Illinois D	epartment of Public	Health			FORM	IAPPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
					с	
		IL6000343	B. WING		11/	07/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ALIYA O	F OAK LAWN		ST 95TH STF VN, IL 60453			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga 24986581/IL179759					
S9999	Final Observations		S9999			
	Statement of Licens 300.610a) 300.696d)1) 300.1210b) 300.1220b)3)	sure Violations:				
	Section 300.610 R	esident Care Policies				
	procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shal	dvisory physician or the ommittee, and representatives r services in the facility. The ly with the Act and this Part. shall be followed in operating l be reviewed at least annually documented by written, signed				
	d) Each facility	fection Prevention and Contro	1			
	Control and Preven Health Service, Dep Services, Agency for	kits of the Centers for Disease tion, United States Public partment of Health and Humar or Healthcare Research and ational Safety and Health Section 300.340):				
	1) Guideline fo	or Prevention of				
	tment_of Public Health / DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIG	SNATURE	TITLE		(X6) DATE
	ically Signed					11/26/24
TATE FORI	N		6899	2ZB611	If continua	ation sheet 1 of 1

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
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	Catheter-Associate	d Urinary Tract Infections				
	Section 300.1210 Nursing and Persor	General Requirements for nal Care				
	care and services to practicable physica well-being of the re each resident's com plan. Adequate and care and personal of	shall provide the necessary o attain or maintain the highes I, mental, and psychological sident, in accordance with nprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal esident.	t			
	Services b) The DON s nursing services of 3) Developing plan for each reside comprehensive ass and goals to be acc and personal care a Personnel, represe nursing, activities, o modalities as are o be involved in the p plan. The plan sha reviewed and modin needed as indicated	Supervision of Nursing hall supervise and oversee the the facility, including: an up-to-date resident care ent based on the resident's sessment, individual needs complished, physician's orders and nursing needs. nting other services such as dietary, and such other rdered by the physician, shall oreparation of the resident care Il be in writing and shall be fied in keeping with the care d by the resident's condition. eviewed at least every three	,			
	These Regulations	are not met as evidenced by:				
	review, the facility	ion, interview, and record ailed to obtain orders for d urinary catheter care; the o implement care plan				

If continuation sheet 2 of 11

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		SURVEY
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	monitoring, includin urinary tract infection applied to one of th for catheter care an hospitalization and	d to urinary catheter care and g monitoring for signs of on symptoms. This failure ree (R11) residents reviewed d resulted in R11's emergent subsequent diagnosis of ng intensive care unit				
	Findings include:					
	on 08/21/2024 with limited to Schizophi					
	Data Set) assessm	admission MDS (Minimum ent dated 08/28/2024, under indwelling urinary catheter ssion.				
		sician orders to show R11 had required urinary catheter care.				
	V22 (Registered Nu summary, I started AM. I received a ha R11 had a fever and overnight. V24 (Reg overnight, received and urine culture se sample was collect arrived. V24 (RN) s	1:46 AM Surveyor interviewed urse) who stated in the my shift on 10/16/2024 at 6:30 nd off report indicating that d received fever medication gistered Nurse) who worked an order to collect urinalysis ensitivity test. R11's urine ed and sent by the time I tated that the last time she perature, it was 98.9 (degrees				
	Fahrenheit). During R11 was alert and c	my morning assessment, priented x(times) 3 and very . I asked if R11 needed pain				

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TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO T DEFICIENC		DATE
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	water. I rechecked giving morning med (degree Fahrenheit fever medication. V temperature an hou Fahrenheit). R11 ke only abnormal vital notified V27 (Nurse for stat blood work. up to 4 hours and I so V27 (NP) ordered I decided to give a R11 out, because I temperature will go temperature again; Fahrenheit) and that I called V27 (NP) as second time that it to the hospital. I did catheter, I hadn't fur morning. R11's urin nurses were not su Nurse Assistants provide urinary cath supposed to do urin once a shift. It shou are abnormalities, there document urine out there is an order. I abnormalities, there document everythin Sequence of R11's and fever medicatio review shows: - 10/16/2024 01:	documented temperatures on administration, per record 10 AM - 100.5 degrees nedication administration				

