

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009278	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2024
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NAME OF PROVIDER OR SUPPLIER SUNNYMERE	STREET ADDRESS, CITY, STATE, ZIP CODE 925 SIXTH AVENUE AURORA, IL 60505
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 5 330.4240a) 330.4240d) 330.4240e) Section 330.4240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter of the department. (Section 3-610 of the Act) e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act). These REQUIREMENTS were not met as evidenced by: Based on interview and record review, the facility failed to protect residents from a known alleged	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>perpetrator of abuse by not thoroughly investigating, reporting and preventing access to residents. This applies to 1 of 1 resident (R1) reviewed for abuse in the sample of 4.</p> <p>The finding include:</p> <p>R1's face sheet included diagnoses of anxiety disorder, Parkinson's disease, hypertension. R1's past medical history also included diagnoses of vascular dementia, unspecified severity, with anxiety, other abnormalities of gait and mobility. R1's admission care plan dated October 7, 2023, included that R1 requires full assist with bathing and incontinent care and bedtime care.</p> <p>On June 18, 2024, at 12:42 PM, R1 stated that V4 (Resident Assistant) "pressed her breast" during care and she has discussed the matter with V1 (Administrator). R1 stated that V4 apologized and did not want to elaborate further.</p> <p>Facility Accident or Incident Report dated December 8, 2023, showed that R1 reported to V9 (Supervisor) that on the previous night (December 7, 2023) V4 started to wash her back and rolled her over to wash her front and started to stroke R1's breast and that "[R1] felt uncomfortable." This report showed that there were no further interviews with possible witnesses such as the residents and staff.</p> <p>Facility Grievance Report dated December 8, 2023, at 10:45 AM, for complaint of 'sexual misconduct' included as follows in summary: V4 was giving R1 a bath and per R1 "He washed my back and bottom. I was okay with that. Then he told me he was going to 'turn you around to wash your breasts.' Then he started to stroke my breasts." The same report showed that V1</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>(Administrator) met with V4 for his statement at 10:25 PM on December 8, 2023, and had a meeting with R1's family and V4 via phone on the same day at 11:00 PM. A separate statement documentation from V4 showed that the statement was obtained on December 8, 2023, at 10:35 PM.</p> <p>Review of facility nursing schedule from December 7, 2023, to current date showed that V4 worked 2-4 (two-four) times weekly and that V4 worked on December 8, 2023, on the 10:00 AM-6:00 PM shift. This showed that V4 worked (providing care to residents) after facility was aware of V4 to R1 alleged sexual misconduct reported on December 8, 2023, at 10:45 AM as V1 met with V4 for his statement only at 10:25 PM.</p> <p>On June 17, 2024, at 3:05 PM, V1 stated that the facility does not have an abuse policy. V1 also stated that "it's all in her head." V1 also added that she will provide a guideline that she follows in case of an allegation of abuse. V1 provided the guideline (undated) titled "Resident Rights and Responsibilities." V1 explained "I guess I can use #13 of this guideline and Sexual Harassment." V1 showed that #13 guideline was "You shall not be abused or neglected...Sexual Harassment in any form is not allowed on [facility] property and shall be subject to disciplinary action."</p> <p>On June 18, 2024, at 10:44 AM, further interview was held with V1. V1 stated that the allegation of abuse by V4 to R1 was brought to her attention on December 8, 2024, at the beginning of the 10:00 AM-6:00 PM shift. V1 stated that V4 worked that shift, and she interviewed him separately before he started the shift. V1 stated that she had interviewed R1 in the presence of</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>family prior to that. V1 stated that she was informed that the alleged incident happened on December 7, 2023, when V4 worked during the 4:00-6:00 PM shift. V1 stated that based on conversation with V4, he just washed under R1's breast and put her nightshirt back on. V1 stated that V4 had washed her backside earlier and R1 did not feel any violation. V1 stated that based on interviews with R1's family and V4 it was agreed that it was a misunderstanding of what R1 perceived as an abuse. V1 stated it was concluded that it was unfounded, V4 was not suspended and continued to work the shift. V1 stated that R1 was okay with V4 taking care of her thereafter. V1 stated that she did not interview any other resident as part of her investigation. V1 stated "I did not ask anybody else as most of the residents were sleeping at that time." V1 stated that V4 worked weekly at the facility since then. V1 stated that V1 did not notify IDPH (Illinois Department of Public Health) or the Ombudsman and give R1's family the option to report it. V1 stated that she is not familiar with all the updates that IDPH has about reporting and investigation and that she cannot keep up with all the updates.