

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005961	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER AU WELL CARE HOME, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 152 WILMA DRIVE MARYVILLE, IL 62062		
(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
S 000	Initial Comments	S 000		
	First Probationary Licensure			
S9999	Final Observations	S9999		
	Statement of Licensure Violations			
	1 of 2			
	300.615e)			
	Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information			
	e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, 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)			
	This Requirement was not met as evidenced by:			
	Based on interview and record review, the facility failed to obtain/conduct criminal background check screenings within 24 hours to determine if a resident had a prior criminal history for five residents (R14-R18) reviewed for background checks in the sample. This had the potential to affect all of the 70 residents living in the facility.			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

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S9999	<p>Continued From page 1</p> <p>Facility policy dated 10/2022 states "The facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property and mistreatment of resident. In order to do so, the facility has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff and mistreatment of residents. This will be done by: Immediately protecting residents involved in identified reports of possible abuse, neglect, exploitation, mistreatment, and misappropriation of property."</p> <p>R14's Facesheet documents an admission date of 10/15/2024 and background check performed on 10/21/2024.</p> <p>R15's Facesheet documents an admission date of 10/25/2024 and background check performed on 11/14/2024.</p> <p>R16's Facesheet documents an admission date of 10/22/2024 and background check performed on 11/14/2024.</p> <p>R17's Facesheet documents an admission date of 9/4/2024 and background check performed on 11/14/2024.</p> <p>R18's Facesheet documents an admission date of 9/12/2024 and background check performed on 11/14/2024.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>On 11/15/2024 at 2:00PM V9, Social Services, stated I have started doing the background checks. I am just doing like I was taught. We run state and federal sexual offender regulations. We run the Criminal History Information Response Process (CHIRP), after they are admitted.</p> <p>(C)</p> <p>2 of 2</p> <p>300.610a) 300.1620a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1620 Compliance with Licensed Prescriber's Orders</p> <p>a) All medications shall be given only upon the written, facsimile, or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All orders</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time.</p> <p>These requirements were not met as evidence by:</p> <p>Based on observation, interview and record review the facility failed to administer medications per physician's orders for 2 of 3 residents (R13, R19) reviewed for medication administration in a sample of 19.</p> <p>Findings include:</p> <p>R13's Undated Face Sheet documents she was initially admitted to the facility on 8/23/2015 with diagnosis of seizure.</p> <p>On 11/15/2024 at 7:40 AM V7, Licensed Practical Nurse (LPN) administered Primidone 50 milligrams (mg) x1 tablet to R13.</p> <p>R13's Physician's Order Sheet (POS), dated 11/2024 documents administer Primidone 4 tablets of 50 mg to equal 200 mg.</p> <p>On 11/15/2024 at 9:00 AM V7 stated she administered 1 tablet of Primidone to (R13) during the morning medication administration, she didn't read to administer 4 tablets of the medication.</p> <p>R19's Undated Face Sheet, documents he was initially admitted to the facility on 11/25/2014. Diagnoses include Cerebrovascular disease, Acute Respiratory Disease, History of</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Pneumonia, and Asthma.</p> <p>R19's POS, dated 11/2024 documents medication Symbicort inhaler 80/4.5 micrograms (mcg) 2 puffs.</p> <p>Observation on 11/15/2024 at 8:15 AM showed V10, LPN administered R19's Symbicort inhaler and held the inhaler to R19's mouth and pressed the inhaler one puff follow by another immediate puff, there was no wait time between inhaler puffs.</p> <p>On 11/15/2024 at 9:15 AM V10, LPN stated she administered (R19's) Symbicort inhaler puffs one right after the other and she should have waited a minute between puffs so the medication could be absorbed properly. V10 also stated (R19) currently has a URI (Upper Respiratory Infection) and is on antibiotics for it.</p> <p>On 11/15/2024 at 9:40 AM V3, Assistant Director of Nurses (ADON) stated she expected staff to administer medications per physician's orders and to follow all physician's orders. V3 expected staff to administer the proper number of tablets to the resident and expected the nurse to wait one minute in between puffs of an inhaler to ensure the inhaler medication is being absorbed properly.</p> <p>The Facility's Medication Administration Policy with a revision date of 3/2022 documents "All medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms and help in diagnosis. Check medication administration record prior to administering medication for the right medication, dose, route patient/resident and time.</p> <p>(B)</p>	S9999			

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