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CHRISTIAN BUEHLER MEMORIAL HM.	3415 NORTH SHERIDAN ROAD PEORIA, IL 61604

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S 000	Initial Comments Annual Licensure survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 4 300.615f) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website 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. This requirement in not met as evidence by: Based on record review and interview the facility failed to complete the required Sex Offender website checks for seven of ten residents (R6, R7, R8, R9, R10, R11, and R12) reviewed for Residents Background Checks in the sample of 16. Findings Include: The New Resident File Check List (not dated) provided by V2 (Director of Nursing) on 1/22/25 documents for new residents complete a New Resident Background Check Request Form, do a search on the Illinois Sex Offender registry, and do a search on the Illinois Department of	S9999		

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S9999	Continued From page 1 Corrections site. 1. R6's Face Sheet documents R6 was admitted to the facility on 11/8/24. R6's Illinois Sex Offender Registry was not completed as of 1/22/25. 2. R7's Face Sheet documents R7 was admitted to the facility on 12/9/24. R7's Illinois Sex Offender Registry and Illinois Department of Corrections check were not completed as of 1/22/25. 3. R8's Face Sheet documents R8 was admitted to the facility on 12/26/24. R8's Illinois Sex Offender Registry and Illinois Department of Corrections check were not completed as of 1/22/25. 4. R9's Face Sheet documents R9 was admitted to the facility on 12/22/24. R9's Illinois Sex Offender Registry and Illinois Department of Corrections check were not completed as of 1/22/25. 5. R10's Face Sheet documents R10 was admitted to the facility on 11/23/24. R10's Illinois Sex Offender Registry and Illinois Department of Corrections check were not completed as of 1/22/25. 6. R11's Face Sheet documents R11 was admitted to the facility on 11/17/24. R11's Illinois Sex Offender Registry and Illinois	S9999		

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S9999	Continued From page 2 Department of Corrections check were not completed as of 1/22/25. 7. R12's Face Sheet documents R12 was admitted to the facility on 11/15/24. R12's Illinois Sex Offender Registry and Illinois Department of Corrections check were not completed as of 1/22/25. On 1/22/25 at 1:32 PM, V12 (Chief Operating Officer) confirmed that Criminal History Background website checks were not completed for R6, R7, R8, R9, R10, R11, and R12 but should have been. (C) 2 of 4 300.696d)6) Section 300.696 Infection Prevention and Control 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): 6) Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to implement Enhanced	S9999		

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S9999	Continued From page 3 Barrier Precautions throughout the facility to protect vulnerable residents and prevent the spread of multi-drug resistant organisms (MDROs). This failure has the potential to affect all 52 residents residing in the facility. Findings include: The facility's Standard Precautions and Enhanced Barrier Precautions Policy, dated 3/2024, documents "Enhanced Barrier Precautions: intended to expand the use of gown and gloves during high-contact resident care. To a resident with a colonization with MDRO (Multi Drug Resistant Organism) or wound/foley-catheter/central line/feeding tube device. During daily care such as bathing, dressing, linen changes, or toileting are when increased precautions should be utilized. Assume all body fluids, blood, non-intact skin, mucus membranes, and secretions (except sweat) may contain infectious agents. Enhanced Barrier: Make decision based on patient incident of high exposure related to infection or MDRO. If medical devices or wounds are present placing gown and gloves upon performing treatment will provide a barrier during dressing, bathing, transferring, hygiene, changing briefs or assisting with toileting or catheter care, wound care, linen changes to decrease the spread. Signage should be placed on the door. Examples: (but not limited to)- infection or colonization with an MDRO such as Pan-resistant organisms, carbapenemase-producing/resistant pseudomonas, Candida Auris, drug resistant streptococcus pneumoniae, MRSA (Methicillin-resistant Staphylococcus aureus), or VRE (Vancomycin-resistant Enterococci), Wounds and/or indwelling medical devices (for example: central line, urinary catheter, feeding	S9999		

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tube.) Policy: (Prior to Performing High-Contact Resident Care). Place sign to room door (if not already done), Gather all needed supplies and materials, clean hands, correctly put on gown and gloves, after, throw away gown and gloves, clean hands again, finish all steps before moving on to another resident."

On 1/21/25 at 10:00 AM the facility's resident hallways were toured in entirety and no residents were observed to be in isolation or to have signs on their doors to indicate any EBPs (Enhanced Barrier Precautions).

On 1/22/25 at 8:25 AM V7/Infection Preventionist/Registered Nurse administered an intravenous medication through R13's right arm intravenous line. V7 wore gloves but did not wear a gown or any other PPE (Personal Protective Equipment).

