

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/09/2024
NAME OF PROVIDER OR SUPPLIER PITTSFIELD MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 610 LOWRY STREET PITTSFIELD, IL 62363		
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 3 300.610 a) 300.661 Section 300.610 Resident Care Policies 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. Section 300.661 Health Care Worker Background Check: A facility shall comply with the Health Care Worker Background Check Act and the health Care worker Background Check Code. These Requirements are NOT MET as evidence by: Based on interview and record review, the facility failed to obtain conduct pre-employment screening, including the HHS (Health and Human	S9999		

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

TITLE

(X6) DATE

Electronically Signed

12/20/24

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S9999	<p>Continued From page 1</p> <p>Services) OIG (Office of Inspector General) check to determine if employees had a prior criminal history which would disqualify them for employment. This has the potential to affect all 80 residents living in the facility.</p> <p>Findings include:</p> <p>V40, CNA, was hired on 10/10/24, with no OIG check prior to her start date.</p> <p>V42, CNA, was hired on 9/24/24, with no OIG check prior to her start date.</p> <p>V43, CNA, was hired on 8/27/24, with no OIG check prior to her start date.</p> <p>V25, CNA, was hired on 6/6/24, with no OIG check prior to her start date.</p> <p>V45, CNA, was hired on 7/31/24, with no OIG check prior to her start date.</p> <p>V41, Cook, was hired on 10/1/24, with no OIG check prior to her start date.</p> <p>V38, Dietary Aide, was hired on 11/26/24, with no OIG check prior to her start date.</p> <p>On 12/9/24 at 11:10 AM, V34, Human Resources Director, stated, "I don't know anything about checking the OIG website for employee background check. I have been here six years and all I was taught was to look in the "Sanctions Based App". I look once a month to see if any employee has a hit or not." When looking on her computer for the list of items required for background checks, the Health and Human Services Office of Inspector General website was listed for her to complete for all new employees</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>upon hire. V34 stated, "I don't use that site and not sure how to check someone's background check on there."</p> <p>On 12/9/24 at 11:25 AM, V1, Administrator, stated, "I don't know anything about the OIG background check and if (V34) doesn't know anything, then I sure don't either."</p> <p>On 12/9/24 at 2:40 PM, V1 stated, "Yes, all of the background checks should be done prior to the start of any new employee, or any new resident's admission."</p> <p>The Facility's "Abuse Prohibition and Reporting" Policy, dated 11/28/19, documents, "The facility actively prohibits resident abuse including neglect, corporal punishment, involuntary seclusion, misappropriation of property, injuries of unknown source, exploitation and use of any physical or chemical restraint not required to treat resident's symptoms. Procedure: 2. Screening of potential employees will be conducted and hiring will be dependent upon screening result. Screening shall include: a. Reference check with previous employers and/or current employer. b. Health care workers background checks on non-licensed direct care staff. c. Check with appropriate licensing board and registries when applicable. d. Check of OIG Exclusion List."</p> <p>The Resident Census and Conditions of Residents, CMS 671, dated 12/2/24, documents the facility has 80 residents living in the facility.</p> <p>(C)</p> <p>2 of 3</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>300.610 a) 300.615e)</p> <p>Section 300.610 Resident Care Policies 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 300.615 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)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to conduct resident criminal background</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>checks within 24 hours of admission for 7 of 10 residents (R75, R21, R23, R282, R181, R131, R281) reviewed for identified offender in the sample of 33. This failure has the potential to affect all 80 residents living in the facility.</p> <p>Findings include:</p> <p>R75 was admitted to the facility on 9/10/24. The facility completed an Illinois Sex Offender Registry check on 9/23/24. This check was completed beyond 24-hours after admission to the facility.</p> <p>R21 was admitted to the facility on 11/15/24. The facility completed an Illinois Sex Offender Registry check on 9/23/24. This check was completed beyond 24-hours after admission to the facility.</p> <p>R23 was admitted to the facility on 11/15/24. The facility completed an Illinois Sex Offender Registry check on 11/22/24, and the IDOC Check on 11/22/24. These checks were completed beyond 24-hours after admission to the facility.</p> <p>R282 was admitted to the facility on 11/22/24. The facility completed the Criminal History Information Response Process (CHIRP) on 11/25/24, the Illinois Sex Offender Registry check on 11/22/24, and the IDOC Check on 11/22/24. These checks were completed beyond 24-hours after admission to the facility.</p> <p>R181 was admitted to the facility on 11/27/24. The facility completed the CHIRP on 12/3/24, the Illinois Sex Offender Registry check on 12/3/24, and the IDOC Check on 12/3/24. These checks were completed beyond 24-hours after admission to the facility.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>R131 was admitted to the facility on 11/30/24. The facility completed the CHIRP on 12/3/24, the Illinois Sex Offender Registry check on 12/3/24, and the IDOC Check on 12/3/24. These checks were completed beyond 24-hours after admission to the facility.</p> <p>R281 was admitted to the facility on 11/27/24. The facility completed the Illinois Sex Offender Registry check on 12/5/24, and the IDOC Check on 12/5/24. These checks were completed beyond 24-hours after admission to the facility.</p> <p>On 12/9/24 at 2:40 PM, V1, Administrator, stated, "Yes, all of the background checks should be done prior to the start of any new employee, or any new resident's admission."</p> <p>The Facility's "Abuse Prohibition and Reporting" Policy, dated 11/28/19, documents, "The facility actively prohibits resident abuse including neglect, corporal punishment, involuntary seclusion, misappropriation of property, injuries of unknown source, exploitation and use of any physical or chemical restraint not required to treat resident's symptoms. Procedure: 2. Screening of potential employees will be conducted and hiring will be dependent upon screening result. Screening shall include: a. Reference check with previous employers and/or current employer. b. Health care workers background checks on non-licensed direct care staff. c. Check with appropriate licensing board and registries when applicable. d. Check of OIG Exclusion List."</p> <p>The Resident Census and Conditions of Residents, CMS 671, dated 12/2/24, documents the facility has 80 residents living in the facility.</p>	S9999		

