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S 000	Initial Comments Complaint 2443062/IL172072	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 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. 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	S9999		

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care needs of the resident.

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:

6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

These requirements are not met as evidenced by:

Based on observation, interview, and record review the facility failed to ensure residents do not have access to chemicals for 1 of 3 residents (R3) reviewed for supervision to prevent accidents in the sample of 5. This failure resulted in R3 drinking a liquid containing bleach, being transported to the hospital for evaluation and medical treatment. R3, as a person with altered mental status and Schizophrenia would be afraid and apprehensive of being sent to the hospital.

Findings include:

R3's Admission Record, not dated, documents R3 was admitted on 12/1/2022 and lists Major Depressive Disorder, Recurrent, Mild Unspecified Severe Protein-Calorie Malnutrition, Catatonic Disorder Due to Known Physiological Condition, Unspecified Psychosis not due to a Substance or known, Mood Affective Disorder, Altered Mental Status, Undifferentiated Schizophrenia as diagnoses.

R3's Care Plan, dated 4/26/23, documents that

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R3's memory is impaired, and he has difficulty with decision-making, insight, logic, planning, and organization of thoughts. R3 ' s Care Plan documents R3 will put paper in his mouth and staff must get it out of his mouth. It also documents staff should provide clear explanations regarding expectations and procedures prior to providing care. Provide orientation to the immediate environment to enable the resident to be aware of surroundings and, provide reality-based orientation throughout the day to help the increase his/her comfort level and awareness of the environment.

R3's Minimum Data Set, dated 3/14/2024, documents that R3 is rarely/never understood, requires assistance with activities of daily living (ADL's). R3's MDS documents R3 and has short and long term memory problems with modified independence for decision regarding tasks of daily life. It also documents that R3 does not wander.

R3's Late Entry Nurses Note, created date 4/23/2024 at 12:45 PM for effective date 4/17/2024 at 1:38 PM, documents "This nurse was notified by CNA (certified nurse's assistant) that Resident was sitting in his room with a bottle of unknown liquid, Resident normal baseline is A&0 (alert and oriented) x 1, therefore he is unable to verify if any amount was ingested, vs (vital signs) 98.0 (temperature) 76 (pulse) 20 (respirations) 128/72 (blood pressure), Resident sent out to (local hospital) for evaluation. This Nurse attempted to contact Residents Daughters to advise them of the occurrence and their phone numbers were no longer in service. Resident was transported via stretcher in an Ambulance to (local hospital)."

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R3's Progress Note-Acute Care, dated 4/17/2024, documents that "(R3) is a 59 year old male with a pmhx (past medical history) of Drug induced parkinsonism, Schizophrenia with catatonia, orthostatic hypotension, MDD (Major Depressive Disorder), psychosis, HLD (hyperlipidemia), HTN (hypertension), protein calorie malnutrition, and weakness. He is a LTC (long-term care) resident at (facility). Resident seen today after receiving notification that he ingested an unknown substance assumed to be chemical. At approximately 1341 received notification that resident was observed drinking from a bottle which contained an unknown chemical substance. Nursing given order to call EMS (emergency medical service) for transport to hospital for potential poisoning. On assessment resident was at baseline orientation of A/O (alert/oriented) x1- at baseline he's minimally verbal- he made no verbal communication at time of assessment when he was asked what he was drinking or if he had any pain. Observed drooling excessive amount. Responded and complied with command to open mouth for assessment, no redness or swelling to tongue or throat noted on exam. Resident was not having any respiratory issues at time of assessment. EMS arrived during assessment. Resident transferred to stretcher-alert and stable upon exit from facility. Nursing unaware of amount consumed or identity of chemical substance. Admin (V1 Administrator), DON (V2, Director of Nursing), and appropriate parties notified of incident."

R3's After Visit Summary from (Local Hospital), dated 4/17/2024, documents "Today you were seen and evaluated for your consuming of bleach. Your labs and imaging were reassuring. Follow the instructions provided. Follow-up with your doctor as below. If you have any worsening

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or concerning symptoms, please return to the emergency room." It also documents Reason for Visit: Ingestion. Diagnosis: Ingestion of bleach, accidental or unintentional initial encounter." It also documents EXAM DESCRIPTION: CT SOFT TISSUE NECK W CONTRAST, dated 4/17/2024, documents REASON FOR STUDY: other, liquefactive ingestion. Pt (patient) BIBEMS (brought in by emergency services) from (facility) for ingestion of unknown substance PTA (prior to admission). Pt was seen drinking unknown substance out of water bottle that was labeled "do not drink" Pt AAO (alert and oriented) x1-2. Per EMS patient at baseline. Pt unable to answer all questions but following some commands. RR (respirations) even/nl (not labored). Pt speaking in garbled speech unsure if baseline. EMS unable to give exact baseline from healthcare facility. Denies pain at this time when asked."

