

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/11/2024
NAME OF PROVIDER OR SUPPLIER COUNTRY HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 2304 C R 3000 N GIFFORD, IL 61847		
(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		
	Investigation of Facility Reported Incident of 11/30/24/IL182250			
S9999	Final Observations	S9999		
	Statement of Licensure Violation: 300.610a) 300.610c)2) 300.1210a) 300.1210b)4) 300.1210d)4)6) 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. c) The written policies shall include, at a minimum the following provisions: 2) Resident care services, including physician services, emergency services, personal care and nursing services, restorative services, activity services, pharmaceutical services, dietary services, social services, clinical records, dental			

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

TITLE

(X6) DATE

Electronically Signed

01/02/25

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S9999	Continued From page 1 services, and diagnostic services (including laboratory and x-ray); Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) b) The facility shall provide the necessary 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. Restorative measures shall include, at a minimum, the following procedures: 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition	S9999		

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S9999	<p>Continued From page 2</p> <p>demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to supervise a resident after providing the resident with a hot beverage. This failure affects one (R504) is one of three residents reviewed for supervision in the sample of 3. This failure resulted in R504 spilling hot liquid on R504's lap sustaining redness and 6 blistered areas to R504's bilateral upper extremities requiring subsequent treatment for 3days.</p> <p>Findings Include:</p> <p>R504's Facility Census documents R504 was</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>admitted to the facility on 2/22/23 and has the following medical diagnoses: Congestive Heart Failure, Reflux Disease, Alzheimer ' s Disease, Dementia, Difficulty in Walking, Age-Related Physical Debility, Muscle Wasting and Atrophy, Fall, Muscle Weakness, Hypertension, , Cognitive Communication Deficit, Repeated Falls, Personal History of Mental Behavioral Disorders, Horner ' s Syndrome, Cerebral Infarction, Pulmonary Embolism without Acute Cor Pulmonal and Personal History of Transient Ischemic Attack (TIA) and Cerebral Infarction.</p> <p>R504's Minimum Data Set (MDS) dated 10/3/24 documents R504's Brief Interview for Mental Status (BIMS) score 5, severe cognitive impairment and eating supervision or touching assistance.</p> <p>R504's Care Plan dated 10/10/24 documents R504 is at risk for altered nutrition due to diagnosis of Dementia, Hypertension, Dehydration, Congestive Heart Failure, Reflux disease. R504 am a regular diet, R504 self-feed's unassisted in assisted dining room with supervision, R504 weight is at high end of desired body mass index (BMI) range 60 cubic centime (cc) med pass supplement three times a day (TID). Intervention: R504 self-feed 's with queuing in the assisted dining room.</p> <p>R504's Health Status Note dated 11/30/24 at 3:41pm documents R504 was in dining room when V8 Registered Nurse was notified at 11:15am that the R504 was attempting to remove R504's lid off R504's hot tea and spilled hot tea on R504 self. Upon arriving to dining room R504 upper thighs pant legs were wet. Removed R504 immediately to R504's room and placed R504 on the toilet as V8 removed R504's clothing</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>immediately. V10 Certified Nursing Assistant (CNA) arrived, and this nurse requested V10 remain with R504 while V8 retrieved wound supplies. R504 had no blisters present at this time. Applied Zinc oxide skin protectant to reddened region and notified on call V21 Nurse Practitioner at 11:35am and awaiting return call, at 11:39am family notified of incident with tea, 11:55am V1 Administrator notified of incident. Ice pack wrapped applied on for 10 minutes off 20 minutes. Fluid filled blisters appeared (x6) (Left lateral W 4.5 centimeters x L 1.0 centimeters,) (Left medial thigh W L 4.0 centimeters x W 6.0 centimeters), (Left inner medial L 1.0 centimeters x W 2.5 centimeters), (left inner thigh lateral aspect L 1.0 centimeters x3.8 centimeters), (Left inner thigh lateral posterior aspect W 1.2 centimeters x L 1.0 centimeters), (Right leg blister inner lateral L W 3 centimeters x 1 centimeters). At 1:08 pm V21 Nurse Practitioner returned call and notified of appearance of blisters. V21 stated to monitor every shift then upon rupture of blisters apply zinc ointment x 3 days and refer to inhouse wound nurse. Added Tylenol 1000 mg 3 times a day x 3 days, then 3 times a day as needed to help manage pain and discomfort.</p> <p>V8 Registered Nurse witness statement dated 11/30/24 documents V22 Dietary Aide reports to V8, R504 was taking the lid off R504's teacup and spilled hot tea on R504's self. Upon arrival to the dining room, R504 was sitting at the table in front of R504's pants were wet. Removed R504 to R504's room and removed clothing while placing R504 on toilet in R504's room. Noted redness to front, lateral and medial left thigh and medial right thigh. V19 Certified Nursing Assistant remained with R504 while V8 obtained zinc paste cream to apply to reddened region. Applied ice pack for 10 minutes then off. Made notifications to Family,</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Nurse Practitioner, V1 Administrator.</p> <p>V10 Certified Nursing Assistant witness statement dated 11/30/24 documents arrived in residents room, V8 Registered Nurse was present with R504 on toilet, soiled clothing was off resident. redness present on legs. V8 requested V10 stay with resident while V8 grabbed treatment. Treatment applied, R504 dressed and back in dining room for lunch. R504 last toileted at 10:30am.</p> <p>V20 Cook witness statement dated 11/30/24 documents V20 passed hot tea to R504, with a lid on top of the coffee cup. A few minutes later, V20 heard R504 scream that R504 spilt R504's tea all over R504's legs and pants. V20 then ran to get V22 Dietary Aide to inform V8 Registered Nurse that R504 had spilt R504 's hot tea all over R504's legs and pants.</p> <p>V22 Dietary Aide witness statement dated 11/30/24 documents V22 was informed by V20 Cook that R504 had burned R504's self with R504's hot tea. V22 went down to the nurses station and informed North hall nurse V8 Registered Nurse.</p> <p>On 12/11/24 at 1:10pm V2 Director of Nursing stated that R504 is able to feed R504's self but should have supervision. V2 said, R504 eats in the assisted dining room, the assisted dining room is for residents who need supervision or the resident needing to be assisted in being fed by staff. V2 stated that supervision is a least 1 nursing staff being present in the dining room when residents are present with food or beverages. V2 stated that on the day of the incident there were no nursing staff present in the assisted dining room at the time of R504's</p>	S9999			

