

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005805</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 05/22/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MARKLUND CHILDREN'S HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>164 SOUTH PRAIRIE AVENUE BLOOMINGDALE, IL 60108</b>
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Z 000	<b>COMMENTS</b>  Complaint Investigation 2472932/IL171909	Z 000		
Z9999	<b>FINDINGS</b>  Statement of Licensure Violations:  390.620 a) 390.1040 i)8) 390.1040 k)3)  Section 390.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. These written policies shall be formulated with the involvement of the medical advisory committee and representatives of nursing and other services in the facility. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.  Section 390.1040 Nursing Services i) The responsibilities of the director of nursing shall include, at a minimum, the following: 8) Participating in the development and implementation of resident care policies and bringing resident care problems, requiring changes in policy, to the attention of the facility's policy development group. (See Section 390.610(a).) k) Nursing care shall include at a minimum the following: 3) Proper documentation of all objective observations of changes in a resident's condition, including mental and emotional changes, as a	Z9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>06/20/24</b>
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Z9999	<p>Continued From page 1</p> <p>means for analyzing and determining care required and the need for further medical, nursing or psychosocial evaluation and treatment shall be provided.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement an abuse program with specific protocols to prevent and protect clients from abuse or to identify when a client has been abused to prevent further abuse, and failed to consistently implement the facility's protocol for monitoring female menses to alert staff if a female resident was sexually assaulted and became pregnant.</p> <p>This has the potential to affect 21 of 21 residents in the facility (R1 to R21) with R2, R3, R4, R5, R6, R9 and R11 being female residents. All 21 clients are identified as high risk for abuse, totally dependent on staff, and lack the cognitive and physical abilities to protect themselves from being abused.</p> <p>Findings include:</p> <p>1. Surveyor noted on 4/18/24 at 2:30pm, all residents were nonverbal, non-ambulatory, and totally dependent on staff for all care needs. According to the facility roster, there are 21 residents (R1-R21) residing in the facility.</p> <p>Facility's policy titled Abuse Prevention Programs, which is undated, was reviewed. It included, "The</p>	Z9999		

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Z9999	<p>Continued From page 2</p> <p>attending physician is to be notified if applicable for further orders." The policy does not define what "notify the physician if applicable" means. The policy also stated interviews of potential witnesses that had access to the alleged victim will start at specifically 72 hours before the incident, and not later or farther back than 72 hours. Specific Procedures, A. Suspected Assault (physical or sexual/Abuse/Neglect or Mistreatment.</p> <p>Facility Policy number 7.01, titled: Suspected, Neglect, Mistreatment of a client or injury of unknown origin dated 6/5/23 did not have specific details on how the facility would prevent and protect residents from any type of abuse. The policy failed to include or direct staff to:</p> <ul style="list-style-type: none"> <li>a) conduct sexual abuse assessment of residents.</li> <li>b) No directives to interview or attempt to interview the alleged victim.</li> <li>c) No prevention methods of abuse for residents before it happens.</li> </ul> <p>The two policies (Policy number 7.01 and Abuse Prevention Programs) combined does not give specific details how the facility's abuse policy, nor abuse program will protect and prevent abuse of any kind from happening to any residents.</p> <p>The surveyor asked E2, Director of Nurses (DON) on 4/16/24 at 2pm, if the facility had identified any vulnerable residents. E2 stated all residents are totally dependent for care.</p> <p>On 4/15/24 at 2:30pm, E1, Administrator, was asked how the residents are assessed to be vulnerable for sexual abuse if the facility does not</p>	Z9999		

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Z9999	<p>Continued From page 3</p> <p>have a policy for resident's risk assessment? E1 stated there is not a policy that she can provide specifically for that, but the facility does have some things in place for their residents such as spot checks, the lay out of the nurse's station, and the staff are in the room together frequently with the residents. E1 was asked how this determines the resident's risk factors? E1 stated those are the things we are doing.</p> <p>On 4/16/24 at 1pm, E5, Direct Support Person (DSP), stated she has worked at the facility for 45 years. E5 was asked her action if she saw resident being sexually abused or suspicion. E5 stated she would report verbally, tell the nurse, and tell the Administrator, IDPH, and write an incident report. E5 stated one of the ways you can tell if a resident has been sexually abused is they may start acting out more.</p> <p>On 4/16/24 at 1:30pm, E6, Certified Nurse Assistannt, was asked what does she understand about the abuse policy. E6 stated if she sees abuse occurring to a resident, she is to report it to the Administrator, be aware of the abuse policy; she has worked at the facility for 13 years there have been no cases of sexual assault. E6 was asked how she will identify signs of sexual abuse. E6 stated if she sees any difference in the resident's behaviors. No other signs or examples given.</p> <p>On 4/24/24 at 10:45am, E7, Interim Qualified Intellectual Disability Person (QIDP), was asked if she received training on resident abuse, including sexual abuse? E7 stated she had a policy review of abuse and neglect and was not able to receive any additional training on how to prevent sexual abuse at this time.</p>	Z9999		