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S9999	Continued From page 6 (C) 3 of 3 300.610 a) 300.1010 h) 300.1210 b) Section 300.610 Resident Care Policies 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. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary	S9999		

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S9999	<p>Continued From page 7</p> <p>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.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide timely treatment for 1 of 3 residents (R68) reviewed for change of condition in the sample of 33. This failure resulted in R68 delay in treatment and requiring hospital admission.</p> <p>Findings include:</p> <p>1. R68's nursing notes, dated 12/01/2024 at 10:17 AM, documents attempted to contact radiology for x-ray results and left message on answering machine.</p> <p>R68's nursing notes, dated 12/1/2024 at 1:23 PM, documents, "contacted Nurse Practitioner unable to obtain x-ray results and resident continues with decline in physical mobility, cough with yellow sputum, afebrile, wheezing bilateral upper lobes. and received NO (nurse order) for Ceftriaxome IM QD (daily) x 3 days. CBC (complete blood count) and CMP (comprehensive metabolic profile) on Monday 12-02-24."</p> <p>R68s' nursing notes, dated 12/01/2024 at 11:13 PM, documents, "resident experiencing nasal congestion, denies dyspnea or shortness of breath. Resident afebrile at 98.4 F. Diffuse wheezing auscultated to bilateral lungs. Resident</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>denies experiencing a productive cough. Resident has brisk capillary refill with no cyanosis present. HOB elevated pulse oximetry at 98% on room air."</p> <p>R68's final x-ray results, dated 12/2/2024 at 7:41AM, documents minimal bibasilar airspace disease, may represent atelectasis, aspiration or pneumonia.</p> <p>R68's nursing notes, dated 12/02/2024 at 09:02 AM, documents, "resident noted to have increase in weakness requiring use of sit-stand. He continues to have cough, congestion, and wheezing heard in upper and bilateral lobes. Vitals were 145/77, 89% on RA (Room air), (initiated PRN oxygen at 2L) , T (Temperature):100, RR (Respiratory Rate) 20 (Pulse), P 77. He states during exertion he is SOB (Short of breath) but not at rest. Resident placed into isolation r/t (related to) s/s (signs and symptoms) and awaiting test at this time."</p> <p>On 12/2/2024 at 10:33AM, R68 stated, "I am sick that is why I am in isolation "</p> <p>R68's Hospital history and physical, dated 12/2/2024 at 4:11PM, documents coarse lung sounds throughout with diffuse expiratory wheeze. Complaint community acquired pneumonia. R68's hospital admission history and physical documents R68 complains of body aches, weakness and non-productive cough. R68's history and physical documents assessment and plan ; community acquired pneumonia, supplemental oxygen via nasal cannula, titrate as able, vitals every 4 hours, respiratory failure.</p> <p>On 12/5/2024 at 12:50PM, V1, Administrator,</p>	S9999			

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S9999	<p>Continued From page 9</p> <p>stated she took R68 to the local hospital for an X-ray on Saturday 11/30/2024, as (x-ray company) could not be at facility until Monday. V1 stated when called hospital for x-ray results were told x-ray results not be read until Monday. V2 stated X-ray results came in sometime on Monday.</p> <p>The facility policy Change in a resident's condition, revised 12/02, documents, "the facility shall promptly notify the resident, and /or residents's representative, and his or her attending physician of changes in the resident's condition and/or status. The policy documents the nurse will notify the resident's attending physician when there is a significant change in the resident's physical , mental , or psychosocial status; deemed necessary or appropriate in the best interest of the resident. The facility policy diagnostic service dated revised 11/28/17 documents provision has been made for promptly and conveniently obtaining required clinical laboratory , x-ray and other diagnostic services from clinical laboratory or diagnostic service, physicians office or hospital."</p> <p>(B)</p>	S9999		