affected four of four residents reviewed for improper nursing care in a sample of twenty-five.</p> <p>Findings include:</p> <p>R4 is a 47-year-old resident admitted to the facility on 04/25/2017 with medical diagnoses including but not limited to: Multiple sclerosis, unspecified severe-protein malnutrition, and quadriplegia. Minimum Data Set (MDS) dated 07/03/2024 documents Brief Interview for Mental Status (BIMS) score of 14 which suggests cognition is intact. Section GG documents R4 requires partial/moderate assistance with eating, substantial/maximal assistance with oral hygiene, and is dependent for cares with toileting hygiene, shower/bathe self, upper and lower body</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>dressing, putting on/taking off footwear and personal hygiene.</p> <p>Progress note dated 08/30/2024 at 10:36 AM from nurse practitioner documents: Skilled Nursing Home Subsequent Visit - Date of Service 08/30/2024 Recently admitted back to this facility. Patient. was recently re-admitted from local hospital after she was sent out due to complaints of maggots in wounds. Off note there were concerns that maggots were coming out of patient's suprapubic catheter wound and the perineal area, was sent out for this reason. Infectious disease was consulted for possible infection however no infectious seen. Computed tomography (CT/cat scan) anteroposterior (A/P) also unremarkable for any acute signs of skin and soft tissue infection (SSTI). Essentially patient was diagnosed with stercoral colitis status post CAT scan. Gastrointestinal was consulted and recommended enemas and relistor injection with miralax. Off hospital records no maggots was found after complete body check was done. She was eventually stabilized and returned back to sub-acute rehab (SAR). Patient is in stable condition with no acute distress/labored breathing noted. Patient was sent to this facility for continuity of care. Patient is stable.</p> <p>On 09/09/2024 at 11:04 am R4 stated, I have a wound on my torso, and they found maggots. I do not have any maggots on my wound now. When they changed the dressing, they seen the maggots. Surveyor asked if she could see wounds but R4 refused as wound care was already completed for the day.</p> <p>On 09/10/2024 at 8:22 AM Surveyor called V17 (R4's Power of Attorney - POA). V17 stated, V22 Certified Nursing Assistant (CNA) on evening shift</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2024
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NAME OF PROVIDER OR SUPPLIER ALIYA OF OAK LAWN	STREET ADDRESS, CITY, STATE, ZIP CODE 6300 WEST 95TH STREET OAK LAWN, IL 60453
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S9999	<p>Continued From page 13</p> <p>found the maggots in wound. V17 spoke with V3 Assistant Director of Nursing (ADON) and V5 (Wound Care Specialist) and they told me it was from fruit she was eating in her bed. V17 stated, R4 stated she never refuses a shower, but R4 may ask to have shower later if R4 is in pain. V17 was very upset and stated he was looking into placement elsewhere for his sister due to facility's inability to properly care for her.</p> <p>On 09/10/2024 at 9:14AM surveyor went with V20 (Wound doctor), V5 and V21 (Certified Nursing Assistant (CNA) to do wound care for R4. V5 stated, R4 has a history of refusing things. R4 agreed that surveyor could watch her next scheduled wound care tomorrow (9/11/2024). When surveyor asked V5 about the incident with maggots V5 stated R4 has had moisture associated skin damage (MASD) in groin and further stated, R4 had some fruit in bed. V5 stated, I am not a specialist in bugs, so I do not know what a maggot is. I did not see any insect in the wound. V5 stated, R4 had some fruit flies flying around, but I don't recall when this was. I (V5), V3 and V1 (Administrator) met with V17. I (V5) came in on end of meeting and discussed healed wounds. I (V5) was not in any conversation regarding bed bugs, or maggots. V20 stated, I was not made aware of any of this. I (V20) would not be surprised if there were fruit flies as she has a lot of food all around her. V20 stated, I (V20) was not made aware of any insects by wound. She has declined being seen. I see her every couple of weeks. Surveyor asked V20 if getting maggots on a wound could be preventable. V20 stated, getting maggots in a wound can be preventable. Sometimes we use maggots to help heal wounds. We have never used maggots in R4's wounds. V20 further stated, to prevent maggots some interventions</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 14</p> <p>would be to change linens, housekeeping (making sure room is clean), changing nephrostomy tubes, wound care and educating R4 regarding turning, refusals, and the need to do dressing changes. Surveyor asked V20 did R4 refuse wound care due to pain. V20 stated, R4 is getting pain medications prior to wound care. I (V20) last saw her for wounds on 09/03/2024. Surveyor asked if R4's wound care could be done on 9/11/2024 at 9 am. V5 stated that would be fine.