PRINTED: 05/15/2024 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING IL6012678 04/18/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 210 NORTH SPRINGFIELD AVENUE **ASCENSION VILLA FRANCISCAN** JOLIET, IL 60435 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation: 2472837/IL171796 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.696d)1) 300.1010h) 300.1210b)3) 300.1210d)2) Section 300.610 Resident Care Policies 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. Section 300.696 Infection Prevention and Control Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340):

TITLE

(X6) DATE

**Electronically Signed** 

05/12/24

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**FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6012678 04/18/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 210 NORTH SPRINGFIELD AVENUE **ASCENSION VILLA FRANCISCAN** JOLIET, IL 60435 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 Guideline for Prevention of Catheter-Associated Urinary Tract Infections Section 300.1010 Medical Care Policies The facility shall notify the resident's h) physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 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. Restorative measures shall include, at a minimum, the following procedures: All nursing personnel shall assist and 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

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normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	RRECTIVE ACTION SHOULD BE COMPLETE ERENCED TO THE APPROPRIATE DATE	
S9999	99 Continued From page 2		S9999		-170 -	
	catheter is not cath clinical condition de catheterization was	eterized unless the resident's emonstrates that necessary.				
	nursing care shall in	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis:				
	<ul><li>2) All treatments and procedures shall be administered as ordered by the physician.</li><li>These Regulations are not met as evidenced by:</li></ul>					
	review, the facility facility facility was retaining urine was catheterized. T	on, interview, and record ailed to ensure a resident who had his bladder scanned and hese failures resulted in the bitalized with urosepsis for				
	This applies to 1 of urinary catheters.	3 residents (R1) reviewed for				
	The findings include:					
	sitting in a high bac and oriented x 3. R catheter draining ye PICC (Peripherally intravenous [IV] me 04/05/24, he had a the fever and chills, spasms that he rep he saw the physicia bladder scan and to every four hours be urinary retention. R	b PM R1 was in his room k wheelchair. R1 was alert 1 had an indwelling urinary ellow urine and a right arm Inserted Central Catheter for dication). R1 said on fever and chills, and prior to he was having bladder orted to the nurses. R1 said in and received orders for a be intermittently catheterized cause he has a history of 1 said "the nurses did not do see if I needed to be				

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R WING IL6012678 04/18/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 210 NORTH SPRINGFIELD AVENUE **ASCENSION VILLA FRANCISCAN** JOLIET, IL 60435 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 3 catheterized. I would need to be catheterized if I had more than 400 ml of urine in my bladder." R1 said "that did not happen every four hours." R1 said when he was admitted to the hospital on 04/05/24, he was diagnosed with urosepsis, and now must be on IV antibiotics daily at 4:00 AM for a month and was not happy about it. R1 Physician Order Sheet (POS) showed a March 10, 2024, order as "May straight cath. (If more than 400 cc foley needed.)" R1's March 10, 2024, progress note from 10:22 AM showed "Writer paged [MD regarding] results received from renal ultrasound done yesterday ...was informed NP [Nurse Practitioner name] was covering. Writer spoke with NP .... asked if urine was collected for UA & C/S [urinalysis and culture/sensitivity], writer informed her that an order was in place for urine to be collected but has not at this time, writer stated to NP that she will attempt to collect urine this shift. NP gave orders to straight cath as needed, if retaining more than 400 cc of urine, foley catheter will be needed." R1's progress notes from March 12, 2024, showed a temperature of 99 degrees Fahrenheit and complaints of nausea. R1's March 17, 2024, note from 10:28 PM showed "Bladder scanned at [8:30 PM] 786 ml residual, straight cathed ...200 ml from straight cath. Paged MD for clarification on bladder scan orders no return call. [Power of Attorney] called with concerns about [patient] not emptying his bladder ..." No progress note was included that showed an indwelling urinary catheter was placed per order.

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6012678 04/18/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 210 NORTH SPRINGFIELD AVENUE **ASCENSION VILLA FRANCISCAN JOLIET, IL 60435** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 4 S9999 R1's March 18, 2024, progress note from 4:50 PM showed "Message left for urologist [name] office regarding resident's order for [post-void residual (PVR)] every 4 hours. According to staff resident has been urinating ok and having multiple wet briefs. Bladder scans performed with small PVR amounts ...." A 5:14 PM addendum showed "Resident bladder scanned at 5pm 554 was amount. Wants to be straight cathed after he eats. Will notify [MD name] office with residual amount and get clarification on how long he should have PVR/bladder scans done." R1's 5:59 PM progress note showed "straight cath resident able to get over 700 cc urine. Upon changing resident, he had a full brief of urine as well." R1's 9:52 PM note showed "Bladder scan performed stating 550. Straight cath resident able to retrieve 500cc urine." No progress notes showed an indwelling urinary catheter was placed per order. A handwritten nursing note from March 19, 2024, in R1's EMR (Electronic Medical Record) showed R1 was catheterized, and 575 ml of urine was drained. No other progress notes were included again until March 31, 2024 (twelve days), when a 9:26 PM note showed "Writer went to do bladder scan on patient, noted covers to be soiled with urine, bladder scan showed no retaining of urine. Writer voiced to resident that bladder scan showed nothing and resident stated to writer that I am not concerned with the retention. I am concerned with possible infection, writer then asked resident was he having any burning when urinating and he stated yes, writer asked resident how long he has been having this symptom and he stated for about two days now. Writer spoke with [MD] ... orders given to collect urine for UA & C/S ... " No note showed an indwelling urinary

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catheter was placed per order.

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mentation, confusion, refusing meds, and had fever of 102.4. 1. Sepsis present on admission with bacteremia lactic acidosis...." R1 was admitted back to the facility on 04/13/24 at 9:12

PM with diagnoses of UTI/sepsis.

PRINTED: 05/15/2024 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R WING IL6012678 04/18/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 210 NORTH SPRINGFIELD AVENUE **ASCENSION VILLA FRANCISCAN** JOLIET, IL 60435 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 6 S9999 On 04/17/24 at 1:00 PM V5 (Licensed Practical Nurse) said on 04/05/24 she was the nurse taking care of R1 and she straight catheterized R1 that morning and got 200 ml of urine. V5 said R1 told her he was not feeling good that morning and he had a urinalysis pending. V5 said in the evening, R1 had chills and was shaking and R1 had a low-grade temperature and wanted to go to the hospital. V5 said R1 was transferred to the hospital and admitted with urosepsis. V5 said she was aware of R1 orders for bladder scans every 4 hours and straight catheterization every shift. V5 said on 04/05/24, she had only straight catheterized R1 but in the past, she would do bladder scans. V5 said she was aware of R1 having urinary retention. V5 said if a resident with urinary retention does not receive bladder scans or straight catheterization, they could develop a UTI/urinary tract infection. V5 said all nurses should follow the bladder scan and straight catheterization orders as written. V5 said the bladder scan should have been done every four hours as ordered. On 04/17/24 at 11:19 AM V2 (Director of Nursing) said on 04/05/24 the nurse on the floor texted the on-call phone and said R1 was having chills and had a temp of 99.3. V2 said she had no knowledge of R1 having a history of urinary retention. V2 said she was made aware after R1 was admitted to the hospital of R1's order for bladder scans and to be straight catheterized when needed. V2 said since R1 had orders for

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bladder scans every four hours, the bladder scans and straight catheterization should have been done as ordered. V2 said if orders are not

followed for bladder scans and straight catheterization, the outcome could be urinary retention, a rupture, and an infection, V2 said her

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