

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/18/2024
NAME OF PROVIDER OR SUPPLIER LA BELLA AT CLIFTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1190 E 2900 NORTH ROAD CLIFTON, IL 60927		
(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 Survey			
S9999	Final Observations	S9999		
	Statement of Licensure Violations 1 of 7: 300.610a) 300.1210d)1)2)			
	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 300.1210 General Requirements for Nursing and Personal Care 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician.			
	This REQUIREMENT is not met as evidenced by:			

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

TITLE

(X6) DATE

Electronically Signed

01/11/25

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S9999	<p>Continued From page 1</p> <p>Based on observation, interview, and record review the facility failed to administer oxygen per physician's orders. The facility also failed to change and label respiratory equipment for two (R2, R3) of two residents reviewed for respiratory care and urinary catheters in the sample list of 17.</p> <p>Findings include:</p> <p>1.) On 12/16/24 at 8:38 AM R2 was lying in bed and had a tracheostomy tube with oxygen administered at 7 liters per minute (l/min). R2's oxygen tubing and tracheostomy mask were not labeled with a date. R2 stated R2 thought R2's oxygen was supposed to be at 8 l/min, and the oxygen tubing and tracheostomy mask were changed recently but R2 was unsure how often it is changed.</p> <p>R2's current physician orders document an order dated 10/12/24 for oxygen at 1 l/min via mask/tracheostomy collar. There are no orders to change R2's oxygen tubing and tracheostomy mask routinely.</p> <p>On 12/16/24 at 1:35 PM V2 (Director of Nursing) stated oxygen tubing, nebulizer mask and tubing, and tracheostomy mask/collar should all be changed weekly and there should be orders so that it is documented on the Treatment Administration Record. V2 reviewed R2's active physician orders and confirmed R1's oxygen is ordered for 1 l/min. V2 stated that is what R2's oxygen should be set at, unless there were orders for oxygen titration after R2 was hospitalized for COVID-19 and V2 would have to check R2's hospital records.</p> <p>On 12/16/24 at 1:41 PM V18 (Licensed Practical</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Nurse/LPN) stated R2's hospital records document R2 was on oxygen 8 l/min. V18 confirmed R2's current oxygen order for 1 l/min is inaccurate and needs to be changed. V18 stated night shift changes the oxygen and nebulizer tubing and tracheostomy mask weekly on Thursdays.</p> <p>2.) On 12/16/24 at 9:09 AM and 2:15 PM R3 was lying in bed. R3's nebulizer mask and tubing connected to the nebulizer machine were uncovered and not labeled with a date. At 4:17 PM R3 was lying in bed with a nebulizer treatment.</p> <p>On 12/16/24 at 4:36 PM V18 (LPN) stated night shift is supposed to date the nebulizer equipment when it is changed.</p> <p>R3's active physician orders document an order to administer Ipratropium-Albuterol Solution 0.5-2.5(3) milligrams/3 milliliters. There are no physician orders to routinely change R3's nebulizer mask and tubing.</p> <p>The facility's Oxygen Administration policy dated December 2024 documents to verify physician's orders for oxygen administration.</p> <p>The facility's Oxygen & Respiratory Equipment - Changing/Cleaning policy dated March 2024 documents the nebulizer mask and oxygen tubing should be changed weekly and as needed and a clean plastic bag for storing nebulizer and oxygen tubing will be provided with each new set up and labeled with a date.</p> <p>"B"</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Statement of Licensure Violations 2 of 7: 300.610a) 300.615e) 300.615f) 300.615j)</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>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.</p> <p>j) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based background check are pending; while the results of a request for waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to complete resident background checks within 24 hour of admission and implement safety measures while fingerprint results are pending for nine (R2, R3, R4, R10, R11, R12, R13, R15, R16) of ten residents reviewed for background checks in the sample list of 17.</p> <p>Findings include:</p> <p>On 12/18/24 the facility provided the undated Illinois Identified Offenders Background Screening and Submission Procedure as their policy, which documents all long term are facilities must screen residents to determine each person's potential for placing others at risk of harm. This procedure documents the facility must request a name based criminal history record from the Illinois State Police using the Criminal History Information Response Process (CHIRP) within 24 hours of each resident's admission. This procedure documents if the results of the CHIRP</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>indicate a hit on multiple records then fingerprints are requested unless waived by the Director of Public Health by verification that the resident is completely immobile or meets other criteria of lack of potential risk, and the facility is responsible for taking all necessary steps to ensure the safety of the residents while the results of name based and fingerprint based background checks are pending.