

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2024
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NAME OF PROVIDER OR SUPPLIER ROYAL OAKS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 605 EAST CHURCH STREET KEWANEE, IL 61443
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S 000	Initial Comments Annual Licensure and Certification survey	S 000		
S9999	Final Observations Statement of Licensure Violation (1 of 3) 300.610a) 300.1210d)1) 300.1610a)1) 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 300.1210 General Requirements for Nursing and Personal Care 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.	S9999		

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

TITLE

(X6) DATE
10/14/24

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S9999	<p>Continued From page 1</p> <p>Section 300.1610 Medication Policies and Procedures</p> <p>a) Development of Medication Policies</p> <p>1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws.</p> <p>This requirement is NOT met as evidenced by:</p> <p>Based on interview and record review the facility failed to provide medications as ordered for one of four residents (R232) reviewed for medication administration, in a sample of 45.</p> <p>FINDINGS INCLUDE:</p> <p>The facility's Medication Administration policy, dated 11/18/17, documents, "Drug administration shall be defined as an act in which a single dose of a prescribed drug or biological is given to a resident by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container, verifying it with the physician's orders, giving the individual dose to the proper resident, and promptly recording the time and dose given."</p> <p>The facility's Adverse Drug Reactions and Medication Discrepancy policy, dated 11/6/18, documents, "It is the policy of the facility that adverse drug reactions and drug errors are to be</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>reported to the resident's physician, documented in the nursing notes and documented in the Adverse Drug Reaction or Medication Discrepancy Report. These reports are to be completed in coordination with the Director of Nursing and filed with the Administrator and reviewed by the Medical Director and Consult Pharmacist." This policy also documents "A medication discrepancy/error has been made when one of the following occurs: Wrong medication administered. Wrong dose administered. Medication administered by wrong route. Medication administered to wrong resident. Medication administered at wrong time. Medication not administered. A medication discrepancy report shall be completed for any of the above occurrences."</p> <p>R232's (hospital) After Visit Summary, dated 9/18/24 includes the following medications: Albuterol (Bronchodilator) Inhaler 90 MCG (Micrograms)/Actuation Take two puffs inhaled by mouth every six hours as needed for Shortness of Breath; Amlodipine (Calcium Channel Blocker) 5 MG (Milligrams) by mouth once daily for Hypertension; Emtricitabine/Tenofovir (Human Immunodeficiency Antiviral) 200/300 MG one tablet daily for HIV Infection; Fluticasone Propionate (Synthetic Glucocorticoid) 220 MCG/Actuation Inhaler two puffs inhaled every morning and evening for Allergies; and Folic Acid (Daily Supplementation) 1 MG one tablet daily.</p> <p>R232's current Medication Administration Record, dated September 18, 2024 through September 24, 2024 includes no nursing documentation that R232's prescribed Albuterol, Amlodipine, Emtricitabine/Tenofovir, Fluticasone Propionate or Folic Acid were added to R232's Medication Administration Record or administered from</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>9/18/24 through 9/24/24.</p> <p>On 9/24/24 at 2:30 P.M., V17/Licensed Practical Nurse stated, "I was the nurse that admitted (R232) on 9/18/24. (R232) came with paper prescriptions and pill bottles, that's what I used to do his med (medication) (sign out) sheet."</p> <p>On 9/24/24 at 4:38 P.M., V4/Assistant Director of Nurses stated, "Our facility process is to use the hospital transfer sheet to transcribe the (physician ordered) medications to the medication administration record. (V17/LPN) didn't follow our policy when he admitted (R232)." At that time, V4/Assistant Director of Nurses confirmed that R232 did not receive the prescribed Albuterol, Amlodipine, Emtricitabine/Tenofovir, Fluticasone Propionate or Folic Acid on 9/18/24, 9/19/24, 9/20/24, 9/21/24, 9/22/24, 9/23/24</p> <p>(C) Statement of Licensure Violation (2 of 3)</p> <p>300.610a) 300.1210a)4)5)</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>	S9999		

