

Illinois Department of Public Health

| | | | | |
|--|---|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014641 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R-C 05/05/2025 |
| NAME OF PROVIDER OR SUPPLIER ARCHER HEIGHTS HEALTHCARE | | STREET ADDRESS, CITY, STATE, ZIP CODE 4437 SOUTH CICERO CHICAGO, IL 60632 | | |
| (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 First Complaint Revisit to Survey date 3/19/25 | {S 000} | | |
| {S9999} | Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)1)2) 300.1220b)3) 300.1630d) 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. 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 | {S9999} | | |

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

05/14/25

Illinois Department of Public Health

| | | | | |
|--|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014641 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R-C 05/05/2025 |
| NAME OF PROVIDER OR SUPPLIER ARCHER HEIGHTS HEALTHCARE | | STREET ADDRESS, CITY, STATE, ZIP CODE 4437 SOUTH CICERO CHICAGO, IL 60632 | | |
| (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 |
| {S9999} | <p>Continued From page 1</p> <p>care needs of the resident.</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>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition.</p> <p>Section 300.1630 Administration of Medication</p> <p>d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation, and a notation made in the resident's record.</p> | {S9999} | | |

Illinois Department of Public Health

| | | | | | |
|--|---|---|--|--------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014641 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED R-C 05/05/2025 |
| NAME OF PROVIDER OR SUPPLIER ARCHER HEIGHTS HEALTHCARE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 4437 SOUTH CICERO CHICAGO, IL 60632 | | |
| (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 | |
| {S9999} | <p>Continued From page 2</p> <p>As evidence by</p> <p>Based on observation, interview, and record review the facility failed to correctly administer antibiotics intravenous piggy bag via PICC line for one resident (R2). This failure resulted in V8 (Untrained LPN) observed administering improper treatment via PICC line to R2, putting R2 at risk of air embolism.</p> <p>Findings include:</p> <p>R2 is a 52-year-old resident with diagnosis that includes complete traumatic amputation of two or more right lesser toes, sequela, sleep apnea, other chronic osteomyelitis, right ankle and foot, sequela of cerebral infarction, and low back pain. R2 was admitted to the facility on 04/11/2025.</p> <p>On 04/14/25 at 11:55am, V8 Licensed Practical Nurse (LPN) was noted in the nursing medication room preparing an IVPB, V8 mixed the powdered with the fluid from the IVPB 250ml (milliliter) then proceeded to R2 's room. V8 informed the surveyor that the IVPB medication was due to be administered at 7:30am and R2 has been complaining of not getting the medication since admission and because V8 is the only nurse on the floor the medication is late, and she must administer it now. At 12:11pm, V8 proceeded to R2's room and without hand hygiene removed the cap from the PICC line and attached the flow meter without priming the line which causes air bubble in the line. V8 then attached the line to the PICC line not attempting to remove the air bubble from the line or flushing the PICC line before administration. The surveyor asked V8 about the facility PICC IV medication policy, infection</p> | {S9999} | | | |

Illinois Department of Public Health

| | | | | |
|--|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014641 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R-C 05/05/2025 |
| NAME OF PROVIDER OR SUPPLIER ARCHER HEIGHTS HEALTHCARE | | STREET ADDRESS, CITY, STATE, ZIP CODE 4437 SOUTH CICERO CHICAGO, IL 60632 | | |
| (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 |
| {S9999} | <p>Continued From page 3</p> <p>control prevention and control V8 stated as you can see (referring to the surveyor) I am the only nurse on the floor and I have to pass my medicine, this is the first time I will give this IV (Referring to the IVPB), I am not even trained in doing this s***. After running the fluid, the air space will go away. V8 did not initial the IVPB and did not put the time of administration. V8 did not attempt to remove the air. V8 did not flush the PICC line to assure patency of the PICC. R2 then told V8 stated that V8 need to flush the line to let the air out and the IV fluid will flow well, V8 continued administering the medication. V8 left R2's room and V8 was observed sitting at the nurse's station without returning to R2's room. At 12:30pm V8 was still sitting at the nurse's station. At 12:32pm, V29 (MDS Coordinator) was shown and made aware of the surveyor's observation. V29 stated I am not supposed to touch the PICC line and paged and call V1 (Administrator) and V2 DON (Director of Nurse's) to come to the floor. At 12:36pm, V1 and V2 were shown the IVPB settings with no name, no time of administration, and the surveyor made both V1 and V2 about the observation. V2 stated to the surveyor you cannot make this up, V2 stated that there is an RN (Registered Nurse in the building including self that V8 can call to mix and administer the IVPB medication. V2 stated the PICC line should be flushed before and after use to establish patency. At 12:38pm, V8 then walked into R2's room with a syringe filled with clear liquid and use it to flush the IVPB connecting tubing without attempting to remove the air putting R2 at risk for air embolism.</p> <p>R2's medical record MAR (Medication Administration Record) showed V8 documentation that the IVPB medication was administered at 8:33am. when this was shown to V2, V2 stated I know she (V8) did not give at</p> | {S9999} | | |

