

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000640	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2024
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NAME OF PROVIDER OR SUPPLIER ZAHAV OF DES PLAINES	STREET ADDRESS, CITY, STATE, ZIP CODE 9300 BALLARD ROAD DES PLAINES, IL 60016
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 6): 300.696b) Section 300.696 Infection Prevention and Control b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention ' s Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration ' s Respiratory Protection Guidance. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code. This requirement was NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to adhere to the infection control policy by 1.) failing to perform hand hygiene for a resident, before, during, and after medication administration using a gastric tube and 2.) failing to apply Enhanced Barrier Precautions for one resident with an indwelling medical device. This failure applied to one of one	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 05/23/24
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S9999	<p>Continued From page 1</p> <p>(R5) resident reviewed for infection control.</p> <p>Findings include:</p> <p>During Medication Administration Observation on 5/13/24 at 11:59am, V6 Registered Nurse was observed preparing and administering medication to R5, a resident admitted to the facility 12/13/23 with diagnoses that included tracheostomy, throat cancer of the head, face and neck and gastrostomy.</p> <p>Observation of V6 RN was uninterrupted by the surveyor at the time of this occurrence. After medications were administered V6 was interviewed and said V6 knows V6 should be washing hands before preparing medications, before giving the medications and every time V6 puts on new gloves. V6 acknowledged V6 did not do that during this observation. It was also noted that just outside R5's room an isolation sign and station containing gloves and gown were in place. The sign indicated that staff who were to perform high contact tasks and procedures should perform hand hygiene and don gown and gloves prior to care. Review of the Physician's Order Sheet did not indicate that R5 had an order for Enhanced Barrier Precaution. However, V6 said that because R5 had an indwelling device (gastric tube) and tracheostomy, R5 should have been ordered with Enhanced Barrier Precaution and gown and gloves should be used during care.</p> <p>On 5/15/24 V15 Infection Preventionist said, Enhanced Barrier Precautions are placed for residents who are at high risk of infection related to multi drug resistant organisms. These residents usually have medical devices that are prone to developing infections and the enhanced barrier precautions prompt the nursing staff or</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>anyone giving high contact care to a resident to wear gown and gloves. This practice will help to prevent spread of infection from patient to caregiver and caregiver to patient.</p> <p>Facility Policy: Enhanced Barrier Precautions revised 3/28/24 states in part; General: Enhanced Barrier Precautions (EBP) I an approach of targeted gown and glove use during high contact resident care activities, designed to reduce transmission of S. aureus and Multidrug Resistant Organisms (MDRO). EBP may be applied when (when Contact Precautions do not otherwise apply to residents with any of the following: Wounds or indwelling medial devises, regardless of MDRO colonization status; Infection of colonization with an MDRO.</p> <p>Examples of INDWELLING MEDIAL DEVICES: feeding tube and tracheostomy/ventilator. Examples of HIGH CONTACT RESIDENT CARE ACTIVITIES: Device care or use (central lines, urinary catheter, feeding tube, tracheostomy).</p> <p>Facility Handwashing Policy revised 4/24 states in part; Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of infections. 1. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections. 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. 3. Hand hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub, etc.) shall be readily accessible and convenient for staff use to encourage compliance. with hand hygiene policies. 6. Use an</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: Before and after direct contact with residents; Before preparing or handling medications; Before and after handling an invasive device (e.g., urinary catheters, IV access sites); After handling used dressings, contaminated equipment, etc.; 7. Hand hygiene is the final step after removing and disposing of personal protective equipment.</p> <p>8. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.