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S9999	<p>Continued From page 4</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>This requirement is NOT met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident was safely transferred with a full mechanical lift for one of four residents (R84) reviewed for falls in a sample of 45 residents This failure resulted in R84 being sent to the hospital, suffered a back contusion which required medication for back pain management and ongoing psychosocial fear of being transferred with a mechanical lift.</p> <p>Findings include:</p> <p>The Limited Resident Lift Program and Equipment Use Training Requirements, not dated, stated all direct care staff responsible for resident handling/mechanical lift equipment will be trained by the Director of Nursing or specified facility representative initially upon orientation for all new employees and annually thereafter. Staff must be able to demonstrate proficiency with all types of lifts in the facility. A competency checklist for each type of lift will be completed during training and placed in the employee file.</p> <p>The Admission Minimum Data Set (MDS) dated 6/9/23 documented R84's diagnoses as Bipolar Disorder, Deep Vein Thrombosis Upper Extremity, Neurogenic Bladder, Diabetes Mellitus, Anxiety Disorder, Depression and Obesity (423 pounds on 4/12/24). The MDS documented R84 is prescribed the following classes of medications: antidepressant, anticoagulant (blood thinners), psychotropic (mind-altering drugs that change brain function and can alter a person's mood, perception, consciousness, cognition, or behavior), hypnotics (promotes sleep) and anti-anxiety.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>The Careplan initiated on 9/22/23 stated R84 has limited mobility related to morbid obesity, is dependent upon staff to perform activities of daily living. Mostly requires mechanical lift for transfers, Assist to Transfer R84 using mechanical lift and two-three staff members. Ensure lift sheet is intact and correct size; is totally dependent on staff for toilet use; and on 4/16/24, R84 to be assessed for new mechanical lift sling due to body habitus.</p> <p>The Nurse's Progress Note dated 4/15/24 stated R84 appeared to have experienced an alleged (un)intentional change of plane (fall) on 4/15/24 at 1:35 PM. R84 appeared to have been hooked up to a mechanical lift to be transferred to bed by V15 (Certified Nurse Aide/CNA). Back/flank pain was rated as a five (pain scale, 0-no pain, 10-worst pain), physician was notified and orders to transfer R84 to hospital for evaluation were received. R84 refused the hospital transfer at that time. The note stated staff were re-educated on the importance of proper mechanical lift safety.</p> <p>The Emergency Department (ED) Physician's Note, dated 4/15/24 at 9:06 PM, stated R84 presented to the ED with a chief complaint of a Back Injury. The note documented R84 fell from a mechanical lift earlier in the day and hit her lower back on a bar, was given Tylenol (for pain) but the non-radiating back pain persisted. The note documented that the back x-rays were negative, the final clinical impression was a "Contusion of back, unspecified laterally" and was discharged back to the Facility with pain medication.</p> <p>The Incident Investigation Form dated 4/15/24 authored by V15, CNA documented R84 requested to use the restroom, was hooked up to</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>the mechanical lift, V15 told R84 they needed to wait for assistance although R84 had to use the restroom really bad and then slipped out of mechanical lift sling.</p> <p>On 9/22/24 at 11:45 AM, R84 stated V15 lifted R84 with a mechanical lift and dropped R84 while transferring to the toilet due to transferring with only having one staff member. R84 stated V15 was fired but the facility later re-hired V15. R84 said she doesn't currently feel safe because the mechanical lift is "old" and the newer lift is broken. R84 stated the legs don't open all the way, the legs get stuck under the bed and the facility only has a few extra-large slings so, the facility does not always use the right size of sling.</p> <p>On 9/24/24 at 2:30 PM, V15 stated there were no problems with R84's sling. There should always be two staff members present and assisting with a mechanical lift. On 4/15/24, there were three CNAs assigned to the unit but one had to go on an appointment with a resident and couldn't find anyone else to help. R84 was persistent she had to go potty. V15 stated the facility does run out of extra-large slings sometimes.</p> <p>V15's Personnel File documented V15 was initially hired on 8/4/2016 as a Unit Aide. The Unit Aide Job summary was signed by V15 on 8/16/24 and the documented responsibilities were to execute procedures consistent with interdisciplinary care plan, Procedure Manuals and that are within the scope of the role of the Unit Aide. The Safe Working and Training orientation packet dated 8/4/16 lacked a supervisor's signature for proof of V15's completion of training for a mechanical lift. V15's Notice of Termination, dated 4/17/24, stated R84's fall was from V15 transferring R84 with a</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>mechanical lift without the assist of two staff members which caused R84's fall. The file documented V15 was re-hired on 5/30/24.</p> <p>The Certified Nurse Aide In-Service Record documented V15 received mechanical lift training on 2/3/22 and 5/31/24.</p> <p>The Manufacturer's Guidelines documented the Medium, Large and Extra-Large Slings have a weight capacity of 450 pounds. Although (the lift company) recommends that two assistants be used for all lifting preparation, transferring from and transferring to procedures, our equipment will permit proper operation by one assistant. The use of one assistant is based on the evaluation of the health care professional for each individual case. It is important to inspect all stressed parts, such as slings, spreader bar and any pivot for slings for signs of cracking, fraying, deformation or deterioration. Replace any defective parts immediately and ensure that the lift is not used until repairs are made. The sling should be regularly washed in water, temperature not to exceed 180°F (82°C) and a biocidal (anti-biological) solution.