

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER THE HAVEN OF ST. ELMO		STREET ADDRESS, CITY, STATE, ZIP CODE 221 EAST CUMBERLAND ST ELMO, IL 62458		
(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 Annual Cerification Survey Licensure First Probationary Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 4 300.0670 c) Section 300.0670 Disaster Preparedness c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. This requirement is not met as evidence by: Based on interview and record review the facility failed to perform disaster drills twice annually for each shift. This failure has the potential to effect all 42 residents residing at this facility. Findings included: On 5/13/2025 at 3:30pm, V1 (Administrator) stated the facility had only performed one disaster drill since she became the administrator in July of 2024. V1 said she did not know the facility was supposed to perform non-fire related disaster drills twice per year on all shifts and that is why they had not done them. On 5/13/2025 at 3:30pm, V1 presented a facility form titled Tornado Drill Evacuation dated 3/15/2025 as written documentation of a disaster	S9999		

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

TITLE

(X6) DATE

Electronically Signed

06/01/25

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S9999	<p>Continued From page 1</p> <p>drill performed. This form included a signature page of the staff who participated in the disaster drill.</p> <p>On 5/14/2025 at 9:00am, V1 said she looked through all the facility's disaster preparedness documentation and could not find any more documentation of disaster drills performed by the facility for the past year.</p> <p>The facility matrix dated 5/12/2025 documented 42 residents live at this facility.</p> <p>Facility policy titled Fire/Disaster Drill Preparedness Policy dated February 2014 documents the following drills will be conducted every year by the facility to assist personnel in preparing for emergency or disaster situations that could occur or affect routine operations: a. Fire exit drills (one per quarter per shift), b. Disaster drills (biannually on each shift). (C)</p> <p>Licensure Violations 2 of 4</p> <p>300.1210b) 300.1210d)1)2</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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>	S9999		