</p> <p>On 09/10/2024 at 10:11 am surveyor asked V22 (CNA) if she took care of R4 on 8/19/2024. V22 stated, I am aware of R4 having maggots in her wound. V22 described V5 but did not know her name. V22 stated, V5 was in the room with V8 Licensed Practical Nurse (LPN). I (V22) left out of the room, and they cleaned up the maggots. A lot happened. V22 and V8 had to change her. V22 stated, "I (V22) saw two maggots. They looked like rice-colored worms. I pulled back the covers and seen 2 maggots on top of her (R4's) incontinence brief. I (V22) told V8, and she stated you (V22) are lying. V8 didn't believe me and came and looked. V8 went out of the room and came back with V2 Director of Nursing (DON) and V3 and V5, who I described earlier. Basically, they (V2, V3, V5) were all in there I came out of R4's room. They stated she needed a shower. They were in the room. When I was ready to put her in the shower. I went in there and helped V8 and wound care nurse V5 with removing the maggots. They were everywhere I can't say they were coming out of the wound. They were between her legs, on her stomach folds some on her legs but nothing above her chest. I did not see fruit flies in that room, I just seen the maggots". V22 further stated, "Another CNA V23 and I showered R4. By the time we (V22, V23)</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 15</p> <p>got R4 in the shower we got all the maggots off her. We showered her for like an hour. They stripped her bed, changed her room and when we were done her whole room was changed". I do not think V23 seen any maggots. I did let V23 know everything because she was going to be helping me. I did not take any pictures of the maggots. I did not get a chance to document that day because we were already behind. I did not chart after that. We do incontinence rounds every 2 hours and residents get showers 2 times a week. I had worked on a Monday August 19th and that was the day it happened. I did not have any communication with the family about this. I notified V8 and she got V2, V3 and V5 to come in.</p> <p>On 09/10/2024 at 10:34 AM surveyor asked V8 LPN if she worked with R4 before and do you recall an issue with maggots. V8 stated, "I do recall finding maggots with a CNA. I do not know her name. I do not know when it was. It was about 2-3 weeks ago. CNA and I were together to go do wound care. I was on one side and CNA was on other side. R4 had pillows for protection. I (V8) removed pillows. I (V8) removed the brief and noticed something white. I moved things around a little more to see what it was. I seen little white worms. There was a significant amount. They were under her stomach folds. R4 snacks a lot and has a lot of open fruit in her room. I did not see any (referring to maggots) in R4 peri area. I did not see any on her back or legs. At that point I went to get help. I got V2 and V5. We gownned up started cleaning her up and got her out of the room. I (V8), V5 and CNA removed all visible maggots and transferred R4 via manual lift to shower bed and took her to shower room. After that housekeeping came in the room. I do not remember who that was. The CNA who was with</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 16</p> <p>me and another CNA took R4 to shower room to shower her. While they were in shower room, I helped clean up the room. She had watermelon, some bananas and more open food in there. We threw maggots and trash out".</p> <p>Maintenance/housekeeping came and did a deep cleaning. I (V8) believe V5 notified family. I did not put in a nursing note for what I seen as I was under the impression that V5 and the assigned nurse for that area would put in the note. I told V24 RN that was caring for R4 what happened as well. V24 came in the room and was looking flush and so I offered to help clean up the mess. V24 was in the room and seen the maggots. She works evening shift. R4 did not have on a dressing as it was MASD in stomach folds. V8 identified V24 as the nurse that was assigned to R4 on 8/19/2024.