Illinois D	epartment of Public	Health				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
		IL6008973	B. WING		12/11/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ASCENS	ION SAINT JOSEPH	VILLAGE	JEFFERSO RT, IL 61032			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLE	ΤE
S 000	Initial Comments		S 000			
	Annual Licensure S	Survey				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	300.1210b) 300.1210d)1) 300.3220f)					
	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 con plan. Adequate and care and personal of	shall provide the necessary o attain or maintain the highest I, mental, and psychological sident, in accordance with nprehensive resident care I properly supervised nursing care shall be provided to each total nursing and personal esident.				
	nursing care shall in	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis:				
		s, including oral, rectal, enous and intramuscular, shall stered.				
	Section 300.3220 I	Medical Care				
	be administered as new physician orde facility's director of	reatment and procedures shall ordered by a physician. All rs shall be reviewed by the nursing or charge nurse				
ABORATOR	tment of Public Health Y DIRECTOR'S OR PROVIE ically Signed	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	(X6) DATE 12/27/2	<u>4</u>
STATE FOR			6899 9	10P11	If continuation sheet 1	l of 5

If continuation sheet 1 of 5

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6008973	B. WING		12/	11/2024
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
SCENS	ION SAINT JOSEPH	VILLAGE	T JEFFERSON RT, IL 61032	ISTREET		
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S9999	Continued From pa	age 1	S9999			
	designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)					
	These regulations were not met as evidenced by:					
	Based on observation, interview, and record review the facility failed to provide physician ordered intervention that maintained the patency of a CVC-Central Venous Catheter for 1 of 1 resident (R2) reviewed for parental fluids in the sample of 18. This failure resulted in the occlusion of R2's catheter and the need for replacement.					
	The findings includ	e:				
	R2's Current Minim shows, R2 is cogni	um Data Set on 12/11/2024 tively intact.				
	leg to reveal a CVC her left upper thigh locking cap labeled colored locking cap clear lumens of the catheter had dark r 11:00AM, V21 RN	7AM, R2 pulled up her pant C-Central Venous Catheter in that had a blue colored 3.6 milliliters and a red blabeled 3.5 milliliters. The red capped and blue capped ed blood in the tubing. At (Registered Nurse) flushed oved the blood from the two				
	my catheter replace clogged. They are	49 AM, R2 said, I had to get ed again due to it being supposed to flush it and are eeps getting clogged.				
		18AM, R2 said, they flushed they have not flushed it today.				
	On 12/11/2024 at 1	0:21AM, V23 (LPN-Licensed				

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S9999	Continued From pa	ige 2	S9999			
	Practical Nurse) said, I do not flush R2's femoral catheter.					
	On 12/11/24 at 10:22AM, V21 (RN) said, LPN's do not flush CVC. R2's CVC is flushed with Normal Saline daily and as needed when there is blood in the line.					
	Nurses) said, there flushing. If the staff procedure they will program in our com instruction for CVC	17 AM, V2 (DON-Director of is no training for CVC are not confident with the call the DON. We have a nputer system that provides flushing. Any topic the nurse se can look up and it will				
	November 2024 sh milliliter syringe flus daily every day. Sta Not Administered. 7 (RN). 8th Not Admi 10th Not Administe Administered. 15th Administered. 25th Administered. 28th Administered. 28th Administered. Hep Heparin Lock both weekly with dressin October 1st Not Ad	ministration Record dated ows, Normal Saline Flush 10 sh CVC with 10 milliliters once art 10/30/2024. November 1st 7th Not Administered by V21 nistered. 9th Not Administered red by V4 (LPN). 14th Not Not Administered. 16th Not Not Administered. 19th Not Not Administered. 24th Not Not Administered. 24th Not Not Administered. 27th Not Not Administered. 30th Not varin 500 unit per 5 milliliters Ports of CVC with 2.4 milliliters og change. Start date 07/26/24 ministered. 8th Not Not Administered. 22nd 24 (LPN). 29th Not	5			
	December 2024 sh	ministration Record dated ows, Normal Saline Flush 10 sh CVC-central venous				