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S9999	<p>Continued From page 2</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>These Requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review the facility failed to administer sliding scale insulin and monitor blood sugars as directed per physician's orders for 1 (R6) of 1 resident reviewed for insulin in a sample of 39. This failure resulted in R6 being sent to the emergency room for hyperglycemia.</p> <p>Findings include:</p> <p>R6's Admission Record documents an admission date of 10/30/24 with diagnoses including: type 2 diabetes mellitus with ketoacidosis without coma, dysphagia, lack of coordination, major depressive disorder, dementia, anxiety disorder, and acute kidney failure. R6's Minimum Data Set (MDS) dated 04/09/2025 documents a BIMS (Brief Interview of Mental Status) score of 12 indicating R6 has moderate cognitive impairment.</p> <p>R6's Progress Note dated 12/25/24 at 6:30 AM documents "res (resident) accu check results read Hi called V26-Physician) on call service (Nurse Practitioner) gave order to send to ER for</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>eval and tx (treatment)."</p> <p>R6's Progress Note dated 12/30/24 at 2:10 PM documents "res (resident) transported back to facility per (name of local hospital) transport readmitted to special care (room #)"</p> <p>R6's Clinical Physician Orders with a print date of 5/14/25 documents an order for HumaLOG KwikPen 100 unit/ML solution pen injector with directions listed as: inject as per sliding scale: if 150-199 = 2 units; 200-249 = 4 units; 250-299 = 6 units; 300-349 = 8 units, greater than 349 administer 10 units retest your blood glucose in 4 hours recorrect if necessary, subcutaneously before meals and at bedtime related to type 2 diabetes mellitus with ketoacidosis without coma with an order and start date of 12/31/2024.</p> <p>R6's December 2024 MAR (Medication Administration Record) documents the order for HumaLOG KwikPen 100 unit/ML solution pen injector per sliding scale as documented on the Clinical Physician Order Sheet does not document any initials indicating that the sliding scale insulin was not administered at 0600 (6:00AM), 1100 (11:00AM), 1600 (4:00 PM), and 2100 (9:00 PM) on 12/31/24.</p> <p>R6's January 2025 MAR documents the order for HumaLOG KwikPen 100 unit/ML solution pen injector per sliding scale as documented on the Clinical Physician Order Sheet does not document any initials indicating that the sliding scale insulin was not administered at 0600 (6:00AM), 1100 (11:00AM), 1600 (4:00 PM), and 2100 (9:00 PM) on 1/1/25, 1/2/25, 1/3/25 and at 0600 (6:00 AM) on 1/4/25.</p> <p>R6's December 2024 and January 2025 MAR's</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>both document that R6 was receiving the following insulin as ordered: HumaLOG KwikPen 100 unit/ML solution pen injector, inject 5 units subcutaneously before meals with an order date of 12/30/24 and Insulin Glargine Solostar 300 unit/mL solution, inject 40 units subcutaneously at bedtime with an order date of 12/5/24.</p> <p>R6's December 2024 and January 2025 MAR and R6's Weights and Vitals Summary documents the following blood sugars: 12/31/24 at 1800 (6:00 PM) 216 and 1/1/25 at 1800 (6:00 PM) 225. R6's Progress Note dated 01/02/25 at 6:36 PM documents "(R6's) BS (blood sugar) was 541. (V26-Physician) wanted her sent to the hospital. This nurse (V24-Registered Nurse) had not been doing sliding scale insulin due to order not being acknowledged. Therefore, order looked discontinued." There were no other blood sugars documented on 12/31/25 through 1/2/25 when R6 was sent to the hospital for further evaluation.</p> <p>R6's Progress Note dated 01/03/25 at 12:29 AM documents: patient arrived back at facility at approximately 9:34 PM via (ambulance service) from ED (Emergency Department) gave 10 units of humalog while there, no new orders given. Patient pants were soaked in urine upon arrival. Blood sugar is 314. Patient was changed and washed and is laying in bed with eyes closed. All safety protocols in place at the time of exiting.</p> <p>R6's hospital "After Visit Summary" dated 1/2/25 documents the reason for visit as "hyperglycemia" and a diagnosis of "diabetes." Under "Medications Given" it documents "Insulin regular (Novolin R/Humulin R) last given at 7:41PM."</p> <p>On 05/15/25 at 1:05 PM, V20 (Licensed Practical</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Nurse) stated she has worked frequently at the facility for about the last three months, since mid January. After reviewing R6's Electronic Health Record, V20 stated she can see where R6 went to the hospital due to high blood sugars. V20 stated she can see where she had an order for sliding scale dated 12/31/24 and it was discontinued and another order dated 12/31/04 that was not confirmed until the 01/04/25 and she did not receive any sliding scale for those days. V20 said she does not know why the order was not confirmed in the Electronic Health Record on 12/31/24 and she does not know why she was not receiving the sliding scale insulin because R6 is a brittle diabetic.</p> <p>On 05/16/25 at 3:23 PM, V26 (Physician) stated he would not know specifically without looking at R6's record to know if not receiving her sliding scale insulin would have prevented R6 from going to the emergency room, but she does have an order for sliding scale insulin. V26 said he would expect R6 to receive the order as directed and if her blood glucose was low she would not get insulin. R6 is a delicate diabetic and her blood glucose is hard to manage in an outpatient setting.</p> <p>On 05/19/25 at 8:10 AM, V1 (Administrator) stated the orders that residents had prior to going to the hospital should always be reviewed when the orders are reentered into the system to make sure that none are missed. R6 should have received the sliding scale insulin.</p> <p>(B)</p> <p>Licensure Violations 3 of 4</p> <p>300.696 b)3</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>300.1210b) 300.1210c) 300.1210d)2</p> <p>Section 300.696 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 ongoing basis by the Infection Preventionist to ensure adherence to all infection prevention and control policies and procedures.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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>	S9999		