R3's Nurse's Notes, dated 4/18/2024 at 9:25 PM, documents "Note Text: Cont (continue) IFU (incident follow up) day 2/3 without further occurrences noted. 0 acute distress noted. Resting quietly at this time with call light in reach. Clear po (oral) fluids offered, encouraged and made available."

R3's Progress Note-Follow Up, dated 4/18/2024, documents that History of Present Illness: "(R3) is a 59 year old male with a pmhx (past medical history) of Drug induced parkinsonism, Schizophrenia with catatonia, orthostatic hypotension, MDD, psychosis, HLD, HTN, protein calorie malnutrition, and weakness. He is a LTC resident at (facility). Resident seen today seen today after return from hospital ED for ingestion of bleach/ accidental or unintentional and constipation. Resident is at baseline orientation and functional status. no acute distress noted at

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time of assessment. He denies any pain. in hospital blood work, EKG- NSR- CT of neck-no abnormality's [sic] of neck and CT of abdomen-stomach distended (possible delayed gastric emptying), Severely increased amount of stool in entire colon- no obstruction, small hiatal hernia diffuse bladder wall thickening (d/t overdistention vs cystitis), Paget's disease of the right hemipelvis, mild subcutaneous induration overlying the coccyx (potential to developing decub- no fluid collection) preformed- results noted accordingly. Resident returned to facility with no new orders and stable per hospital documentation."

R3's Nurse's notes, dated 4/19/2024 at 2:36 AM, documents "Note Text: Cont IFU day 2/3 without further occurrences noted. 0 acute distress noted. Resting quietly at this time with call light in reach. Clear po fluids made available."

On 4/24/2024 at 8:16 AM R3 was sitting in wheelchair in room. R3 was sitting in front of the bedside table rummaging through drawer.

On 4/24/2024 at 12:07 PM there was a 1-pound 3ounce container of bleach wipes in R3's bedside table door to bed side table was opened and visible. The container had multiple bleach-soaked wipes and liquid in the container. Microdot Bleach wipes container documents "Keep out of reach of children caution. Precautionary statements: Hazards to humans and domesticated animals."

On 4/24/2024 at 12:08 PM V12, Housekeeper, verified that the bleach wipes were in R3's bedside table.

On 4/24/2024 at 12:11 PM V11, Licensed Practical Nurse, LPN, verified that the bleach

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wipes were in R3's bedside table in R3's reach. V11 stated that the wipes are supposed to be locked in a cabinet and not in R3's room. V11 stated that this puts R3 at risk for significant injury from ingesting, skin irritation and eye problems.

On 4/23/2024 at 1:23 PM V5, Certified Nurse's Aide, CNA, stated that he was not working the hall on the day of the incident. V5 stated that he is normally assigned to R3. V5 stated that R3 eats and drinks anything in front of him. V5 stated that R3 is always hungry and thirsty. V5 stated that R3 is normally total care. V5 stated that R3 does not roam into others room and if it was in their it would have had to be brought into the room. V5 stated that R3 is alert to name only. V5 stated that R3 would not know if a liquid was harmful. V5 stated that if it is in his (R3) reach, he will grab it and drink it. V5 stated that R3 grabs at things and in the dining room they make sure nothing is in front of him. V5 stated that the staff feeds him. V5 stated that as soon as he gets to the dining room a staff member is always with him to keep him from grabbing things and eating them. V5 stated that R3 eats plastic and Styrofoam cups. V5 stated that this has always been the case with R3. V5 stated that when in his room they don't bring things into his room and lay him down.