On 1/22/25 at 11:42 AM V11/Registered Nurse administered medication and feeding through R1's gastrostomy tube. V11 wore gloves but did not wear a gown or any other PPE.

On 1/22/25 at 12:30 PM, V7/Infection Preventionist/Registered Nurse confirmed she oversees the facility's infection prevention program. V7 stated, "We (the facility) currently do not have anyone in isolation precautions. I have not implemented the Enhanced Barrier Precautions throughout the facility because I didn't realize we had to. I thought it was optional." At this time V7 confirmed R1 has a gastrostomy tube, R3 has an open pressure wound, and R13 has an intravenous line. V7 then confirmed R10, R14, R15, and R16 all have indwelling urinary catheters. V7 confirmed that residents residing in the facility or newly admitted to the facility with

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open wounds, open lines (intravenous or central lines), feeding tubes, tracheostomies or indwelling urinary catheters have not been placed in EBP because the facility has not implemented those precautions on anyone. V4 stated "We aren't implementing the enhanced barrier precautions on residents because I didn't realize it was mandatory."

The Resident Roster dated 1/21/25, provided by V7 documents that R1, R3, R10, R13, R14, R15, and R16 should all be in Enhanced Barrier Precautions.

The facility's Roster Census, dated 1/21/25, provided by V2/Director of Nursing, documents 52 residents currently reside in the facility.

(C)

3 of 4

300.1210b)
300.1210c)6)

Section 300.1210 General Requirements for Nursing and Personal Care

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:

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c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

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.

THIS REQUIREMENT IS NOT MET AS EVIDENCED BY:

Based on observation, interview and record review the facility failed to perform the required check of placement and function of a personal fall alarm for one of one high fall risk resident (R5), in a sample of 16. This failure resulted in R5 sustaining a fall with a scalp laceration.

Findings include:

The facility policy, Falls, dated (reviewed) 8/7/24 directs staff, "A fall is defined as any time a resident is found on the floor and it was not the resident's intent to be on the floor. All nursing center residents are assessed for fall risk on admission, with any significant change in status and routinely by the professional nursing staff every quarter. It is the responsibility of the Director of Nurses and Care Plan Coordinator to assure that the plan of correction is placed into the care plan and on the fall risk intervention plans kept at the desk for use by nursing center staff."

R5's Physician Order Sheet, dated January 2025 documents that R5 was admitted to the facility on

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7/27/22 with the following diagnoses: Hypertension, Cataracts, Arthritis and History of Falling.

R5's Assessment for Use of Personal Alarms, dated 7/17/23 documents, "(R5) is not able to remember how to use a call light, not remember that (she) requires assistance with transfers or ambulation and has a history of falls. Alarms used: Clip alarm in bed/in chair, Chair pad alarm, Mattress pad alarm."

R5's Fall Risk Assessment, dated 5/21/24 documents that R5's fall risk is at high risk for falls.

R5's Plan of Care, dated 7/9/24 documents, "(R5) as an impaired gait and some balance problems. Fall risk score is 20 (10 or greater equals high risk for falls). (R5) uses a wheeled walker for support. Interventions: Assess for need for physical therapy. Change resident's chair and chair position at least every two hours. Check shoes weekly for repair and fit. Assist resident to toilet/change every two hours around the clock. Offer fluids every two hours. Transfer with assist as noted on CNA (Certified Nursing Assistant) report sheet and transfer assessment. Reinforce use of call light and answer call light promptly. Follow fall prevention plan as written. Personal alarms used: Clip alarm in bed and/or in chair. Chair pad alarm/Mattress pad alarm."

R5's Fall Prevention Tool, dated 8/2/24 documents, "(History) of concerns with posture, weakness, balance, gait disturbance. Recent falls: 5/21/24, 9/25/24, 10/20/24. Interventions: Side rails; placed chair/mattress pad alarm; remind not to transfer without assist; reinstruct call light use and to use when needing up; wait for

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staff when getting up from toilet; reinstruct staff for one assist with gait belt when up; reorient resident to call light; instructed to have assist to go to bathroom. 9/25/24 Ensure alarms in place and functioning properly. 10/20/24 Remind staff/resident to use alarms."

The facility Occurrence Report, dated 01/20/2025 at 4:30 P.M. documents, "Mild/moderate cognitive impairment, assist with ambulation. Personal alarm: Yes. In use at time of occurrence: No. Found on floor, resident's bathroom. Resident found in bathroom, on floor in supine position. three to four inch laceration to occipital area of head bleeding. Direct pressure with gauze applied. Bleeding stopped after 5 minutes. Paramedics arrived. Taken to (local) hospital. Care Plan Interventions Added or Modified Related To Occurrence: Reeducated staff to ensure all alarms are on and working prior to leaving resident alone."