</p> <p>R10's, R11's, R12's, and R13's background checks were requested on 12/17/24 at 3:00 PM. R2, R3, R4, R15, and R16 background checks were requested on 12/18/24 at 12:05 PM.</p> <p>1.) R10's ongoing census documents R10 admitted on 12/3/24. R10's CHIRP is dated 12/17/24. The facility provided The Illinois Department of Corrections (IDOC) search for R10 that does not document a search of R10's name or a date.</p> <p>2.) R11's ongoing census documents R11 admitted on 10/1/24. R11's CHIRP is dated 10/17/24. The facility provided IDOC search for R11 does not document a search of R11's name or a date.</p> <p>3.) R12's ongoing census documents R12 admitted on 11/29/24. The facility provided IDOC search for R12 does not document a search of R12's name or a date.</p> <p>4.) R13's ongoing census documents R13 admitted on 11/18/24. R13's CHIRP is dated 12/17/24 and indicates multiple hits requesting fingerprinting. The facility provided Illinois Sex Offender Registry Search for R13 documents a date of 12/18/24. The facility provided IDOC search for R13 does not document a search of</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>R13's name or a date. The electronic mail dated 12/18/24 sent to V24 (Social Services Director) documents resident fingerprinting is scheduled for 12/20/24.</p> <p>R13's Minimum Data Set dated 11/26/24 documents R13 is cognitively intact, and transfers and walks with supervision/touching assistance from staff. There is no documentation in R13's nursing notes or care plan of safety measures implemented while R13's fingerprinting is pending.</p> <p>On 12/18/24 at 11:50 AM V1 (Administrator) stated V1 was unsure of any measures that were implemented while R13's fingerprinting is pending other than R13 does not have a roommate. At 12:15 PM V2 (Director of Nursing) stated V2 was unaware of any safety measures implemented for R13 while fingerprint results were pending or where this information would be documented, and V2 would have to ask V1. At 3:00 PM V1 confirmed no safety measures were implemented for R13 other than R13 doesn't have a roommate and confirmed R13 is able to walk.</p> <p>5.) R2's ongoing census documents R2 admitted on 10/9/24. R2's CHIRP is dated 10/24/24. The facility provided IDOC search for R2 does not document a search of R2's name or date. R2's Illinois and National Sex Offender Searches document a date of 12/18/24.</p> <p>6.) R3's ongoing census documents R3 admitted on 11/29/24. R3's CHIRP is dated 12/18/24.</p> <p>7.) R4's ongoing census documents R4 admitted on 10/22/24. R4's CHIRP is dated 10/24/24. The facility provided IDOC search for R4 does not document a search of R4's name or date.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>8.) R15's ongoing census documents R15 admitted on 12/10/24. R15's CHIRP is dated 12/18/24.</p> <p>9.) R16's ongoing census documents R16 admitted on 12/9/24. R16's CHIRP is dated 12/18/24.</p> <p>On 12/18/24 at 11:04 AM V10 (Business Office Manager) stated V10 is newer to her position and wasn't aware that a CHIRP should be conducted as part of the residents' background checks or that background checks are required to be completed within 24 hours of admission. V10 stated the hospitals complete the National Sex Offender and IDOC searches prior to the resident being admitted. V10 reviewed R10's-R14's background checks, verified all checks were provided and verified completion dates. At 12:20 PM V10 reviewed all the resident background checks above that were provided and confirmed dates listed and that all documentation was provided. V10 stated the IDOC search does not print with a date, or the name searched and therefor V10 was unsure when these searches were conducted. V10 stated R3, R15, and R16 did not have a CHIRP completed upon admission, so one was completed today.</p> <p>"C"</p> <p>Statement of Licensure Violations 3 of 7: 300.610a) 300.696a) 300.696b)3)4) 300.696d)2)6)7)13)14) 300.696f)4)</p> <p>Section 300.610 Resident Care Policies</p>	S9999		

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S9999	<p>Continued From page 8</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 300.696 Infection Prevention and Control a) A facility shall have an infection prevention and control program for the surveillance, investigation, prevention, and control of healthcare-associated infections and other infectious diseases. The program shall be under the management of the facility's infection preventionist who is qualified through education, training, experience, or certification in infection prevention and control.</p> <p>b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration's Respiratory Protection Guidance. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code.</p> <p>3) Facility activities shall be monitored on an</p>	S9999		