</p> <p>On 09/10/2024 at 11:37 am surveyor asked V24 if she took care of R4 and if she recalled R4 having maggots. V24 stated, "I have worked with R4. I do recall a couple weeks ago that she had an issue with maggots. I was not in the room and did not see the maggots. I just heard it from V8. I was not able to go to the room because I was doing the medication. I did help move her to the other room after CNA's gave her a shower. I was told we needed to move resident to another room so we could clean the room. I do not recall who told me to move her to another room. While the housekeeping was cleaning the room, we needed to move her to another room. I did not see maggots".</p> <p>On 09/10/2024 at 11:52 AM surveyor asked V2 about R4's incident with maggots. V2 stated, I am familiar with R4. V2 stated, there was a situation when I was called to R4's room where there were fruit flies and gnats as she had a bunch of open</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 17</p> <p>food. R4 was headed to the shower by the time I got over there. I did not see any maggots on R4's body or in her room. My expectation for residents regarding showers is they are offered twice a week and if they refuse the nurse is notified. The staff uses shower sheets for documenting showers and refusals. They will write if bed bath is given instead of shower. CNA's do incontinence rounds every 2 hours. I did not meet with V17 regarding bed bugs or maggots. I know V17 met with V1 and V3 regarding a concern of bed bugs. I was not made aware by any staff regarding bed bugs or maggots. I did not assist in cleaning up the room. They moved R4 to deep clean her room. I was called over the refusal to get rid of the fruit. I assume that she was moved because V17 had a concern of bed bugs. Both residents were moved out of the room to see if there were any extermination needs. I do not know how often V17 visits, and I have never met him. The exterminator was called out, but I do not know what they found. I was not in the meeting with V3 and V1 and V17. V3 is on vacation, and I will try to have her call you guys.</p> <p>On 09/10/2024 at 12:48 PM surveyor asked V1 if he was familiar with R4 and maggot incident. V1 stated, yes, V17 came into the facility upset about a conversation the day before. R4 called him and told him she had maggots in skin folds. There were no complaints of bed bugs. I did have the pest control come out and there were no bugs of any kind. V17 was concerned if maggot issue happened and what we (facility) were going to do. R4 has a long history of non-compliance. I asked him not to bring in perishable items and help with her non-compliance. I (V1) did not see any maggots. At that time staff did report seeing maggots. R4 was taken to the shower immediately and her room was changed to have</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 18</p> <p>pest control come in to evaluate the situation. I cannot remember who reported seeing the maggots. It was kind of a heightened situation. In my expectation I would not like to see maggots on a resident, but I can see that it can happen. R4 did not have any injuries associated with anything. Everything was cleaned up. There was no infection associated with anything. Surveyor asked V1 if staff should have documented about maggot situation. V1 stated, I would say the staff should chart on this situation. R4 went out to the hospital a day or two after for evaluation as V17 wanted R4's wounds evaluated. Surveyor asked V1 if someone from management team document on R4's issue with maggots. V1 stated, I would expect from the management team to have charted what happened to the best of their knowledge at the time. Going forward we don't allow perishable items in her room. We asked V17 not to bring items in. We check on R4 on a daily basis to make sure no food is staying in there. R4 eats in her bed in her room, but staff is aware to not allow food items to stay open for prolonged periods of time in R4's room. Surveyor asked V1 what could have prevented the situation with maggots on R4 from happening. V1 stated, routine body checks and ADL care can be done to prevent this from happening in the future. R4 does have a long history of refusing. I cannot say the staff did anything wrong here. We are just trying to put a spotlight on this, so this doesn't happen again.