</p> <p>(B) Statement of Licensure Violation (3 of 3)</p> <p>300.697c) 300.697d)</p> <p>Section 300.697 Infection Preventionists</p> <p>A facility shall designate a person or persons as Infection Preventionists (IP) to develop and implement policies governing control of infections and communicable diseases. The IPs shall be qualified through education, training, experience, or certification or a combination of such</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>qualifications. The IP's qualifications shall be documented and shall be made available for inspection by the Department. (Section 2-213(d) of the Act). The facility's infection prevention and control program as required by Section 300.696(e) shall be under the management of an IP.</p> <p>c) A facility shall have at least one IP on-site for a minimum of 20 hours per week to develop and implement policies governing prevention and control of infectious diseases.</p> <p>d) Facilities with more than 100 licensed beds or facilities that offer high-acuity services, including but not limited to on-site dialysis, infusion therapy, or ventilator care shall have at least one IP on-site for a minimum of 40 hours per week to develop and implement policies governing control of infectious diseases. For the purposes of this subsection (d), "infusion therapy" refers to parenteral, infusion, or intravenous therapies that require ongoing monitoring and maintenance of the infusion site (e.g. central, percutaneously inserted central catheter, epidural, and venous access devices).</p> <p>This requirement is NOT met as evidenced by:</p> <p>Based on interview, observation and record review, the facility failed to ensure the Infection Preventionist was onsite a minimum of 40 hours per week to develop and implement policies governing control of infectious diseases. This failure has the potential to affect all 132 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility's Infection Preventionist Job</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>Description documents the following: "Qualifications: Must possess the ability to plan, organize, analyze, develop, implement and interpret the goals, objectives, policies, procedures, etc., of the Infection Control Program." This same job description documents, "The Infection Preventionist is accountable for decreasing the incidence and transmission of infectious diseases between residents, staff, visitors and community. Through strategic planning, leadership and consultation, you will lead and direct a robust team in the identification and implementation of infection prevention goals and objectives throughout the facility. The Infection Preventionist reports to the Director of Nursing, Quality Assessment and Assurance Committee and partners with the Medical Director to develop a system of care that promotes sound and scientific infection prevention principles and practices. Work with the facility to meet regulations for infection control. Attends and participates in continuing educational infection control programs. Could be subject to exposure to infectious waste, diseases and conditions.</p> <p>The facility Assessment (dated 09/20/24) documents the following: "Cares provided for the resident population include but are not limited to: Infection Control and Prevention- Antibiotic Stewardship, identification and containment of infections. Infection prevention. Early warning tool for identification. Continued staff education." This assessment also documents: "Staff members, healthcare professionals, and medical practitioners that provide support and care for residents at (facility): infection control and prevention; Nursing services: Infection Prevention Nurse."</p> <p>On 09/24/24 at 11:15 AM, V4 (Infection</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>Preventionist/Assistant Director of Nursing) confirmed Enhanced Barrier Precautions had not been implemented for the following residents, who currently have a wound or an indwelling medical device in place: R11, R14, R35, R62, R75, R84, R86, R92, R108, R113, and R233. V4 also confirmed all procedures related to Contact Isolation Precautions were not implemented for R84. V4 verified she had recently received her Infection Preventionist training certificate in 08/2024 and stated, "There really hasn't been anyone training me, so I am just learning as I go. I hadn't yet started the procedure of Enhanced Barrier Precautions for the residents who require this, but I was trying to start doing this." V4 stated she, "doesn't have enough time," to dedicate to the facility's Infection Prevention Control Program because she also is responsible for the following activities: Completing staff schedules; Working the floor when additional assistance is needed; Administering disciplinary procedures with staff members; Conducting admission audits; Administering in-services to subordinate staff; Assisting with meal tray distribution at meal times; Attending morning meetings; and attending Weekly and Quarterly Quality Assurance Meetings. V4 stated she works full-time at the facility and has not dedicated 40 hours to her role as the Infection Preventionist. V4 stated she is only able to dedicate approximately 15 hours per week to her role as the Infection Preventionist.</p> <p>On 09/24/24 at 01:20 PM, V4 stated the facility does not implement any protocols to review clinical signs and symptoms and/or laboratory reports prior to implementation of an antibiotic for a resident. V4 stated the facility does not utilize any assessment tools or management algorithms to determine if an antibiotic is warranted, "We have forms detailing McGeer's protocol, but I do</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>not have record of any completed forms. We just call the doctor and get an order for an antibiotic if we believe one is needed." V4 verified that she has, "Not got things going yet," with the facility's antibiotic stewardship program.</p> <p>The facility's Long Term Care Facility Application for Medicare and Medicaid, Form 671, dated 09/22/24 and signed by V1 (Administrator in Training), documents 132 residents currently reside in the facility.</p> <p>(B)</p>	S9999		