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S9999	<p>Continued From page 6</p> <p>incident.</p> <p>On 12/11/24 at 1:25pm V10 Certified Nursing Assistant said, on 11/30/24 V10 went to assist V8 Registered Nurse in R504's room. V10 said, V8 already had R504 transferred onto the toilet and had R504's wet pants off. V10 said, V10 observed redness to the top of R504's legs, and V8 asked V10 to stay with R504 while V8 went and got a treatment. V10 said, R504 was not able to remember what happened, just that R504 spilled tea. V10 said, V10 last toileted and changed R504 at 10:30am before lunch started. V10 said, V10 does not know if there was any nursing staff in the dining room at the time of the incident, V10 was assisting other residents.</p> <p>On 12/11/24 at 1:40pm V22 Dietary Aide said, on 11/30/24 at around 11:15am V22 was cutting oranges in the kitchen when V20 Cook came into the kitchen and stated R504 just burned R504's legs with hot tea, what should V20 do. V22 stated that V22 told V20 to stay with R504, and V22 would go get a nurse. V22 stated, V22 went to the North Hall where R504 resides and informed V8 Registered Nurse what happened. V22 stated, at the time of the incident there were no Certified Nursing Assistants or Nurses in the dining room, it was only V20.</p> <p>On 12/11/24 at 2:10pm V23 Wound Care Registered Nurse stated that on 12/2/24 when V23 reported to work V23 was informed that on 11/30/25 R504 sustained 6 burn/blisters wounds to R504's bilateral upper extremities. V23 stated on 12/2/24 V23 assessed R504's 6 burn wounds to R504's upper legs. V23 stated that the facility had already received treatment orders from V21 Nurse Practitioner on 11/30/24 and will continue with those orders and monitor R504's burn</p>	S9999		

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