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S9999	Continued From page 9 ongoing basis by the Infection Preventionist to ensure adherence to all infection prevention and control policies and procedures. 4) Infection prevention and control policies and procedures shall be maintained in the facility and made available upon request to facility staff, the resident and the resident's family or resident's representative, the Department, the certified local health department, and the public. d) Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340): 2) Guideline for Hand Hygiene in Health-Care Settings 6) Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 7) Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services 13) Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes 14) Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs) f) Infectious Disease Surveillance Testing and Outbreak Response 4) Upon confirmation that a resident, staff member, volunteer, student, or student intern tests positive with an infectious disease, or displays symptoms consistent with an infectious	S9999		

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S9999	<p>Continued From page 10</p> <p>disease, each facility shall take immediate steps to prevent the transmission by implementing practices that include but are not limited to cohorting, isolation and quarantine, environmental cleaning and disinfecting, hand hygiene, and use of appropriate personal protective equipment.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure staff follow enhanced barrier precautions (EBP), wear appropriate Personal Protective Equipment, perform hand hygiene, and disinfect blood glucose meters after use. These failures affect five (R3, R7, R9, R17, R8) of six residents reviewed for infection control in the sample list of 17.</p> <p>Findings include:</p> <p>1.) On 12/16/24 at 3:16 PM R3's door contained EBP signage that indicated gown and gloves need to be worn during high contact resident cares. V25 (Certified Occupational Therapy Assistant), V26 (Certified Nursing Assistant/CNA), and V27 (CNA) were in R3's room changing R3's linens, incontinence brief, and hospital gown. R3 had a urinary catheter, an uncovered wound to the right heel, an open uncovered coccyx wound, and a bandage to the left heel. V25, V26, and V27 were not wearing gowns during R3's cares.</p> <p>On 12/17/24 at 11:49 AM V2 (Director of Nursing/DON) confirmed R3 should be on EBP and staff should wear a gown during cares.</p> <p>The facility's Enhanced Barrier Precautions policy</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>dated April 2024 documents to consider implementing EBP for residents with wounds and/or indwelling medical devices and gloves and gown should be worn when providing dressing, hygiene, linen changes, and incontinence cares for a resident on EBP.</p> <p>2.) R7's Nursing Note dated 12/12/2024 at 1:36 PM documents R7 had a cough and tested positive for COVID-19 (Human Coronavirus Infection).</p> <p>On 12/16/24 at 12:46 PM V20 (Infusion Company Registered Nurse) was in R7's room wearing a surgical mask, gown, and gloves. V20 disconnected R7's intravenous infusion. R7's door contained signage that indicated contact and droplet precautions. V20 was not wearing an N95 respirator or eye protection in R7's room. At 12:48 PM V20 confirmed V20 was not wearing eye protection or an N95 respirator in R7's room and stated V20 was only in the room for a short amount of time. V2 (DON) was present and stated the facility's policy is to wear an N95 respirator and eye protection in COVID-19 positive rooms.</p> <p>The Coronavirus Disease (COVID-19) - Using Personal Protective Equipment policy dated May 2023 documents to apply an N95 respirator prior to entering and apply eye protection upon entering a COVID-19 positive room.</p> <p>3.) On 12/16/24 at 4:45 PM V18 (Licensed Practical Nurse/LPN) transported R9 by wheelchair into R9's room, V18 applied gloves and administered R9's lubricating eye drops. V18 did not perform hand hygiene prior to R9's eye drop administration. V18 confirmed V18 did not perform hand hygiene and should have.</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>On 12/17/24 at 4:13 PM V2 (DON) confirmed nurses should perform hand hygiene prior to applying gloves and administering eye drops.</p> <p>The facility's Handwashing/Hand Hygiene policy dated August 2019 documents hand hygiene is the primary means to prevent the spread of infections and hand hygiene should be performed before applying non-sterile gloves.</p> <p>4.) On 12/16/24 at 4:20 PM V18 (LPN) obtained R17's blood glucose. V18 did not disinfect the blood glucose meter after use and placed the glucose meter on top of the medication cart.</p> <p>On 12/17/24 at 12:31 PM V18 stated blood glucose meters should be disinfected after each use with a bleach disinfectant wipe. V18 confirmed V18 did not disinfect the blood glucose meter on 12/16/24. V18 stated each resident has their own blood glucose meter.</p> <p>5.) On 12/16/24 at 4:51 PM V19 (LPN) obtained R8's blood glucose. V19 did not disinfect the blood glucose meter after use and placed the meter on top of the medication cart. V19 stated V19 was unsure how often blood glucose meters are disinfected and thought it was done by the night shift nurse.