</p> <p>(B)</p> <p>2 of 5</p> <p>330.1510a)1)</p> <p>Section 330.1510 - Medication Policies</p> <p>a) Every facility shall adopt written policies and procedures for assisting residents in obtaining individually prescribed medication for self-administration and for disposing of</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>medications prescribed by the attending physicians. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility.</p> <p>1) Medication policies and procedures shall be developed with consultation from an Illinois registered professional nurse and a registered pharmacist. These policies and procedures shall be part of the written program of care and services.</p> <p>These REQUIREMENTS were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to follow physician's orders regarding medication administration. This applies to 2 of the 8 residents (R6, R8) reviewed for medication administration.</p> <p>The findings include:</p> <p>1. On June 17, 2024, at 4:30 PM, V7 (Resident Assistant/RA) administered Pregabalin 100 milligram (mg) capsule (1 capsule) to R6. R6's physician order summary (POS) dated March 11, 2023 shows to give Pregabalin 200 mg capsule twice a day. R6's Medication Administration Record (MAR) dated 6/16/24-6/22/24 shows Pregabalin 100 mg capsule twice daily.</p> <p>2. On June 18, 2024, at 9:50 AM, V5 (RA) administered medications to R8. The medications given were Glucosamine Chondroitin 750 mg-600 mg tab gave 1 tablet, and Acetaminophen ES 500 mg tab gave 2 tabs po.</p> <p>R8's POS dated December 19, 2023 shows order an order of Glucosamine Chondroitin 500-400 mg</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>tablet and Acetaminophen 650 mg every 6 hours as needed. R8's Medication Administration Record (MAR) dated 6/16/24-6/22/24 shows Glucosamine 500 mg tablet, and Acetaminophen 500 mg tablet give 2 tablets as needed for pain every 8 AM, 2 PM, and 8PM.</p> <p>On June 18, 2024, at 10:52 AM, V5 (RA) stated that they follow what is written in the Medication Administration Record (MAR).</p> <p>On June 18, 2024, at 2:17 PM, V1(Administrator) stated that they follow the recommendation from the recent hospital discharge summary, doctor's clinic, and/or from other facility's discharge summary.</p> <p>(B)</p> <p>3 of 5</p> <p>330.715a) 330.715b)</p> <p>Section 330.715 Request for Resident Criminal History Record Information</p> <p>a) A facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>b) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.</p> <p>These REQUIREMENTS were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to submit background checks, check the Illinois Department of Corrections (IDOC) website, and check the Illinois State Police (ISP).</p> <p>This applies to 1 of 5 caregivers (V4) that were reviewed for criminal background checks.</p> <p>The findings include:</p> <p>On June 17, 2024 at 2:50 P.M. surveyor requested V4's (Resident Assistant/Caregiver) personnel file from V1 (Administrator). V1 responded "oh, are you looking for the abuse allegation that involved him (V4)?"</p> <p>Review of V4's personnel file showed that he was originally hired in the facility on November 19, 2018. The file also showed that V4 had resigned on November 12, 2022. V4 was rehired as an RA/Caregiver on August 30, 2023.</p> <p>On June 17, 2024, at 3:05 P.M. V1 said "I did not do background check for (V4) when he was rehired on August 30, 2023. I know him since he was a small boy"</p> <p>(C)</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>4 of 5</p> <p>330.790c)1)</p> <p>Section 330.790 - Infection Control</p> <p>c) Depending on the services provided by the facility, each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, as applicable (see Section 330.340):1) Guideline for Hand Hygiene in Health-Care Settings.</p> <p>1) Guideline for Hand Hygiene in Health-Care Settings</p> <p>These REQUIREMENTS were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to follow standard infection control practices with regards to hand hygiene and gloving during provisions of incontinence care.</p> <p>This applies to 2 of 5 residents (R3, R1) reviewed for infection control in the sample of 5.</p> <p>The findings include:</p> <p>1. On June 17, 2024 at 11:05 AM, V6 (Resident Assistant) rendered incontinence care to R3 who was wet with urine and had a bowel movement. V6 cleaned R3 from front to back perineum, applied new incontinence brief and incontinence pad and help reposition R3. V6 changed her gloves in between tasks, however she did not perform hand hygiene all throughout the care.</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>On June 18, 2024, at 2:05 PM, V1 (Administrator) stated staff must perform hand hygiene before they start the care and after care. V1 also said she doesn't carry a hand sanitation in her pocket.