</p> <p>On 09/11/2024 at 10:29 AM surveyor reviewed shower sheets for R4 from 06/04/2024 to present. 5 of the 14 shower sheets show are marked that resident refused shower/bed bath. Dates of refusals are 06/04/2024, 06/25/2024, 07/23/2024, 08/22/2024 and 09/02/2024. Days R4 received showers/bed baths are 06/11/2024, 06/18/2024,</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 19</p> <p>07/02/2024, 07/09/2024, 07/16/2024, 08/13/2024, 09/04/2024, 09/07/2024 and 09/09/2024.</p> <p>On 09/11/2024 at 9:17 AM surveyor accompanied V5 and V21 to observe wound care for R4. R4 refused to let surveyor observe wounds or wound care as V5 stated, R4's wound care was already changed as they were wet and needed to be changed.</p> <p>During this survey, V3 and V23 did not respond to surveyor or facility call. On 09/12/2024 V3 never called surveyors during course of investigation.</p> <p>Nursing Progress note dated 08/19/2024 at 5:20pm documents: Note: Was called to room by wound care observed lying in bed with crumbs in the bed around her and multiple open containers off fresh cut fruit at the bedside and flowers in a vase. R4 was noted with what appeared to be fruit flies on the external skin in the groin area which was dry and unsoiled as patient has both a suprapubic catheter and nephrostomies. No open wounds noted in perineal areas. Skin noted to be moist with MASD and intact with areas of scarring from past wounds which have been healed. Room and mattress terminally cleaned. R4 showered and thoroughly cleaned head to toe. Post shower patient was placed into a clean room with only essential items. Patients previous room has been deep cleaned. Spoke to V17 and expressed that R4 is allowed to have food items of choice but to please only send one container of fruit at a time to limit open foods in room which can be an attractant. V17 expressed gratitude at the update and our interventions to clean the patient.</p> <p>Nursing Progress note dated 08/20/2024 at 9:20am documents: Note: Care conference held</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 20</p> <p>with V17 and wife regarding R4. R4 did not attend but was looped in on all things discussed after the meeting. V17 is aware that the R4 often has open containers of food in the room brought in from outside stores. Strategies for the safety of R4 were discussed and care planned as patient preference. R4 often has staff unwrap candies and lay them on her blanket so R4 can reach them with her good hand. per conversation with V17, one of R4's shower days was moved to Sunday so that V17 can help encourage R4 to take a shower as she has refused in the past. V17 voiced understanding of all cleanliness items in place to keep R4 well. Social Service will also refer patient back to hospice for her advanced disease management. writer let V17 know that he may ask for updates at any time and whiter is happy to be the point person for further updates. Family was pleased with the overall plan of care and her current environment.</p> <p>Care plan dated 12/6/2023 documents: Focus: R4 is at risk for skin complications related to (r/t) due to her medical history of multiple sclerosis (MS), wound on sacrum (Resolved) right ischial tuberosity, wound to right lateral knee (Resolved), wound to left heel (Resolved) Goals: R4's Area to right lateral -knee right ischial tuberosity will show signs of healing throughout next review. Interventions include: o Assist and encourage resident to turn and reposition every one to two hours and as needed (PRN). Nursing assistant [NA] (date initiated 12/06/2023) o Conduct daily body audit. Report areas of redness/skin breakdown to nurse [NA] (date initiated 04/10/2024) o Educate resident on the risks of infection and poor healing r/t non-compliance. Nursing [Nrsng]</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2024