</p> <p>On 12/17/24 at 4:13 PM V2 (DON) confirmed blood glucose meters should be disinfected after use and prior to placing on top of the medication cart to prevent cross contamination.</p> <p>"B"</p> <p>Statement of Licensure Violations 4 of 7:</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>300.610a) 300.1060c) 300.1060d) 300.1060f) 300.1060g)</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 300.1060 Vaccinations c) A facility shall administer or arrange for administration of a pneumococcal vaccination to each resident in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination or the vaccination is medically contraindicated. (Section 2-213(b) of the Act)</p> <p>d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>contraindicated. (Section 2-213(b) of the Act)</p> <p>f) A facility shall document in the resident's medical record that he or she was verbally screened for risk factors associated with hepatitis B, hepatitis C, and HIV, and whether or not the resident was immunized against hepatitis B. (Section 2-213(c) of the Act)</p> <p>g) All persons determined to be susceptible to the hepatitis B virus shall be offered immunization within 10 days after admission to any nursing facility. (Section 2-213(c) of the Act)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to offer pneumococcal vaccinations and screen for risk factors associated with hepatitis B, hepatitis C, and HIV (Human Immunodeficiency Virus) and history of hepatitis B immunization for three (R1, R2, R3) of five residents reviewed for immunizations in the sample list of 17.</p> <p>Findings include:</p> <p>1.) R2's ongoing census documents R2 admitted on 10/9/24. R2's Minimum Data Set dated 10/17/24 documents the pneumococcal vaccine was offered and declined, and R2 is not up to date. R2's ongoing diagnoses list documents R2 is 56 years old and has Acute Respiratory Failure, History of COVID-19, Type Two Diabetes Mellitus, Heart Failure and Tracheostomy status. R2's ongoing immunization record does not document R2's pneumococcal vaccination history or that</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>this vaccine was offered/declined. R2's Authorization and Release for Pneumococcal Vaccine, undated and not signed by R2, documents R2 was "not of age" to receive the vaccine.</p> <p>On 12/16/24 at 1:57 PM V2 (Director of Nursing/DON) stated an influenza and pneumococcal vaccine clinic was held on 10/18/24. V2 stated the consents for these vaccines are part of the admission packet that is completed with V10 (Business Office Manager) and immunizations are documented under the immunization section of the resident's electronic medical record.</p> <p>On 12/17/24 at 11:49 AM V2 stated R2 was not offered the pneumococcal vaccine, R2 had transferred from another facility and V2 was trying to locate R2's historical vaccination history.</p> <p>On 12/18/24 at 8:15 AM V2 stated V2 was unable to locate documentation of R2's pneumococcal vaccine history.</p> <p>The facility's Pneumococcal Vaccine policy dated March 2022 documents residents are assessed prior to admission for eligibility of the pneumococcal vaccine series in accordance with current Centers for Disease Control and Prevention (CDC) recommendations and the vaccine will be offered within 30 days of admission unless medically contraindicated or if the resident is vaccination is current. This policy documents if the resident refuses a vaccine, this information will be documented in the resident's medical record including the date of refusal.</p> <p>The CDC's Pneumococcal Vaccine Timing for Adults dated 3/15/23 documents it is</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>recommended that adults age 19-64 with chronic health conditions including chronic lung disease, chronic heart disease, and Diabetes Mellitus with no prior vaccinations should have PCV20 (Pneumococcal Conjugate Vaccine) or PCV15 followed by PPSV23 (Pneumococcal Polysaccharide Vaccine) at least one year later.</p> <p>2.) R1's ongoing census documents R1 admitted on 10/25/24. R2's ongoing census documents R2 admitted on 10/9/24. R3's ongoing census documents R3 admitted on 11/29/24.</p> <p>There is no documentation in R1's, R2's, and R3's medical record of screening for risk factors associated with hepatitis B, hepatitis C, and HIV, their hepatitis B vaccination history, or that they were offered the hepatitis B vaccine.</p> <p>On 12/16/24 at 1:57 PM V2 (DON) stated V2 stated immunizations are documented under the immunization section of the resident's electronic medical record. On 12/18/24 at 8:15 AM V2 stated V2 was unable to locate any documentation for R1-R3 and policies pertaining to hepatitis B, hepatitis C, and HIV screening and hepatitis B vaccination. V2 stated all residents are offered the hepatitis B vaccine upon admission. V2 confirmed there is no documentation of this or that screening is conducted. At 11:19 AM V2 provided the facility's Hepatitis B Vaccine policy and stated corporate just located this policy.</p> <p>The facility's Hepatitis B Vaccine policy dated October 2019 documents residents are screened for hepatitis B vaccine status and risk for hepatitis B virus (HBV) infection and offered the vaccine if appropriate, and residents previously vaccinated may require serological testing prior to re-vaccination if indicated. This policy documents</p>	S9999		

