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	IL6006399	A. BUILDING: _____ B. WING _____	01/16/2025

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S 000	Initial Comments First Probationary Licensure Survey .	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 3 300.696a) 300.696b) 300.696f)4 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. 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	S9999		

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of Sexually Transmissible Infections Code.

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 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.

This requirement was not met as evidenced by:

Based on interview, observation and record review, the facility failed to track and trend all resident infections, initiated precautions and treat symptomatic infections in a timely manner for three of three residents (R2, R9, R12) reviewed with an identified infection, in a sample of 14 residents.

Findings include:

The Job Description-Infection Preventionist dated 04/2022 documented the essential duties and responsibilities are to track and trend infections.

The Infection Prevention and Control Program policy dated 11/2012 documented the program provided for the recording of each suspected infection and surveillance activities as they relate to individual resident infections. A log is maintained of suspected and actual infections on a day-to-day basis. Antibiotic use will be logged

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and tracked to ensure prescribing practices and outcomes are monitored for trends.

The Transmission Based Precautions: Initiation and Discontinuance policy dated 10/2017 documented Contact Precautions were recommended in settings with evidence of ongoing transmission, or that cannot be contained. Extended Spectrum Beta Lactamase (ESBL) producing organisms, Enterobacter cloacae which have multiple resistance, Gram Negative Bacilli (GNB) multiple resistant, Methicillin-Resistant Staphylococcus aureus (MRSA), Multi-Drug Resistant Organism's (MDROs), require the use of Contact Precautions if multi-resistant and not contained.

The Infection Precautions Guidelines policy dated 11/2012 documented Standard Precautions are prevention practices which include hand hygiene, use of gloves, gown, mask, eye protection and safe injection practices. In addition to Standard Precautions, use Contact Precautions for residents known or suspected to be infected with microorganisms that can be easily transmitted by direct or indirect contact such as MRSA and MDROs. Contact Precautions points include all faucets and handles are considered to be contaminated, gather all equipment and supplies needed before going into a room, dedicate non-critical equipment to a single resident, cohort residents infected or colonized with the same pathogen requiring precautions, all personal protective equipment (disposable isolation gowns, masks, gloves, etc. should be used once and discarded prior to exiting the room and Precaution signs will be utilized to alert all staff and visitors to see nurse for instructions prior to entering room.

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1. R2's Face sheet documented R2 was admitted on 5/9/24 with diagnoses of resistance to vancomycin (antibiotic), symptoms associated with systemic inflammation, and infection.

R2's Minimum Data Set dated 11/22/24 documented R2 had a Brief Interview for Mental Status (BIMS) of 9.0 (moderate cognitive impairment) and was always incontinent of urine.

R2's Lab Result Report documented a urine sample was collected on 12/15/24 and grew enterobacter cloacae with multi-drug resistance. Cephalexin (antibiotic) was not listed as a drug option indicated for treatment.

R2's Physician Orders on the Medication Administration Record (MAR) dated 12/1/24 through 12/31/24 did not indicate Contact Precautions were initiated and Cephalexin (antibiotic) was ordered on 12/26/24 through 1/1/25.

R2's Progress Notes, Care Plan, Assessments and/or the Infection Surveillance Monthly Report did not have documentation the Cephalexin ordered for the treatment of R2's urinary tract infection was clarified as the appropriate treatment for the enterobacter cloacae organism.

2. R9's MDS dated 11/25/24 documented R9 had a BIMS of 15.0 (cognitively intact) and was always incontinent of urine.

R9's Lab Results Report documented a urine sample was collected on 11/10/24 and grew enterococcus faecalis with possible drug resistance and on 1/12/25 a urine sample grew klebsiella pneumonia with possible drug resistance.

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R9's Physician Orders on the Medication Administration Record (MAR) dated 11/1/24 through 11/30/24 nor the 1/1/25 through 1/31/25 MAR indicated Contact Precautions were initiated. The record lacked a physician order for an antibiotic as of 1/16/25 at 12:00 PM.

On 1/16/25 at 12:00 PM, R9's room did not have a contact precaution sign posted nor personal protective equipment available for use.

3. R12's Face sheet documented R12 was admitted on 6/2/24 with diagnoses of urinary tract infection, quadriplegia, neuromuscular dysfunction of the bladder.

R12's MDS dated 10/13/24 documented R12 was cognitively severely impaired and had an indwelling urinary catheter.

R12's Lab Report documented a urine sample was collected on 10/13/24 which indicated a urinary tract infection although the record did not have a culture and sensitivity report. R12's Lab Report documented a urine sample was collected on 11/24/24 and grew escherichia coli ESBL (Extended Spectrum Beta Lactamase (ESBL) producing organisms/MDRO).

R12's Physician Orders dated 10/21/24 documented Contact Isolation was initiated for MRSA and was discontinued on 11/21/24.

The Infection Surveillance Monthly Report dated 10/1/24 through 1/15/25 did not include the name/type of organism which caused R2, R9 or R12's urinary tract infection and did not list R12's 11/24/24 infection.