</p> <p>(C)</p> <p>Statement of Licensure Violations (2 of 6):</p> <p>300.1210b)4) 300.1210c)</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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>4) All nursing personnel shall assist and</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>This requirement is NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to adequately implement speech therapy recommendations for two residents who were receiving a mechanically altered diet. This failure applied to two of two (R6 and R7) residents reviewed for resident care.</p> <p>Findings include:</p> <p>R6 is a 65 year old male who originally admitted to the facility on 2/17/2022 and continues to reside in the facility. R6 has multiple diagnoses including but not limited to the following: hemiplegia, cerebral infarction, CAD, type II DM, dysphagia, dementia, facial weakness, and CKD.</p> <p>R7 is a 95 year old male who originally admitted to the facility on 4/20/2018 and continues to reside in the facility. R7 has multiple diagnoses including but not limited to the following: dysphagia, COPD, dementia, CAD, need for</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>assistance with personal care, pneumonia, and muscle weakness.</p> <p>SLP (Speech Language Pathology) Discharge Summary for R6 signed 2/8/2024 states in part but not limited to the following: Discharge recommendations: mechanical soft/ground textures.</p> <p>SLP (Speech Language Pathology) Discharge Summary for R7 dated 1/24/2024 states in part but not limited to the following: Discharge recommendations: mechanical soft/ground textures.</p> <p>On 5/13/24 at 11:50AM, this surveyor observed lunch service in the first floor dining room. R6 and R7 were both eating in dining room. It was observed that R6's diet ticket read 'Diet Texture: Pureed' and R7's diet ticket read 'Diet Texture: Dental Soft (Mech Soft) with Pureed Meat'.</p> <p>Physician order sheet for R6 states in part but not limited to the following: Pureed texture with order date of 10/13/23. Physician order sheet for R7 states in part but not limited to the following: Mechanical soft diet with pureed meat texture.</p> <p>On 5/15/24 at 2:10PM, V14 (SLP) was interviewed regarding speech therapy services given to R6 and R7. I recommended mechanical soft diet with nectar thickened liquids upon skilled service discharge for both R6 and R7. I am not sure why they still have orders for any sort of puree diet. I inform the nurse of the diet order change. They are then responsible to inform the kitchen and change it in the resident's medical record. It seems as if there was no follow through from the nursing staff with these diet order changes. It is to be noted that this surveyor</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>requested a policy for following diet orders on two occasions and nothing was ever received. (C)</p> <p>Statement of Licensure Violations (3 of 6):</p> <p>300.1810I)</p> <p>Section 300.1810 Resident Record Requirements</p> <p>I) All Cook County facilities with Colbert Class Members shall submit to the Colbert Lead Defendant Agency, or successor Colbert Lead Defendant Agency, on a monthly basis, an accurate census of all Medicaid-eligible residents, the previous month ' s voluntary and involuntary discharges conducted under Section 300.3300, including any voluntary and involuntary discharges scheduled to be conducted within 48 hours after the end of the reporting month. This monthly census must be submitted on the form prescribed by the Colbert Lead Defendant Agency using secure (encrypted) email, no later than the fifth business day of each month.</p> <p>This requirement was NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure a monthly census of all eligible residents were submitted to the Colbert program, education materials were provided to Colbert program eligible residents, and provide a policy related to the Colbert Program. This failure has the potential to affect all 142 residents residing in the facility.</p> <p>Findings include:</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>On 5/15/24 at 12:20PM, V10 (Social Service Director) was interviewed regarding the Colbert Program. V10 said, "I am responsible for the Colbert Program. However, I have never received any sort of training regarding the Colbert program, and I was unfamiliar to it when starting at this facility. I do not submit any sort of resident eligible list or census to the Colbert Decree. The liaison from Colbert sent me a list of all the residents that are currently in the program, and this is how I keep track. I do not let the Colbert liaison know of all the new admissions. I inform the Colbert liaison of residents that I believe are eligible to be in the program. This includes residents that are homeless and have nowhere to go or if the resident themselves express interest into being reintegrated into the community".