R5's Hospital After Visit Summary, dated 1/20/25 documents, "Ground- level fall; Scalp Laceration."

On 1/21/25 at 10:30 A.M., R5 was seated in a recliner in the facility Sunroom, behind B Hall nurse's station, sleeping. A front wheeled walker was positioned next to (R5). Dried blood was present to the top of (R5's) head.

On 1/22/25 at 9:44 A.M., (R5) was seated in a wheelchair at the B Hall nurse's station. A fall alarm was in place and functioning. At that time, R5 stated, "I have a terrible headache." A laceration with 14 staples was noted to the back of R5's head.

On 1/21/25 at 12:40 P.M., V2/Director of Nurses stated, "(R5) is at risk for falls and has a history of

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falls. She has some confusion and is forgetful. Due to these reasons, (R5) is to have a fall alarm in place when she is up in her wheelchair or even in bed. I have spoken with (V8/Registered Nurse) about this fall and he stated that (R5's) alarms weren't sounding when she was found on the floor."

On 1/21/25 at 12:45 P.M., V9/Certified Nursing Assistant confirmed that R5 is at high risk for falls and is to have a functioning alarm in place at all times, due to a history of falls and confusion. V9/CNA stated, "When I got to work yesterday (1/20/25 at 2:30 PM), R5 was up in her wheelchair in her room. I did not check her alarms to see if they were on or functioning. I saw her last around 4:25 (P.M.) when I left to go on break. (R5) was up in her wheelchair, in her room, watching television. Another aide found her on the floor when she was doing rounds."

On 1/21/25 at 3:00 P.M., V8/Registered Nurse confirmed he was the nurse present when R5 fell on 1/20/25. V8/RN states, "The CNA (Certified Nursing Assistant) came and got me to tell me that (R5) was bleeding on the bathroom floor. (R5) was laying on her back. Her wheelchair was present. Her alarms were not functioning or sounding." At that time, V8/RN also confirmed that R5 was at high risk for falls, was impulsive, had fallen multiple times in the past and was to have a functioning alarm in place.

(B)

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300.2100
750.315a)

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S9999	Continued From page 10 Section 300.2100 Food Handling Sanitation Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750). Section 750.315 Equipment a) Equipment shall be located and installed in a way that facilitates cleaning the establishment and that prevents food contamination. These requirements were not met as evidenced by: Based on observation, interview and record review the facility failed to implement a cleaning schedule for kitchen appliances. This has the potential to affect 52 residents residing in the facility. Findings include: The facility's Sanitation and Infection Control-Cleaning Schedule, revised 1/2019, documents that cleaning schedules are designed for use in the Dining-Services Department. Cleaning schedules will be used to provide an overview of how often equipment in the department must be cleaned. The daily cleaning schedule delineates how often equipment must be cleaned in one day and whose responsibility it is to clean each specific piece of equipment or area. This form is to be used as a record, with the responsible person initialing the item after cleaning occurred. This weekly and monthly cleaning schedule delineates those pieces of equipment or kitchen areas that need to be cleaning less frequently. The form identifies the person responsible for cleaning each item and	S9999		

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notes when cleaning should take place. This form also documents that all racks and drip trays are debris and grease free, no visible buildup of grease. Interior of ovens is free of debris and grease; no grease build up. The glass in the door is clear. This policy also documents that the oil in the fryer should be clear and have no odor. There should be no burnt sediment at the bottom of the fryer pan.

The facility's Sanitation and Infection Control-Cleaning Schedule, revised 1/2019, documents that the deep fryers and ovens are to be cleaned regular and after each use.

On 1/21/25 at 10:15am, the deep fryer on the left contained a dark brown oil that has chunks of burnt food particles and sediment floating in it. There was also a brown crusty sediment build up on the sides of the fryer. V10, Dietary Manager, stated that he does not know when the oil was changed or is due to be changed. V10 also stated that the oil is not strained or cleaned on a daily basis. There were two ovens under there stove, with cookie sheets at the bottom with black burnt substances and spillage noted. The glass on the oven doors had a brown dried substance from the top to the bottom of the glass. The two-convection oven also contained black burnt substances and black spillage on the floor and the on racks of the ovens. V10 stated that there is not a cleaning schedule for the kitchen appliances. V10 stated that spillage should be cleaned and wiped up at the time of use. V10 stated that there is not a weekly or daily cleaning schedule for the kitchen. V10 stated areas are to be cleaned at the time of use.

The facility's Nursing Center Census dated 1/21/25 documents 52 residents residing in the

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