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	<ul> <li>10/16/2024 08:2</li> <li>Fahrenheit</li> <li>10/16/2024 10:0</li> <li>Fahrenheit</li> <li>10/16/2024 11:3</li> <li>Fahrenheit fever documented at 11:0</li> <li>On 11/04/2024 at 12</li> <li>V23 (Wound Care N Nurse) who stated i breakfast to change complained about p brief to conduct an a brown discharge fro cold and shaking bu touch. R11 generall when we reposition implant that he was implant placement p hospital doctors sug been removed, but the brown discharge told V22 (RN), she assessment, and Le "real time"; therefore the time when I saw 11:47 AM. Last time 10/16/2024 was on appeared fine.</li> <li>On 11/04/2024 at 1: V19 (Director of Nu summary, R11 does order nor urinary care incontinence care, a</li> </ul>	26 AM - 98.2 degrees 26 AM - 99.2 degrees 30 AM - 104.5 degrees medication administration 99 AM 2:01 PM Surveyor interviewed Nurse/Licensed Practical n the summary, I went in after e R11's dressings. R11 vain to his penis. I opened his assessment and observed a om his penis. R11 was very ut his body was warm to the y complained of penis pain ed him. R11 had a penile admitted with. R11 stated the procedure "went wrong", ggested that it should have R11 declined. Once I noticed e, I notify V22 (RN). When I came in to do her exited the room. I document in e, the progress note shows / R11, which was (10/16/2024) e I saw R11, before Monday 10/14/2024 and he care in the progress note shows / R11, which was (10/16/2024) a I saw R11, before Monday 10/14/2024 and he care in the progress interviewed rsing) who stated in the s not have urinary catheter theter care order. Urinary (Activities of Daily Living) and and it should be done every 2 ed, which is related to Certified				

	epartment of Public	Health (X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE	
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NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
		6300 WE	ST 95TH STR	EET		
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	Nurses were not su	pposed to change R11's to penile implant, it had to be				
	assessment to show	ent is any urinary catheter w R11 urinary catheter was 11's stay in the facility				
	V26 (Certified Nurs summary, as a CN/ care with ADLs, eve document it in the t electronic medical r Continence tab. Th every two hours. If bag, cloudiness, or	57 PM Surveyor interviewed e Assistant) who stated in the A, I provide urinary catheter ery two hours or as needed. I ask area in resident's record under Bladder at should be documented there is blood in the tubing or change in urine appearance, ted to the nurse on duty.				
		nence sheet for October 2024 catheter care was provided 12 nonth.				
	V27 (Nurse Practitie summary, I was on- 10/15/2024, when I between 9:30a-10:0 penile pain. I compl ordered urinalysis a test. I order R11's to (V29 Licensed Prac blood, and urine wa	:14 PM Surveyor interviewed oner) who stated in the -site (in the facility) on saw R11 during my rounds, 00a. R11 complained about leted my assessment and and urine culture sensitivity est verbally with nurse on duty ctical Nurse). There was no as flowing without obstruction;				
	decide whether I sh appointment soone 11/4/2024). The foll	the labs, I was going to ould move R11's urology r (originally scheduled for owing day, V22 (RN) called t the R11 has a fever. I told				

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AND PLAN OF CORRECTION		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVE COMPLETED C	
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\$9999	her that we have to his temperature rea Fahrenheit). I talked and she told me that asked V27 (NP) to de septic shock, V27 (Iurinary catheter, wh foreign object. In the the body can go into treatment is detrimed shock. I specifically on 10/15/2024 to m Infection) and order assessment and cat preventing infection undermined. On 11/04/2024 at 3: V24 (Registered Nu- summary, "On 10/1 checked R11's temp had some fever, I d but it is in my progra third-party provider urinalysis and urine collected urine and the morning. I think ordered antibiotic to results come back. On 11/04/2024 at 3: V29 (Licensed Prace summary, I took cat day shift. R11 was f matter of fact, V27 and she looked at F that R11's urinary ca- was inquiring about	send R11 out to the hospital if iches 104 (degrees d to V22 (RN) later that day, at she sent R11 out. Surveyor clarify how R11 suffered from NP) said, R11 had a chronic ich body recognized as a e process of trying to fight it, o a septic shock. Antibiotic ental in preventing septic ordered R11's urine analysis onitor for UTI (Urinary Tract antibiotic if needed. Urinary re play also a big role in				