</p> <p>At 12:40PM, V2 (Administrator) was interviewed regarding the Colbert Program. V2 said, "I am unsure of how the Colbert Program works and what exactly we offer within the facility".</p> <p>It is to be noted that during the survey a policy and/or procedure and any further information related to Colbert Williams was requested with no documents received. (C)</p> <p>Statement of Licensure Violations (4 of 6): 300.1210d1)2) Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>This requirement was NOT MET as evidenced by:</p> <p>Based on observations, interviews, and record reviews, the facility failed to administer medication as prescribed by physician orders. This failure applied to three (R5, R7, R13) of five residents reviewed during medication administration.</p> <p>Findings include:</p> <p>1) On 5/13/24 at 11:59AM Medication observation with V6 (Licensed Practical Nurse) completed for R5. V6 omitted to give R5 the following medications per Physician order sheet dated: May 2024: 1-MiraLax Oral Powder 17 GM/SCOOP (Polyethylene Glycol3350) Give 1 scoop by mouth one time a day every 2 day(s) for constipation. 2-Betamethasone Valerate External Cream 0.1 % (Betamethasone Valerate) Apply to groin/affected site topically two times a day for rashes.</p> <p>2) R13 is 76-year-old female admitted to the facility 04/24/23 with past medical history of primary hypertension, DM2, P-A-fib, hyperlipidemia, anxiety, depression and Parkinson's diseases.</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>On 05/14/24 at 09:05 AM Medication observation with V11 (Licensed Practical Nurse) completed for R13. V11 administered Docusate calcium 240mg 1 tablet, identified wrong medication was given.</p> <p>Per Physician order sheet dated: May 2024 reads: Senna Tablet 8.6 MG (Sennosides) Give 1 tablet by mouth two times a day.</p> <p>3) R7 is a 95 year old male admitted to the facility 09/29/23 with the history of Cerebrovascular disease, Heart Failure, Right Above Knee Amputation, Left Below the Knee Amputation, anemia, thrombocytopenia, dementia, Hypertension, Glaucoma and Atrium fibrillation.</p> <p>On 05/14/24 at 09:30 AM Medication observation with V11 (Licensed Practical Nurse) completed for R7.</p> <p>V11 omitted to give R7 the following medications per Physician order sheet dated: May 2024: 1-Cholecalciferol Oral Tablet (Cholecalciferol) Give 1000 IU by mouth one time a day. 2-Dorzolamide HCl Ophthalmic Solution 2 % (Dorzolamide HCl) Instill 1 drop in left eye every 12 hours.</p> <p>On 05/16/24 at 0930 V1 (Assistant Director of Nursing) said, "I expect nurses to follow the medication administrations "rights" when passing medications to residents, if medication is not available nurses can obtain from the medication box floor stock".</p> <p>On 05/14/24 at 12:40PM V2 (Administrator) provided Facility policy Titled: Section 5.0</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>Medication Administration dated March 2023 reads, Ten "Rights for Administration of Medications. 2- The right drug: verify each drug against the medication record (MAR) before administering. Verify in at least three ways, such as drug size, shape, color or label. (C)</p> <p>Statement of Licensure Violations (5 of 6):</p> <p>300.1640a) 300.1640g)</p> <p>Section 300.1640 Labeling and Storage of Medications</p> <p>a) All medications for all residents shall be properly labeled and stored at, or near, the nurses' station, in a locked cabinet, a locked medication room, or one or more locked mobile medication carts of satisfactory design for such storage.</p> <p>g) Each single unit or unit dose package shall bear the proprietary or nonproprietary name of the drug, strength of dose and total contents delivered, lot or control number, and expiration date, if applicable. The names of the resident and the licensed prescriber do not have to be on the label of the package, but they must be identified with the package in such a manner as to assure that the drug is administered to the right resident. Appropriate accessory and cautionary statements and any necessary special instruction shall be included, as applicable. Hardware for storing and delivering the medications shall be labeled with the identity of the dispensing pharmacy. The pharmacist shall provide written verification of the date the medications were</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>dispensed and the initials (or unique identifier) of the pharmacist who reviewed and verified the medications. The pharmacist need not store such verification at the facility but shall readily make it available to the Department upon request. The lot or control number need not appear on unit dose packages if the dispensing pharmacy has a system for identifying those doses recalled by the manufacturer/distributor or if the dispensing pharmacy will recall and destroy all dispensed doses of a recalled medication, irrespective of a manufacturer's/distributor's specifically recalled lot.