Illinois Department of Public Health

| | | | | |
|--|---|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014641 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R-C 05/05/2025 |
| NAME OF PROVIDER OR SUPPLIER ARCHER HEIGHTS HEALTHCARE | | STREET ADDRESS, CITY, STATE, ZIP CODE 4437 SOUTH CICERO CHICAGO, IL 60632 | | |
| (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 |
| {S9999} | <p>Continued From page 4</p> <p>8:33am because you (referring to the surveyor) showed us (referring V1 and self).</p> <p>R2's admission report dated 4/11 (4/11/25) presented showed documentation that R2 has a PICC line on the right arm. R2's interim plan of care did not address the issue of IV antibiotics until 04/15/25. Intervention listed includes but not limited to monitor placement of catheter daily and before and after each use.</p> <p>On 04/15/25 at 9:37am, V2 stated that regarding the LPN training documentation V2 stated that I (V2) am now in servicing (Educate) the nurses on the on the PICC and the PIV lines. V23 (Nurse Consultant) who was present stated that we (facility) are still searching for the ones that was done previously but have not found it. V2 is just a new (DON) not quite 2months ago.</p> <p>On 04/15/25 at 11:49am, the surveyor asked V22 NP (Nurse Practitioner) about the difference between PIV and PICC lines, V22 stated that the PIV goes into the small vein and the PICC goes to the big veins. The surveyor asked what can happen when administering medication into the vein without following infection prevention practices like hand hygiene before and after care. V22 stated that infection can be spread to others and the patient. The wound can deteriorate with more infection. If there is air in the tube delivering the medication what can happen to the resident. Air embolism can happen which can be detrimental to the resident, brain, heart, respiratory distress, and possible death. The facility procedure on this matter should be followed. The nurse must flush the line (PICC) before attaching the medication. The surveyor asked V22 that in your professional opinion</p> | {S9999} | | |

Illinois Department of Public Health

| | | | | | |
|--|--|---|--|--------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014641 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED R-C 05/05/2025 |
| NAME OF PROVIDER OR SUPPLIER ARCHER HEIGHTS HEALTHCARE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 4437 SOUTH CICERO CHICAGO, IL 60632 | | |
| (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 | |
| {S9999} | <p>Continued From page 5</p> <p>should an LPN be administering medication through the PICC or reconstitute medication. V22 stated I (V22) don't think so. It should be an RN doing that.</p> <p>On 04/15/25 at 1:18pm, interview with V2 (DON) on whether an LPN is allowed reconstitute IVPB medication via PICC. V2 stated that (V8) is not supposed to mix the IVPB medication without an RN or give it. V2 stated air should not be in the flow line she (V8) should have prime the IV line.</p> <p>As at 04/17/25 at 4:30pm, the facility was unable to present any documented training or certification that showed that V8 was trained in administration of PICC line IVPB medication and no competency documentation presented for all the LPN on staff at the facility.</p> <p>The facility storage of Medication Administration policy presented with effective date 10/25/2014 documented that personnel authorized to administer medications do so only after they are being properly oriented to the medication management system in the facility.</p> <p>The facility Policy and Procedure Intravenous Therapy presented with reviewed date 1/2025 listed procedure includes but limited to all personnel inserting IV's or administering IV fluids and medications will have had training in the procedure. The qualification must include an adequate return demonstration of IV skills. Record shall contain evidence of competency.</p> <p>(B)</p> | {S9999} | | | |