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S9999	Continued From page 17 serological testing is considered for household, sexual, or needle contacts of hepatitis B surface antigen positive persons, HIV positive persons, persons with elevated alanine aminotransferase/aspartate aminotransferase of unknown etiology, hemodialysis patients, men who have sexual intercourse with men, historical/current drug injections, persons born in countries of high and intermediate HBV endemicity, persons born in the United States not vaccinated as infants whose parents were born in countries with high HBV endemicity, persons needing immunosuppressive therapy, or donors of blood, plasma, organs, tissues, or semen. This policy documents residents will be given hepatitis B vaccination information and required to sign the informed consent prior to administration. "B" Statement of Licensure Violations 5 of 7: 300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)2)3)4)A)5) 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	S9999		

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S9999	<p>Continued From page 18</p> <p>by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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)</p> <p>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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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>	S9999		

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S9999	<p>Continued From page 19</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</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>A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to implement urinary catheter interventions, develop, and implement pressure relieving interventions, complete skin and wound assessments, and maintain wound dressings for one (R3) of three residents reviewed for wounds and urinary catheters in the sample list of 17.</p>	S9999		

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S9999	<p>Continued From page 20</p> <p>Findings include:</p> <p>On 12/16/24 at 9:09 AM, 2:15 PM and at 4:17 PM R3 was lying in bed on R3's back and R3 had an indwelling urinary catheter.</p> <p>On 12/16/24 at 3:16 PM V25 (Certified Occupational Therapy Assistant), V26 (Certified Nursing Assistant/CNA), and V27 (CNA) were in R3's room providing cares. There was a small superficial open area to R3's coccyx and a wound with dark scabs to R3's right heel, neither wounds were covered with a dressing. There was a bandage covering R3's left heel. V26 stated V26 was unsure how long R3 had the wounds. During R3's catheter care, R3 stated R3's heels were "so sore" and that R3's heels are usually propped up on a pillow, but sometime during the night R3's pillow disappeared. R3's coccyx wound was exposed and not covered with a bandage.</p> <p>On 12/17/24 at 8:46 AM and at 9:32 AM R3 was lying in bed on R3's back and R3's heels were directly on the mattress and not floated with a pillow. On 12/17/24 from 9:32 AM until 9:56 AM V28 (CNA) and V15 (CNA) entered R3's room. There was no pillow positioned behind R3's back to offload pressure from R3's coccyx wound. R3's coccyx wound was exposed and was not covered with a dressing. There was a dark purple area on R3's heel and scabbing, and there was no wound dressing. R3 stated R3's heels were "so sore" and usually R3 has his heels propped up on a pillow, but R3 did not have the pillow during the night. V28 and V29 floated R3's heel on a pillow and placed a pillow behind R3's back to offload pressure from R3's coccyx. V28 stated V28 was not aware of R3's right heel wound prior to today. V15 stated V15 was unsure how long R3 has had</p>	S9999		