</p> <p>This requirement was NOT MET as evidenced by:</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure stock medication of two Multidose vials of Tuberculin solution were labeled with open and expiration dates. This failure has the potential to affect new admissions to the facility's third floor.</p> <p>Findings include:</p> <p>On 05/14/24 at 01:54 PM during storage and labeling observation with V4 (Licensed practical Nurse) on the third floor, two Tuberculin multi vial were found in the refrigerator opened and not dated. V4 (Licensed Practical Nurse) said, not sure what is the policy for Tuberculin Solution and to ask the manager.</p> <p>On 05/15/2024 1215 PM interviewed V1 (Assistant Director of Nursing) on stock medication labeling, V1 said, I expect nurses to label medication after floor stock multidose vial is open, with open and expiration date.</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>On 05/15/2024 at 01:30PM V2 (Administrator) provided Facility Policy Title: 5.19: Tuberculosis Testing (Mantoux Test) dated March 2023. Procedure: 3. After a physician's order is secured, acquire the dose necessary from the vial located in the medication refrigerator. If you are opening a new vial, it must be initiated and dated, as it is only good for 30 days after opening the vial.</p> <p>(C)</p> <p>Statement of Licensure Violations (6 of 6):</p> <p>300.1650a) 300.1650b)</p> <p>Section 300.1650 Control of Medications</p> <p>a) The facility shall comply with all federal and State laws and State regulations relating to the procurement, storage, dispensing, administration, and disposal of medications.</p> <p>b) All Schedule II controlled substances shall be stored so that two separate locks, using two different keys, must be unlocked to obtain these substances. This may be accomplished by several methods, such as locked cabinets within locked medicine rooms; separately locked, securely fastened boxes (or drawers) within a locked medicine cabinet; locked portable medication carts that are stored in locked medicine rooms when not in use; or portable medication carts containing a separate locked area within the locked medication cart, when such cart is made immobile.</p> <p>This requirement was NOT MET as evidenced</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER ZAHAV OF DES PLAINES	STREET ADDRESS, CITY, STATE, ZIP CODE 9300 BALLARD ROAD DES PLAINES, IL 60016
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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 13</p> <p>by:</p> <p>Based on observations, interviews, and record reviews, the facility failed to lock controlled substances with two separate locks, using two different keys. This failure applied to one of one resident (R14) reviewed for medication storage.</p> <p>Findings include:</p> <p>On 05/14/24 at 01:54 PM during storage and labeling observation with V4 (Licensed Practical Nurse) on the third floor, a bottle of Morphine suspensions 100MG/5ML was found in the refrigerator without a lock for R14.</p> <p>On 05/15/24 at 10:32AM during storage and labeling on the third-floor medication room with V8 (Registered Nurse), a morphine bottle suspensions 100mg/5ml for R14 found in a refrigerated without a lock. V8 said, the expectation is to have narcotic locked with the two locks. The medication in the cart has two locks, but not the refrigerator.</p> <p>On 05/15/24 at 12:00 PM V2 (Administrator) said, "I expect narcotic medications to be locked by two locks, but I can call V1 (Assistant Director of Nursing) to come and talk to you".</p> <p>On 05/15/2024 1215 PM interviewed V1 (Assistant Director of Nursing) on controlled medication storage and V1 said, "I will bring the facility policy for controlled medication storage".</p> <p>On 05/15/24 at 12:30 V1 provided Facility policy Titled: 5.4: Controlled Substance Medications dated March 2023. Procedure 4. Schedule II-V drug and any other drugs that the facility deems necessary will be kept in a double locked are</p>	S9999		

Illinois Department of Public Health

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NAME OF PROVIDER OR SUPPLIER ZAHAV OF DES PLAINES	STREET ADDRESS, CITY, STATE, ZIP CODE 9300 BALLARD ROAD DES PLAINES, IL 60016
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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	Continued From page 14 separate from other drugs. The access key to this is separate from the key giving access to the rest of the medication chart. (C)	S9999		