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	I transcribe it into the medical record, print binder. If there are sure if V27 (NP) ord (10/15/2024). Upon request from R11's urine related R11's laboratory ord reads in part, "URIN	orovider relay lab orders to me ne resident's electronic nt it and put it into the lab stat lab, I call the lab. I am not dered any labs R11 that day V19 (DON), absent are any labs ordered on 10/15/2024. der dated 10/16/2024 3:13 AM NALYSIS, W/REFLEX CandS ed 10/16/24 3:14 AM CT ** one				
	R11's laboratory res 10/16/2024 00:00 ( 10/16/2024 12:54 ( 10/22/2024 08:01(A include but are not SEMI-QUANT. Larg ESBL GREATER T	ge (presence). Escherichia col HAN 100,000 COLONIES/ML. Jenes GREATER THAN				
	(NP) reads in part, examined on this d complaint). (R11) w reported to be doing his penis, (R11) has upcoming Urology a not been changed s orders for UA/CS g	d 10/15/2024 written by V27 "(R11) was seen and ay for the above CC (chief vas sitting on his bed when he g well. (R11) reported pain in s a special foley and has an appt, his (urinary catheter) has since admission. New verbal iven to nursing. New order - Urology services appt				
	by V24 (RN) reads	d 10/16/2024 1:10 AM written in part, "(R11) c/o intermittent to be shaking. Temperature				

	epartment of Public		1		I	
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S9999	Continued From pa	ige 8	S9999			
		Urinary) catheter in situ. (R11)				
		t 179mmHg systolic and				
		ore supplemental O2 applied.				
		ation), (R11) now states he				
		tter, but his feet are cold.				
		a, states he has an infection in				
	"my penis."					
	Due une e u ete dete	- 40/40/0004 40-00 ANA				
		d 10/16/2024 10:06 AM written				
	by V22 (RN) reads in part, "A & o X 2-3 febrile 99.2 prn (fever medication) given. noted (urinary)					
		output 240 ml cloudy & dark				
		his breakfast, AM meds well 0 ml of cold water within 3 hrs.				
		:30 temp 104.5 & agitated.				
		se called 911.VS:BP 111/64				
		P 104.5 SPO2 95% RA."				
	Progress note date	d 10/16/2024 11:37 AM written				
		re Nurse/LPN) reads in part,				
		wound care, (R11) complained				
	of pain to penis, rat	ed at 6/10. Upon assessment,				
	(R11) noted with br	own discharge from penis				
	around (urinary) ca	theter site. Nurse in duty made				
	aware."					
	D11's bossital race	rd datad 10/16/2024 "(D11):-				
		rd dated 10/16/2024, "(R11) is with (past medical history)				
		nic (urinary catheter), HFrEF				
		ic arrest, CAD, HTN, HLD,				
		to the (local hospital)				
		nent via EMS transfer from				
		er 104 (degrees Fahrenheit),				
	penile pain, cloudy					
		ED on 4L NC and is AOx4.				
	. ,	prile 103 (degrees Fahrenheit)				
		otensive 84/54 satting 94%.	,			
		physicians that he has had				
		past 1 year approximately and				
		ary) catheter. Reports 2 days				
ois Donar	tment of Public Health		ĮI.			1

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	shortness of breath vomiting, diarrhea a rhinorrhea. (R11) a wound but denies a catheter discolored milk" urine consiste Assessment and pl PMH (past medical (urinary catheter), H arrest, CAD, HTN,	e, (R11) denies cough, a, chest pain, abdominal pain, and only endorses some lso endorsed chronic left leg any pain. Urine from (urinary) and (R11) report "condensed ency in (urinary catheter) bag. an: 71-year-old male with history) significant for chronic HFrEF s/p AICD s/p cardiac HLD, asthma admitted to nsive care unit) for urosepsis				
	an indwelling cathe at risk for of infection complications and in placement through Assess for continue Empty Foley bag ev Monitor for s/s UTI: increased temp, de	n part, "(R11) requires use of ter r/t (Obstructive uropathy) is on. (R11) Will remain free of nfection of foley catheter out next review. Interventions: ed need of indwelling catheter; very shift and as needed; flank pain, strong odor, creased output, hematuria."				
	01/2024 reads in pa care will be done to cleanliness. Respo Catheter bag to be	ing catheter care" policy datec art, "Daily and PRN catheter promote comfort and nsible party: RN, LPN, CNA. emptied at the end of every cord output and catheter care				
	(Director of Nursing The facility Registe Nurse job description total nursing care p	y related policy per V19 g) statement. red Nurse/Licensed Practical on reads in part, "Implement lan through assessment, uation; Administer prescribed				

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\$9999	and procedures; ev on continuing basis changes in the con- necessary action; E rendered, resident	eatments according to policy valuate treatment effectiveness c; Recognize significant dition of residents and take Document nursing care response , and all other ssary data as outlined in	S9999			

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