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PROVIDER OR SUPPLIER					
ION SAINT JOSEPH			ISTREET		
SUMMARY STATEMENT OF DEFICIENCIES		ID			(X5)
		PREFIX TAG	CROSS-REFERENCED TO T	THE APPROPRIATE	COMPLET DATE
Continued From pa	age 3	S9999			
8:00AM. Start 10/30 Administered. 2nd 2 Administered. 4th N Administered. 6th N	0/2024. December 1 Not Administered. 3rd Not Not Administered. 5th Not Administered. 7th				
likely the nurses that 12/05, 12/07, 12/09 line occluded on 11 called the surgeon flushing it. The nurs doing the flush but	at documented on 12/02, 9/2024, "got click happy", the /27/24 at 1:33PM, the nurse and was told not to continue se on those dates documented the flush was not done, they	1			
1:33PM, shows, res milliliter flush due to which advised no n saturated with bloo Awaiting MD (Medi	sident was flushed in AM. 6 o resistance. Called surgeon nore flushing. Dressing is d and feels boggy to touch. cal Doctor) phone call for				
Narrative by V26 (M 12/09/2024 at 2:30) anesthesia was obt existing dialysis cat free. It should be no both ports were not	Medical Doctor) dated PM, shows, after local tained, the retention cuff of the theter was bluntly dissected oted that the clear portions of ted to be completely filled with				
indicating that this of flushed and locked flow back into the luc clots. The catheter a large amount of s	catheter is likely not being properly with being allowed to umen of the catheter where it was aspirated and cleared of soft clot. Contrast was infused				
	T OF DEFICIENCIES OF CORRECTION PROVIDER OR SUPPLIER ION SAINT JOSEPH SUMMARY STA (EACH DEFICIENC) REGULATORY OR L Continued From partice catheter with 10 mit 8:00AM. Start 10/3 Administered. 2nd. Administered. 2nd. Administered. 4th N Administered. 6th N Administered. 8th N Administer	OF CORRECTION       IDENTIFICATION NUMBER:         IL6008973       IL6008973         PROVIDER OR SUPPLIER       STREET A         ION SAINT JOSEPH VILLAGE       659 EAS FREEPO         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 3         catheter with 10 milliliters once daily every day at 8:00AM. Start 10/30/2024. December 1 Not Administered. 2nd Administered. 3rd Not Administered. 4th Not Administered. 5th Administered. 6th Not Administered. 7th Administered. 8th Not Administered. 9th Administered.         On 12/11/24 at 1:15 PM, V4 (LPN) said, most likely the nurses that documented on 12/02, 12/05, 12/07, 12/09/2024, "got click happy", the line occluded on 11/27/24 at 1:33PM, the nurse called the surgeon and was told not to continue flushing it. The nurse on those dates documented doing the flush but the flush was not done, they were, "click happy" with their documentation.         R2's Departmental Notes dated 11/27/2024 at 1:33PM, shows, resident was flushed in AM. 6 milliliter flush due to resistance. Called surgeon which advised no more flushing. Dressing is saturated with blood and feels boggy to touch. Awaiting MD (Medical Doctor) phone call for further instruction. Signed by: (V25 LPN).         R2's Central Venous Catheter Placement Narrative by V26 (Medical Doctor) dated 12/09/2024 at 2:30PM, shows, after local anesthesia was obtained, the retention culf of the existing dialysis catheter was bluntly dissected free. It should be noted that the clear portions of both ports were noted to be completely filled with clot. This was noted on every catheter exchange indicating that this catheter is likely not bein	TO F DEFICIENCIES OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:       (X2) MULTIPLE A. BUILDING:         IL6008973       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, S         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         Continued From page 3       S9999         catheter with 10 milliliters once daily every day at 8:00AM. Start 10/30/2024. December 1 Not Administered. 2nd Administered. 3rd Not Administered. 4th Not Administered. 5th Administered. 8th Not Administered. 7th Administered. 8th Not Administered. 7th Administered. 8th Not Administered. 9th Administered. 8th Not Administered. 9th Administered.         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NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
ASCENSI	ASCENSION SAINT JOSEPH VILLAGE 659 EAST JEFFERSON STREET FREEPORT, IL 61032							
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\$9999	the catheter was re Conclusion: Again, clear portions of bo indicating that this of and locked with hep Blood is being allow	Jer catheter. The remainder moved over a wire. noted is thrombus filling the th lumens of the catheter catheter is not being flushed parinized saline correctly. wed to flow backward within theter and clotting resulting in	S9999					
llinois Depart	ment of Public Health							

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