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S9999	<p>Continued From page 21</p> <p>the wounds, as R3 usually wears socks. V15 confirmed R3 requires extensive assistance for bed mobility/repositioning. V28 confirmed R3 was lying on R3's back and did not have heels floated on a pillow when V28 first provided R3's cares at 7:00 AM and both V28 and V15 confirmed R3's heels had not been floated today for their shift. V28 stated R3 does lay on R3's side but does roll onto his back, and a pillow had not been used today to offload pressure. V28 was asked how the CNAs know what pressure relieving interventions should be used or when heel protectors or offloading heel pressure should be implemented. V28 stated V28 usually asks the nurses, the residents tell the CNAs, or if pressure relieving boots are in the resident's wheelchair. V28 stated the CNAs do not have access to view resident care plans. At 9:58 AM R3 stated R3 stated the staff reposition R3 to offload pressure from his back about one to three times per day and had been floating R3's heels up until yesterday.</p> <p>On 12/17/24 at 1:32 PM V19 (Licensed Practical Nurse/LPN) administered R3's left and right heel wound treatments. R3's left heel wound was irregular shaped, approximately golf ball size, superficial, and the wound bed was red with some white slough (dead cells) and a small black area, which was confirmed with V19.</p> <p>R3's Care Plan dated 11/30/24 documents R3 is at risk for and has skin impairment and includes interventions for minimizing pressure over bony prominences, notify the nurse immediately of any new areas of skin breakdown, redness, discoloration, notify the physician of skin changes, assist with turning and repositioning, administer treatments as ordered, refer to the wound specialist as needed. R3's Care Plan</p>	S9999		

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S9999	<p>Continued From page 22</p> <p>dated 11/30/24 documents catheter size, catheter care, and catheter changing per physician's orders. This Care Plan documents R3's diagnoses include Type Two Diabetes Mellitus and Right-Side Hemiplegia and Hemiparesis following Cerebral Infarction.</p> <p>R3's Braden Assessment dated 11/29/24 documents R3 is at risk for developing pressure ulcers. R3's Bath and Skin Report Sheet dated December 2024 is blank/incomplete and does not document R3's skin was assessed. or orders for R3's urinary catheter size, frequency of changing, and catheter care documentation.</p> <p>R3's December 2024 Treatment Administration Record (TAR) documents to cleanse open area to coccyx with normal saline, pat dry, apply skin protectant to periwound, apply medicated honey to wound bed, cover with bordered foam dressing and change every three days and as needed as of 12/2/24. The last administration is documented on 12/14/24. This TAR documents to cleanse right heel wound with normal saline, pat dry, apply medicated honey and bordered foam dressing every three days as of 11/29/24, apply skin protectant daily to left heel 12/1/24-12/13/24, and cleanse left heel wound, apply Betadine, apply calcium alginate, cover with foam dressing, and wrap with gauze and self-adhering bandage three times per week and as needed as of 12/16/24. This TAR documents weekly skin assessments and indicate "I" for intact or "w" for wound and record nursing note if wound is present, but this TAR does not indicate if R3's skin was intact or had wounds when assessed. There are no physician orders for urinary catheter size, frequency of changes, or urinary catheter care.</p> <p>R3's Nursing Notes document the following: R3</p>	S9999		

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S9999	<p>Continued From page 23</p> <p>admitted to the facility on 11/29/24 at 6:04 PM, R3 had a urinary catheter, R3 had a superficial red open area on coccyx that measured 0.25 centimeters (cm), and a red wound to the right heel that measured 0.75 cm, barrier cream was applied to the coccyx wound and a dressing was applied to the right heel. On 11/30/24 R3 complained of left heel pain. On 12/7/24 R3 was transferred to the emergency room and returned to the facility and was hospitalized 12/8/24-12/12/24. On 12/13/24 there was a skin tear to R3's left heel which was a reddened area prior.</p> <p>R3's Admission Assessment dated 12/12/24 documents R3 had a reddened area to R3's coccyx and includes an intervention to assist and encourage to turn and reposition every one to two hours and as needed. R3's Admission Review dated 12/12/24 documents R3 requires substantial/maximal assistance from staff for bed mobility and transfers. R3's Hospital Discharge dated 12/12/24 documents R3's diagnoses include right heel diabetic ulcer.</p> <p>R3's Initial Wound Evaluation & Summary dated 12/13/24, recorded by V29 (Wound Physician), documents R3 has a diabetic wound of the left heel that measured 2.5 cm long by 2 cm wide by no measurable depth, and 15% of the wound was necrotic (dead tissue). There is no documentation that V29 evaluated R3's right heel wound, or coccyx wound. There are no other documented wound assessments in R3's medical record besides what is noted above.</p> <p>On 12/17/24 at 9:59 AM V9 (Assistant Director of Nursing/ADON) stated V9 documents on wounds weekly in the skin/wound section of the resident's electronic medical record (EMR). V2 DON stated</p>	S9999		