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Z9999	<p>Continued From page 4</p> <p>On 4/24/24 at 10:52am, Z4, Registered Nurse, stated she had training on resident abuse, including sexual abuse. "It is a packet someone gives you. The only male direct support staff that provides direct care (E3, DSP) works using the buddy system currently."</p> <p>On 5/8/24, E1 stated 35 staff were trained on the previous abuse policy (dated 6/5/23), which does not have prevention of abuse. Prevention protocol teaching guidelines of sexual abuse are in the new policy. (dated 5/1/24). It has monitoring of residents for sexual abuse and consists of Certified Nurse's Assistant (CNA) observations during baths.</p> <p>R1 through R21's level of function and diagnoses indicate these residents are at risk for abuse.</p> <p>The Individual Program Plan (IPP or treatment plan) for R1 through R21's did not include the residents were at high risk for abuse and/or indicated interventions to prevent abuse for R1 through R21.</p> <p>Examples include but not limited to:</p> <p>R1's IPP, dated 9/27/2023, indicates R1's level of functioning (LOF) is profound. The psychological exam, dated 6/27/2020, indicates a mental age of 0 years and 3 months. R1's diagnoses are cerebral palsy, visual impairment, seizure disorder, global developmental delay, quadriplegia, dislocated left hip, subluxed right hip, s/p varus disrotation, osteotomies, encephalomalacia, sensorineural hearing loss (hearing not functional for conversational volume speech), mild scoliosis, and GERD (Gastroesophageal Reflux Disease).</p>	Z9999		

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Z9999	<p>Continued From page 5</p> <p>R2's IPP, dated 8/16/2023, indicates R2's LOF is profound. The psychological exam, dated 9/19/2020, indicates a mental age of 0 years and 6 months. Chronic Respiratory failure with hypoxia, asthma, epilepsy, and chronic constipation.</p> <p>R3's IPP, dated 9/27/2023, indicates R3's LOF is profound. The psychological exam, dated 8/7/2022, indicates a mental age of 0 years and 8 months. Chronic Respiratory failure with hypoxia, asthma, epilepsy, and chronic constipation.</p> <p>R4's IPP, dated 4/19/2023, indicates R4's LOF is profound. The psychological exam, dated 5/5/2019, indicates a mental age of 0 years and 3 months. epilepsy, acute and chronic respiratory failure with hypoxia, profound intellectual disability, encephalopathy, microcephaly, osteoporosis without current pathological fracture, scoliosis, congenital dislocation of hip, keratitis, lagophthalmos, hypermetropic bilateral, chronic ideopathic constipation, and Hearing loss.</p> <p>R5's IPP, dated 5/15/2023, indicates R5's LOF is profound. The psychological exam, dated 4/18/2023, indicates a mental age of 0 years and 3.5 months. cerebral palsy, constipation, difficulty sleeping, feeding problems, GERD, g/j-tube no nissen, profound intellectual disability, premature adrenarche, strabismus, and UTI disease.</p> <p>R6's IPP, dated 8/22/2023, indicates R6's LOF is profound. The psychological exam, dated 9/19/2020, indicates a mental age of 0 years and 2.5 months.: encephalopathy secondary to agenesis of the corpus collosum, microcephaly, seizure disorder, profound mental retardation, cerebral palsy, spastic quadriparesis, multiple contractures, respiratory insufficiency, visual</p>	Z9999		

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Z9999	<p>Continued From page 6</p> <p>impairment, GERD, chronic constipation, asthma, altered salivation, tracheostomy care, spasticity, environmental allergy, sialorrhea and eczema.</p> <p>R7's IPP, dated 2/28/2024, indicates R7's LOF is profound. The psychological exam, dated 12/8/2021, indicates a mental age of 0 years and 6 months. Diagnoses include ataxic, cerebral palsy, and asthma.</p> <p>R8's IPP, dated 5/3/2023, indicates R8's LOF is profound. The psychological exam, dated 8/7/2022, indicates a mental age of 0 years and 1 month. Diagnoses included Hypoxic Ischemic Encephalopathy, spastic quadriparesis, profound intellectual disability, seizure disorder, chronic lung disease, GERD, and constipation.</p> <p>R9's IPP, dated 11/29/2023, indicates R9's LOF is profound. The psychological exam, dated 12/8/2019, indicates a mental age of 0 years and 2 months. Diagnoses include, Anoxic brain injury, cerebral palsy, profound intellectual disability, seizure disorder, broncho-pulmonary dysplasia, GERD, respiratory insufficiency, cortical blindness, hearing impairment, global developmental delay, and constipation.</p> <p>R10's IPP, dated 7/12/2023, indicates R10's LOF is profound. The psychological exam, dated 2/13/2022, indicates a mental age of 0 years and 2 months. Diagnoses include, Anoxic brain injury, cerebral palsy, profound intellectual disability, seizure disorder, broncho-pulmonary dysplasia, GERD, respiratory insufficiency, cortical blindness, hearing impairment, global developmental delay, and constipation.</p> <p>R11's IPP, dated 5/17/2023, indicates R11's LOF is profound. The psychological exam, dated</p>	Z9999		