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S9999	<p>Continued From page 21</p> <p>(dated initiated 12/06/2023)</p> <ul style="list-style-type: none"> o Notify medical doctor (MD) of abnormal findings. [Nrsg] (date initiated 12/06/2023) o Provide skin care after each incontinent episode. (date initiated 12/06/2023) o Skin assessment daily Nursing [N] (date initiated 12/06/2023) <p>Care plan dated 08/13/2024 documents: Focus activities of daily living (ADL): R4 requires assist with daily care needs r/t MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, MULTIPLE SITES Goals: Staff will anticipate and meet all of residents needs on a daily basis through next review that is (ie): clean, dry, groomed, turned and positioned</p> <ul style="list-style-type: none"> o Will maintain current daily care abilities with assistance from the staff without showing a decline throughout next review. <p>Interventions include:</p> <ul style="list-style-type: none"> o Encourage/ Assist with turning and repositioning every two hours and as needed. [CNA] (date initiated 08/13/2024) o Keep clean and dry after each incontinent episode. [CNA] (date initiated 08/13/2024) o Monitor skin integrity during routine care and report abnormal findings. [CNA] (date initiated 08/13/2024) <p>Care plan dated 08/20/2024 documents: Focus: R4 has moisture associated skin damage (MASD) to the left groin (resolved). MASD to sacrum, venous stasis wound to the left shin, reopened stage 4 pressure injury to right ischium r/t MS, contractures, moisture. Goal: Areas will remain stable/heal throughout next review. Interventions include Assist and encourage resident to turn and reposition every one to two hours and as need (PRN). (date initiated</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2024
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S9999	<p>Continued From page 22</p> <p>08/20/2024) Monitor area for signs and symptoms (s/s) of infection: odor, drainage, color, size (date initiated 08/20/2024) Skin assessment daily (date initiated 08/20/2024)</p> <p>Skin care prevention policy dated 01/2023 documents (in part): General: All residents will receive appropriate care to decrease the risk of skin breakdown. Guideline: 5. All residents unable to reposition themselves will be repositioned as needed, based on a person-centered approach (minimum of every 2 hours) 9. Clean skin at time of soiling and at routine intervals.</p> <p>Activities of Daily Living Policy dated 2/2023 documents (in part): General: A program of activities of daily living is provided to prevent disability and return or maintain residents at their maximal level of functioning based on their diagnosis. Procedure: A. Hygiene f. Showers or baths are scheduled, and assistance is provided when required.</p> <p>R2 is a 52-year-old female admitted to the facility on 08/02/24 for rehabilitation and discharged on 08/06/24. Diagnoses included but not limited to myopathies, dysarthria, and anarthria, stiff-man syndrome, dysphagia, anemia, anxiety, depression, angina, hemothorax, atelectasis.</p> <p>R2's 8/06/24 Minimal data Set (MDS) assessment section C - Brief Interviewed Mental status (BIMS) score of 12 indicated moderate cognitive impairment, GG section substantial assistance to transfer from chair to bed and toileting needs.</p> <p>R2's EMAR (Electronic Medication Administration</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2024
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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
S9999	<p>Continued From page 23</p> <p>Record) reviewed for Diazepam administration showed code 9 for the following dates. 8/2/2024, 8/3/2024, 8/4/2024, 8/5/2024, and 8/6/2024.</p> <p>On 09/11/24 at 11:03AM surveyor asked V2 (Director of Nursing) what does the code 9 mean when documented on the EMAR. V2 stated, code 9 used for the Diazepam means that resident did not receive the medication. V2 stated, I do not know why R2 did not receive that medication, but nurses can obtain medications from the emergency convenience box if needed.</p> <p>August 2024 MAR (Electronic Medication Administration Record) Medication order documents: Diazepam Tablet 5 MG Give 10 mg by mouth two times a day for anxiety.</p> <p>On 09/12/2024 at 12:09PM V32 RN (Registered Nurse) stated, when I use code 9, I usually write the reason, but I don't remember why I did not give R2 medication (referring to Diazepam).</p> <p>On 09/12/24 at 2:53PM surveyor spoke with V31 LPN. V31 stated, I don't recall what I gave to R2 and do not remember. Surveyor read note V31 documented in R2's EMAR. R2 "medication not available" on 8/4/2024 at 12:48:15. V31 repeated, I do not remember, and I don't know if the facility has emergency medication box, I don't have one in my side.</p> <p>During the course of this survey, surveyor called V33 RN, V30 LPN with no response to phone call. V1 (Administrator) and V2 (Director of Nursing) facility was unable to reach V33 and V30.</p> <p>R17 admitted on 5/31/2024 with diagnoses include difficulty in walking, cognitive communication, cellulitis of left lower limb, acute</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2024