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S9999	<p>Continued From page 24</p> <p>R3's left heel wound was identified on 12/12/24 and is a diabetic heel wound. V9 stated there are no other wounds for R3 that V9 has tracked. V9 stated skin is inspected upon admission and when new wounds are identified, the nurses are supposed to notify V9 but V9 was unaware of R3's coccyx and right heel wounds. V9 stated R3's left heel wound was first evaluated by V29 on 12/13/24. V9 confirmed not relieving pressure could prevent wounds from improving and contribute to developing new wounds. At 10:06 AM V9 observed R3's right heel and coccyx wounds and stated V9 does not stage wounds and has to wait for V29 who rounds weekly on Fridays.</p> <p>On 12/17/24 at 10:14 AM V2 (Director of Nursing/DON) confirmed V29's 12/13/24 progress note only document an assessment of the left heel wound. V2 stated pillows should be used to offload pressure from heels and coccyx and confirmed R3's care planned pressure relieving interventions do not include the use of pillows to offload pressure or the frequency of repositioning. V2 stated V2 is not sure that the CNAs can view care plans, so we had talked about implementing a paper form that documents care plan information. V2 stated the nurses should document weekly on the TAR and the skin assessments under the assessment section of the EMR. V2 stated the facility also uses paper shower sheets that document skin assessments. V2 and V9 confirmed R3's shower sheet is blank/incomplete. V9 stated V9 has no documented assessments of R3's wounds besides V30's note on 12/13/24.</p> <p>On 12/17/24 at 10:53 AM V14 (LPN) stated there should be orders for urinary catheter size and changing, the Certified Nursing Assistants record</p>	S9999		

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S9999	<p>Continued From page 25</p> <p>catheter cleaning and there are usually orders for the nurse to sign off catheter cleaning as well. V14 reviewed R3's physician orders and confirmed there are no orders for R3's urinary catheter size and changing, or catheter care.</p> <p>The facility's Wound Care policy dated October 2010 documents to document in the resident's medical record the type of wound care given, the date and time the wound care was administered, and wound assessments.</p> <p>The facility's Prevention of Pressure Injuries dated April 2020 documents to assess the resident within eight hours of admission for pressure ulcer risk factors and conduct a comprehensive skin assessment upon admission and with each risk assessment. This policy documents to conduct daily skin inspections when assisting with personal care or activities of daily living including identifying signs of developing pressure ulcers, inspecting pressure points, and repositioning the resident per the care plan on an individualized schedule. This policy documents the frequency for repositioning is based on the resident's risk factors and current clinical practice guidelines.</p> <p>The facility's Pressure Ulcers/Skin Breakdown - Clinical Protocol dated April 2018 documents the physician orders wound treatments, dressings, and pressure reduction surfaces. This policy documents the physician will evaluate and document wound progress and will guide the care plan and current approaches should be reviewed to determine if they remain appropriate.</p> <p>The facility's Urinary Catheter Care policy dated August 2022 documents to review the resident's care plan to assess for any special needs and</p>	S9999		

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S9999	<p>Continued From page 26</p> <p>document in the resident's medical record the date and time that the catheter care was given.</p> <p>"B"</p> <p>Statement of Licensure Violations 6 of 7: 300.610a) 300.2100</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 300.2100 Food Handling Sanitation Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure food was properly stored and labeled. This failure has the potential to affect all 73 residents in the facility.</p> <p>Findings include:</p>	S9999		

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S9999	<p>Continued From page 27</p> <p>The facility's Food Receiving and Storage policy dated November 2022 documents "Dry foods and goods are handled and stored in a manner that maintains integrity of the packaging until they are ready to use." "All foods stored in the refrigerator or freezer are covered, labeled, and dated ("use by" date)." "Refrigerated foods are labeled, dated, and monitored so they are used by their "use-by" date, frozen, or discarded." "Other opened containers are dated and sealed or covered during storage."</p> <p>On 12/16/24 between 9:30 AM and 9:48 AM a tour of the kitchen was conducted with V5 (Dietary Manager). The walk-in freezer contained four packages of frozen lunch meat, a vacuum sealed package of cubed ham and a plastic bag of frozen hashbrowns that were not labeled with an expiration date. There was also an open plastic bag of frozen sausage patties that was not sealed and exposed to air. The walk-in cooler contained a square plastic container that was labeled vanilla pudding and a use by date of 12/12/24, and a plastic container of pickle relish that was labeled with a use by date of 12/3/24. V5 confirmed the dates on these items and stated they will need to be thrown away. V5 confirmed the prepackaged lunch meat, cubed ham, and hashbrowns did not contain labels or expiration dates. The pantry contained an open plastic bag of dry cereal that was not sealed and exposed to air. V5 confirmed the sausage patties and dry cereal were exposed to air and potential contaminants and not properly stored.</p> <p>The facility's Daily Census dated 12/15/24 documents the resident census as 73.</p> <p>"C"</p>	S9999		