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Z9999	<p>Continued From page 7</p> <p>5/13/2020, indicates a mental age of 1 year and 1 month. Diagnoses include Severe traumatic brain injury, Quadripareisis, Baclofen Pump, G-Tube placement, Oropharyngeal Dysphagia, Dystonia, Spasticity, Scoliosis, Hidradenitis Suppurativa, Neurogenic bladder &amp; bowel, Neuromuscular Scoliosis of Thoracolumbar Region, Folliculitis, and Dermal cysts.</p> <p>R12's IPP, dated 8/2/2023, indicates R12's LOF is profound. The psychological exam, dated 2/8/2019, indicates a mental age of 0 years and 2 months. Diagnoses included Hydrocephaly, microcephaly, seizure disorder, profound MR, spastic quadripareisis, multiple contractures, osteoporosis, dislocated hips, progressive lumbar lordosis, cortical blindness, tracheal Malacia, respiratory insufficiency, right undescended testicle (s/p surgery), and Fanconi's syndrome (resolved).</p> <p>2. Facility Polity titled "Menses Tracking", dated 9/5/1995 and revised 4/20/2015, stated, "The Nursing Assistant will report to the nurse the resident first day of the onset of menses. Menses are tracked by the Certified Nurse's Assistant (CNA) on Electronic Medical Record. The CNA keep monthly logs on each female and notify the Director of Nurses (DON)/Nurse Manager if menses are absent for more than two consecutive months. The attending physician is to be notified if applicable."</p> <p>The policy failed to give directives to staff of what actions should be taken if a female resident misses a monthly period for one-two months. The policy does not give clear directives of when to notify the physician of missed menstrual periods, when the policy directs staff "the attending physician is to be notified if applicable."</p>	Z9999		



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Z9999	<p>Continued From page 8</p> <p>The female resident menstrual cycle documentation includes lack of monthly recording for the facility's female residents (R2, R3, R4, R5,R6, R9 and R11) as follows:  R2 - no menses recorded from 6/17/23 to 8/3/223 (1 month)  R3 - no menses recorded from 8/8/23 to 11/13/23 (3 months) and 1/23/24 to 3/7/24 (1 month).  R4 - no menses recorded from 10/9/23 to 1/29/24 (3 months).  R5 - no menses recorded from 1/30/24 to 3/16/24 (1 month).  R6 - no menses recorded from 5/30/23 to 9/11/23 (3 months) and 12/23/23 to 4/8/24 (3 months).  R9 - no menses recorded from 6/20/23 to 8/21/23 (1 month) and 8/21/23 to 10/18/23 (2 months).  R11 - no menses recorded from 5/31/23 to 7/30/23 (1 month).</p> <p>On 4/15/24 at 1:20pm, E2, Director of Nursing (DON), was asked, what policies do the facility have in place that should be implemented to alert you that a client is pregnant? E2 stated, "We don't have a policy for alerting staff a client is pregnant."</p> <p>On 4/16/24 at 1:30pm, E6, DSP, was asked how are female menses documented, monitored, and reported and who is responsible for monitoring the monthly menses? What is the responsibility of the staff if a female misses a mense? E6 stated, "We document the menses on the care tracker; we document everyday if menses is light or heavy. The nurse would know through the computer software system called (name of software). All of them have irregularities."</p> <p>On 4/16/24 at 2pm, E2, Director of Nurses</p>	Z9999		

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Z9999	<p>Continued From page 9</p> <p>(DON), was asked if menstrual periods are not recorded for several months how would you know if a resident was pregnant? E2 stated, "By their menstrual period, blood test, their weight, and an abdominal assessment. If a resident does not have menstrual cycle for 2 months, we alert the Medical Director, and she will give orders." E2, DON, was informed R3, R4, and R6 did not have their menses recorded for 3 months, and there is no documentation the physician was notified, and no record of any orders given. E2 confirmed the policy was not followed and stated, "Well (R4) is in her forties" and "many of these girls are irregular."</p> <p>On 4/17/24 at 11:25am, E8, Registered Nurse (RN), was asked how female missed menses monthly cycles are identified and what happens when a resident misses her menses? E8 stated, "The quarterly nursing notes is how we see a missed monthly menstrual cycle, and 2 missed mistral cycles and we will let the doctor know and follow orders from the doctor. Residents that are more vulnerable are nonverbal. We have an open-door policy so we can see all the residents." E8 was asked How would you know if a female resident is pregnant? "Quarterly and every shift we assess their abdomen, visual inspection and bowel sounds, and after 2 missed periods, the primary nurse would notify the physician."</p> <p>(A)</p>	Z9999		