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S9999	<p>Continued From page 24</p> <p>kidney failure. R17's 6/7/24 BIMS (Brief Interviewed Mental status) score of 15 indicates cognitive intact.</p> <p>R17's September 2024 EMAR (Electronic Medication Administration Record) on 9/8/2024 signature box blank for the following medications:</p> <p>Eliquis Oral Tablet 5 MG (Apixaban) Give 1 tablet by mouth two times a day for prophylaxis. Scheduled 08:00 AM</p> <p>Lactobacillus Oral Capsule (Lactobacillus) Give 1 capsule by mouth two times a day for supplement. Scheduled 08:00 AM</p> <p>Gabapentin Capsule 100 MG Give 100 mg by mouth three times a day for neuropathy Scheduled 08:00AM and 12:00 PM</p> <p>Furosemide Tablet 40 MG Give 1 tablet by mouth one time a day for edema Hold if SBP <110. Scheduled 08:00 AM</p> <p>Potassium Chloride ER Tablet Extended Release 20 MEQ Give 2 tablet by mouth one time a day for hypokalemia. Scheduled 08:00 AM.</p> <p>Multi-Vitamin/Minerals Tablet (Multiple Vitamins-Minerals) Give 1 tablet by mouth one time a day for Nutritional Supplement. Scheduled 08:00 AM.</p> <p>R16 admitted to facility 7/3/2024 Anemia, unspecified, Chronic Obstructive Pulmonary Disease, Essential (Primary) Hypertension, Generalized Anxiety Disorder, Diverticulosis of Large Intestines. R16's 8/19/24 BIMS score of 13 indicates cognitive intact.</p> <p>R16's September 2024 EMAR (Electronic Medication Administration Record) on 9/8/2024 signature box blank for the following medications:</p> <p>Aspirin Tablet 325 MG Give 1 tablet by mouth one</p>	S9999		

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S9999	<p>Continued From page 25</p> <p>time a day. Schedule for 08:00AM. Baclofen Tablet 10 MG Give 1 tablet by mouth one time a day. Scheduled 08:00 AM. Benefiber Powder (Wheat Dextrin) Give 1 packet by mouth one time a day. Scheduled 08:00 AM. Cyanocobalamin Tablet 1000 MCG Give 1 tablet by mouth one time a day. Scheduled 08:00 AM. Ferrous Sulfate Tablet 325 (65 Fe) MG (Ferrous Sulfate) Give 1 tablet by mouth one time a day. Scheduled 08:00 AM. Fluticasone-Umeclidinium-Vilanterol Inhalation Aerosol Powder Breath Activated 100-62.5-25 MCG/ACT (Fluticasone-Umeclidinium-Vilanterol) 1 puff inhale orally one time a day. Scheduled 08:00AM. Lisinopril Tablet 20 MG Give 1 tablet by mouth one time a day. Scheduled 08:00 AM. Multivitamin Oral Tablet (Multiple Vitamin) Give 1 tablet by mouth one time a day. Scheduled 08:00 AM. Naltrexone HCl Oral Tablet 50 MG (Naltrexone HCl) Give 1 tablet by mouth one time a day. Scheduled 08:00 AM. Vitamin C Oral Tablet (Ascorbic Acid) Give 1 tablet by mouth one time a day. Scheduled 08:00 AM. Cephalexin Tablet 500 MG Give 1 tablet by mouth every 12 hours for R/O Cellulitis for 7 Days. Scheduled 08:00 AM. Gabapentin Capsule 100 MG Give 100 mg by mouth three times a day for pain. Scheduled 08:00AM and 12:00 PM. Guaifenesin ER Tablet Extended Release 12 Hour 600 MG Give 2 tablet by mouth every 12 hours. Scheduled 08:00 AM.</p> <p>On 09/11/2024 at 3:02PM surveyor reviewed EMAR for R16 and R17 with V2. V2 stated if medications are not signed medications are not given.</p>	S9999		

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S9999	<p>Continued From page 26</p> <p>On 09/11/2024 at 2:29pm and 09/12/2024 at 3:30PM surveyor called V44 RN; messages left. During course of survey unable to contact V44.</p> <p>Reviewed progress notes for R16 and R17 for 8/9/2024 without any record of medications missed notification to physician.</p> <p>Facility Policy titled "Medication Administration" revision dated 01/2024. documents (in part): General: All medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms and help in diagnosis. Level of Responsibility: RN, LPN Guideline: 22: If Medication is not given as ordered, document in the reason on the MAR and notify Health care Provider if required. 26 If medication is ordered, but not present, check if was misplaced and then call the pharmacy to obtain the medication, if available, obtain it from the contingency or convenience. No Violation</p>	S9999		