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S9999	<p>Continued From page 28</p> <p>Statement of Licensure Violations 7 of 7: 300.610a) 300.650d) 300.661</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 300.650 Personnel Policies d) The facility shall check the status of all applicants with the Health Care Worker Registry prior to hiring.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>A. Based on observation, interview, and record review, the facility failed to submit background checks, Office of Inspector General (OIG), check the Illinois Department of Corrections (IDOC)</p>	S9999		

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S9999	<p>Continued From page 29</p> <p>website, and check the Illinois Sex Offenders Registration prior to employment. This failure has the potential to affect all 73 residents in the facility.</p> <p>Findings include:</p> <p>Facility policy dated March 2019 and titled Background Screening Investigations documents facility designee conducts background checks and criminal conviction checks (including fingerprints as may be required by state law) on all potential direct access employees will be completed prior to employment.</p> <p>On 12/17/24 at 3:00 PM, V22's (dietary aide) background checks were requested along with 9 other employees from V1 (Administrator). V22's records were received on 12/18/24 at 9:45 AM.</p> <p>Release to check healthcare worker background document was signed by V22 on 11/18/24 authorizing background checks.</p> <p>Illinois Department of Public Health Worker Registry check for V22 was dated 12/17/24 with time stamp of 5:00 PM does not document any of the background checks were completed. Office of Inspector General (OIG), Illinois Department of Corrections (IDOC) inmates in custody and open warrants report, the Illinois Sex Offenders Registry report, and the National Sex Offenders Registry checks completed for V22 all were time stamped with the date of 12/17/24 between the times of 4:56 PM and 5:00 PM.</p> <p>On 12/18/24 at 10:30 AM, V21 (Human Resources/HR), states that V22's hire date was 12/6/24 and first day on the job was 12/9/24. V21 stated V22 has worked the following dates:</p>	S9999		

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S9999	<p>Continued From page 30</p> <p>12/9-12/11/24, 12/13-12/16/24 and currently on shift 12/18/24. V21 states that she did not have access to do new employee background checks until recently and that all background checks were done off site by another HR person V23. V21 stated that V23 indicated she never received the release form signed by V22 to run the background checks and therefore they were not completed until last night, 12/17/24, after being requested for review. V21 verified no background checks were completed for V22 prior to 12/17/24.</p> <p>Observations of V22 working in facility were made on 12/16/24 and 12/18/24 between the hours of 10:00 AM and 3:00 PM.</p> <p>The facility's Daily Census dated 12/15/24 documents the resident census as 73.</p> <p>On 12/18/24 at 11:45 AM, V2 (Director of Nursing) verified V22's background checks should have been completed prior to start date at facility.</p> <p>B. Based on record review, and interview, the facility failed to check the Illinois Department of Public Health Worker Registry (IDPH HCWR) to verify an employee's eligibility to work prior to employment. This failure has the potential to affect all 73 residents in the facility.</p> <p>Findings include:</p> <p>Facility policy dated March 2019 and titled Background Screening Investigations documents facility designee conducts background checks (including fingerprints as may be required by state law) on all potential direct access employees will be completed prior to employment.</p>	S9999		

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S9999	<p>Continued From page 31</p> <p>Illinois Department of Public Health Worker Registry check for V22 (dietary aide) was dated 12/17/24 with time stamp of 5:00 PM. This documents that V22's eligibility for employment is Not Yet Determined and requires fingerprints (Fee App).</p> <p>On 12/18/24 at 10:30 AM, V21 Human Resources (HR), stated that V22's hire date was 12/6/24 and first day on the job was 12/9/24. V21 verified no checks were completed for V22 prior to 12/17/24. V21 stated she was not aware that a finding of "Not Yet Determined" on the eligibility for employment HCWR check meant that the individual would need to get fingerprinted to determine eligibility prior to employment. V21 stated V22 has not been set up for fingerprints yet.</p> <p>The facility's Daily Census dated 12/15/24 documents the resident census as 73.</p> <p>"C"</p>	S9999		