On 4/23/2024 at 1:26 PM V6, CNA, stated that she took care of R3 on the day of incident. V6 stated that she was walking the hall checking on her residents and saw R3 sitting in his room drinking out of a water bottle. V6 stated that it struck her odd because the liquid was yellow. V6 stated at that time V8, Restorative Aide, came past and looked as well. V6 stated they took the bottle away. V6 stated that she did not smell the liquid. V6 stated that R3 was drinking the liquid out of the bottle. V6 stated that R3 was initially in

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the dining room and had previously returned. V6 stated that she had not seen R3 with this water bottle at all that day. V6 stated that R3 does not roam into other rooms. V6 stated that she is not sure how it got into R3's room but someone would have had to bring it in there.

On 4/23/2024 at 1:32 PM, V8, Restorative Aide, stated that she was walking past R3's room and saw R3 drinking from a clear water bottle. V8 stated that she thought it odd because water is clear. V7 stated that she and V6 entered the room. V8 stated that she took the water bottle from R3 and smelled it, and it smelled like bleach. V8 stated that when she observed R3 he was actively drinking the liquid. V8 stated that then V9, LPN, checked R3 out and he went to the hospital. V8 stated that she does not know how R3 got a hold of the bottle of bleach. V8 stated that R3 is total care, and the bottle would have to be brought into his room and placed in his reach.

On 4/23/2024 at 1:35 PM, V9 stated that she was told by V8 that R3 was drinking a yellow liquid out of a water bottle. V9 stated that V8 at that time was not sure if it was urine or what. V9 stated that she smelled it, and it smelled like bleach. V9 stated that she went down and assessed R3. V9 stated that she did not know how much R3 drank and felt he needed to go to the emergency room. V9 stated that R3 was sent out at that time. V9 stated that she is not aware of how R3 got a hold of the bleach. V9 stated that the CNAs have a history of bringing bleach and cleaning products in the building from outside the facility.

On 4/23/2024 at 8:36 AM, V14, Restorative Aide, stated that she does not work the floor. V14 stated that at lunch she did feed R3. V14 stated that he ate all his food. V14 stated that his drinks

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were in cups and R3 did not have a bottle while eating in the dining room.

On 4/24/2024 at 12: 40 PM V2, Director of Nursing, DON, stated that she is aware of the incident that occurred with R3. V2 stated that nursing notified management that R3 was drinking a chemical substance. V2 stated that they felt that R3 needed to go to the hospital for evaluation and treatment. V2 stated that R3 returned without new orders and the facility monitored him. V2 stated that she is not for sure how R3 got the liquid. V2 stated that during the investigation she was able to determine that the liquid was brought in by staff. V2 stated they were unable to identify the specific person. V2 stated that no one would admit to it. V2 stated that the chemical should not have been in the facility let alone in R3's room and in reach. V2 stated that could have caused R3 serious injury. V2 stated that she was made aware by her staff that R3 had bleach wipes in his bedside tables today. V2 stated that R3 does not have access to the bleach wipes. V2 stated that staff have access. V2 stated R3 sits in front of the bedside table. V2 stated that the wipes in the bedside table would be considered in R3's reach. V2 stated that this puts R3 at risk for bleach being ingested, get in his eyes, and cause significant injury to R3. V2 stated that the bleach wipes were placed inside R3's beside table and R3 does not have the mental compacity to do so.

On 4/24/2024 at 3:41 PM V20, Nurse Practitioner, stated that she was at the facility, lower level seeing patients, at the time of the event. V20 stated that she was called and notified that R3 had drank an unknown chemical substance. V20 stated that she assessed R3 at that time. V20 stated that because it was not sure at that time

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how much of the chemical was consumed, she felt R3 needed to go to the emergency room for evaluation and treatment as needed. V20 stated that she received confirmation from the hospital that the liquid was bleach. V20 stated that she did not see the liquid herself. V20 stated that she would expect that the facility and staff would not have bleach and chemicals in resident's room. V20 stated that if this liquid was in the room, she would expect the resident to be supervised. V20 stated that access to these chemicals puts residents at risk for serious and significant injury.

The facility's Management of Hazardous Chemicals, dated 10/2023, documents that POLICY: "Hazardous Chemicals shall be handled in a manner which poses no substantial hazard to human health, and shall not be deliberately discarded with the general waste or by any route into the sanitary sewer system. The handling and disposal of these materials shall be in compliance with this policy and Federal and State regulations to ensure that hazardous materials generated at this facility do not pose a substantial hazard to human health or the environment. It also documents Storage: 1. All chemicals shall be dated when opened. Excess Hazardous Chemicals: I. The contents of all containers must be clearly identified."

(A)