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S9999	Continued From page 5 On 1/16/25 at 1:45 PM, V2 (Director of Nursing) reviewed the facility's policies, R2, R9 and R12's records and the Infection Surveillance Monthly Report and stated Contact Precautions should have been initiated on R2, R9 and R12; R2's Cephalexin order should have been clarified; R9 should have had a Contact Precaution sign posted and personal protective equipment available for use; R12's culture and sensitivity report dated 10/21/24 should have been available in the record and was unable to determine if R12 had MRSA or not; and the Infection Surveillance Monthly Report should have listed all resident's infections and identified the name/type of organism for tracking and trending purposes. (B) 2 of 3 Violations 300.1060f) Section 300.1060 Vaccinations 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). This requirement was not met as evidenced by: Based on interview and record review, the facility failed to ensure residents were screened for viral risk factors and vaccination status. This failure has the potential to affect all 85 residents in the facility. Findings include:	S9999		

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The Long-Term Care Facility Application for Medicare and Medicaid dated 1/16/25 documented 85 residents resided in the facility.

The Facility Risk Factors for Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV) stated to use this policy as a guide when verbally screening residents for these viruses.

The following resident records did not have documentation that they were verbally screened for Hepatitis B, Hepatitis C and or HIV, and whether or not the residents were immunized against Hepatitis B:
R7, admitted 1/7/25
R10, admitted 1/9/25
R11, admitted 1/10/25
R13, admitted 1/7/25
R14, admitted 1/7/25

The Immunization Report dated 1/1/24 to 1/31/25 identified the current status of 75 resident's immunizations (excludes ten admissions not documented on report). None of the 75 residents had docmentation that the residents were immunized against Hepatitis B.

On 1/15/25 at 2:00 PM, V2 (Director of Nursing) stated V9 (Marketing Liaison) verbally screens potential residents for their Hepatitis B, Hepatitis C and HIV, and whether or not the resident as immunized against Hepatitis B, although the screening does not get written down or documented in the medical record. V2 stated if the resident had received the Hepatitis B vaccination series, it would be documented in the immunization section of the electronic record which is where the Immunization Report is generated from.

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S9999	Continued From page 7 On 1/16/25 at 12:30 PM, V1 (Administrator) stated V9 was the facility's Marketing Liaison and does the verbal screening, although this information was not documented. (C) 300.1810b) Section 300.1810 Resident Record Requirements b) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible and available at all times to those personnel authorized by the facility's policies, and to the Department's representatives. This requirement was not met as evidenced by: Based on interview and record review, the facility failed to accurately document cares provided for one of fourteen residents (R4) records reviewed for range of motion and chair/bed to chair transfers in a sample of 14 residents. Findings include: R4's Face sheet documented R4 was admitted on 6/21/23 with the diagnoses of seizures, left sided paralysis related to cerebral vascular accident, major depressive disorder, dementia, difficulty walking, abnormal posture, facial weakness and difficulty with speech. R4's current care plan documented had limited range of motion related to hemiplegia, impaired mobility, refusal of cares and other co-morbidities. R4 would allow staff to complete 10 repetitions of flexion and extension exercises to upper and lower body.	S9999		

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R4's Point of Care Response History flowsheet documented that staff were to provide Passive Range of Motion (PROM)exercises to bilateral lower extremities and bilateral upper extremities including flexion and extension exercises to hip/leg and ankle/foot. Abduction and adduction exercises to be completed to hip/leg. Flexion exercises to bilateral shoulders, elbows, wrists and fingers. Active Extension exercises to bilateral elbows, wrists and fingers. Repetitions at 10 per motion as tolerated for 15 minutes per day. The flowsheet documented PROM was conducted daily between 12/17/24 and 1/14/25.

R4's Point of Care Response History flowsheet documented R4 was dependent on two or more helpers to transfer from a chair/bed to chair. The flowsheet indicated 18 out of 30 days between 12/17/24 and 1/15/24, R4 completed a transfer from the chair/bed to chair.

On 1/14/25 at 12:25 PM, R4 stated he hadn't been out of bed in a long time and no exercises were conducted daily.

On 1/14/25 at 12:30 PM, V7 (Licensed Practical Nurse/LPN) stated R4 had not been out of bed "in a month or better, because he refuses when offered."

On 1/15/25 at 11:50 AM, V10 (Physical Therapy Assistant) stated R4 received therapy services when he was admitted but was non-compliant and therapy was discontinued.

On 1/15/25 at 1:15 PM, V4 (Certified Nurse Aide/CNA) and V5 (CNA) reviewed R4's Point of Care Response History flowsheet and agreed the checkmarks indicate either the PROM or a

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S9999	Continued From page 9 chair/bed transfer was completed. V4 and V5 stated "(R4) refuses to get up and he can do his own exercises, so we just walk away and leave him be." V4 and V5 stated they had never seen R4 out of bed. On 1/16/25 at 1:00 PM, V1 (Director of Nursing) reviewed R4's Point of Care Response History flowsheet for Passive Range of Motion exercises and the chair/bed to chair transfers and stated the CNAs did not accurately document the cares provided. V1 stated the cares documented on the flowsheets are reviewed when the Interdisciplinary team update the care plan and should be accurately documented for required revisions if needed. (C)	S9999		