</p> <p>Facility's Infection Control: Hand Hygiene Policy and Procedure dated June 12, 2015, shows:</p> <p>Policy: Facility staff will comply with current Center for Disease Control and Prevention (CDC) hand hygiene guidelines.</p> <p>Purpose: Effective hand hygiene reduces the incidence of healthcare-associated infections.</p> <p>Procedure: Indications for Handwashing and Alcohol-based hand rub.</p> <p>2. Handwashing or alcohol-based hand rub may also be used for routinely decontaminating hands in the following situations: After contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings, even if hands are not visibly soiled. After removing gloves.</p> <p>Gloves and Hand Hygiene: Gloves reduce hand contamination by 70% to 80%, prevent cross contamination and protect patients and healthcare personnel from infection. However, the use of gloves does not eliminate the need for hand hygiene.</p> <p>2. On June 17, 2024, at 10:00 A.M., R1 was observed lying in bed. R1 was confused and was not able to verbalize her needs. R1's positioning in bed was uncomfortable, R1's upper body and head were slouched over. R1's lower body was position towards the edge of her bed. R1's right foot was dangling and off from bed. Surveyor prompted V5 (RA/Resident Assistant) to check R1. V5 also checked and provided incontinence care to R1. V5 applied a pair of gloves,</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>unfastened R1's incontinence brief, which was soaked with urine, turned R1 to the left side, wiped R1's rectal area with a sheet of moistened towelette, put on a clean brief, did not wiped R1's genital area, turned R1 to supine position, fastened the brief, covered R1 with blankets, touched the call button, and removed her gloves. V5 did not wash her hands or perform hand hygiene during the incontinence V5 took the garbage out R1's room and threw the garbage to the soiled utility room. V5 then asked V6 (RA) to help repositioned R1. V5 and V6 repositioned R1.</p> <p>(C)</p> <p>5 of 5</p> <p>330.792a) 330.792b)1)2)3)</p> <p>Section 330.792 Testing for Legionella Bacteria</p> <p>a) A facility shall develop a policy for testing its water supply for Legionella bacteria. The policy shall include the frequency with which testing is conducted. The policy and the results of any tests and corrective actions taken shall be made available to the Department upon request. (Section 3-206.06 of the Act)</p> <p>b) The policy shall be based on the ASHRAE Guideline "Managing the Risk of Legionellosis Associated with Building Water Systems" and the Centers for Disease Control and Prevention's "Toolkit for Controlling Legionella in Common Sources of Exposure". The policy shall include, at a minimum:</p> <p>1) A procedure to conduct a facility risk</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>assessment to identify potential Legionella and other waterborne pathogens in the facility water system;</p> <p>2) A water management program that identifies specific testing protocols and acceptable ranges for control measures; and</p> <p>3) A system to document the results of testing and corrective actions taken.</p> <p>These REQUIREMENTS were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure implementation of their policy to prevent Legionellae. This applies to all 24 residents residing the facility.</p> <p>The findings include:</p> <p>The facility's Infection Prevention & Control - Legionnaire's Disease policy dated November 1, 2018 showed the following: Procedure: The facility is responsible for assessing and identifying risk for possible Legionella. The water management program is maintained by the Maintenance and Environmental service staff. Facility Plan:</p> <p>a. Identifies building water systems for which Legionella control measures are needed- Utilizing the facility layout to describe the building water systems using text.</p> <p>b. Assesses how much risk the hazardous conditions in those water systems pose-developing a building flow diagram per the CDC Toolkit</p> <p>c. Control measures will be applied as needed to reduce the hazardous conditions, whenever</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>possible to prevent Legionella Growth and spread.</p> <p>On June 17, 2024 at 3:49 PM, V1 (Administrator/Director of nursing) stated the facility has not done any testing for Legionella and does not have a risk assessment for Legionella and other waterborne pathogens. V1 stated she is looking for someone to do a risk assessment for Legionella. V1 provided a Legionnaire Policy dated November 1, 2018 that she stated she is in the process of revising and has not yet adopted. V1 stated she is not aware of any Legionnaire Disease preventative measures being done, but she will refer surveyor to V2 (Maintenance Director).</p> <p>On June 18, 2024 at 10:13 AM, V2 (Maintenance Director) stated he does not do anything to prevent Legionella or other waterborne pathogens. V2 stated he does not test for Legionnaire or any waterborne pathogens and he is not aware of it being tested by any source since he has been working at the facility. V2 stated the facility does not have a risk assessment for Legionella or other waterborne pathogens.</p> <p>(C)</p>	S9999		