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S9999	<p>Continued From page 7</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> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure enhanced barrier precautions were followed for 2 of 3 (R12 and R34) residents reviewed for pressure ulcers in the sample of 39.</p> <p>Findings Include:</p> <p>1. R12's Admission Record with a print date of 5/15/25 documents R12 was admitted to the facility on 5/29/2020 with diagnoses that include a Stage 4 pressure ulcer of the sacrum.</p> <p>R12's MDS (Minimum Data Set) dated 2/17/25 documents a BIMS (Brief Interview for Mental Status) score of 15, which indicates R12 is cognitively intact.</p> <p>R12's current Care Plan documents a Focus area of "Enhanced barrier precautions r/t (related to) chronic wounds and indwelling catheter Date Initiated: 04/24/2024." This same Focus area includes the following interventions, "...Gown and glove during high contact resident care activities such as dressing, bathing, showering,</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care/use, wound care (any chronic skin opening). Date Initiated: 04/24/2024..."</p> <p>R12's Physician Order Sheet dated 10/15/24 documents a physician order of "Enhanced Barrier Precautions indwelling foley cath (catheter) chronic wound," with a revision date of 4/3/25.</p> <p>On 5/14/25 at 1:30 PM, V14 (Licensed Practical Nurse/LPN) and V17 (Certified Nursing Assistant) were observed providing treatment to the Stage 4 pressure ulcer located on R12's sacrum. V14 and V17 donned gloves and administered the treatment per current standards of practice. V14 and V17 performed hand hygiene per current standards of practice during the treatment. V14 and V17 did not don a gown during the administration of the treatment.</p> <p>2. R34's Admission Record with a print date of 5/15/25 documents R34 was admitted to the facility on 2/7/25 with diagnoses that include Stage 3 pressure ulcer of right hip, blister left foot, and laceration right foot.</p> <p>R34's MDS dated 4/28/25 documents a BIMS score of 03, indicating R34 has a severe cognitive deficit.</p> <p>R34's current Care Plan documents a Focus area of, "Enhanced barrier precautions r/t chronic wounds Date Initiated: 05/06/2025." This same Focus area includes the intervention, "...Gown and glove during high contact resident care activities such as dressing, bathing, showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>care/use, wound care (any chronic skin opening). Date Initiated: 05/06/2025."</p> <p>R34's undated Physician Order Sheet documents a physician order for, "Enhanced barrier precautions dx (diagnosis) chronic wound," with a revision date of 4/3/25.</p> <p>On 5/14/25 at 1:43 PM, V14 (LPN) and V18 (CNA) were observed administering treatment to R34's right heel. V14 administered the treatment per current standards of practice. V14 and V18 performed hand hygiene using current standards of practice. V14 and V18 did not don a gown while administering the treatment.</p> <p>On 5/15/25 at 10:30 AM, V14 (LPN) stated R12 and R34 are on enhanced barrier precautions and the should have worn a gown, gloves, mask, and goggles.</p> <p>The sign located outside R12 and R34's room documents, "Enhanced Barrier Precautions Everyone must: clean their hands, including before entering and when leaving the room. Providers and staff must also: wear gloves and a gown for the following high contact resident care activities. Dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, Device care or use: central line, urinary catheter, feeding tube, tracheostomy. Wound care: any skin opening requiring a dressing."</p> <p>The facility Enhanced Barrier Precautions policy dated 3/21/24 documents, "It is the practice of this facility to implement enhanced barrier precautions for the preventions of transmission of multidrug-resistant organisms. Definitions: "Enhanced Barrier Precautions: refer to the use</p>	S9999			

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S9999	<p>Continued From page 10</p> <p>of gown and gloves for use during high-contact resident care activities for residents known to be colonized or infected with a MDRO (multi-drug resistant organism) as well as those at increased risk of MDRO acquisition..."</p> <p>(B)</p> <p>Licensure Violations 4 of 4</p> <p>300.1210b)5</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure toileting assistance was provided timely for 2 of 3 (R20 and R21) residents reviewed for activities of daily living in the sample of 39.</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>Findings Include:</p> <p>1. R20's Admission Record with a print date of 5/14/25 documents R20 was admitted to the facility on 10/04/2019 with diagnoses that include hypertension, repeated falls, pain, and kidney stones.</p> <p>R20's MDS (Minimum Data Set) dated 2/20/25 documents a BIMS (Brief Interview for Mental Status) score of 15, which indicates R20 is cognitively intact. This same MDS documents R20 requires supervision or touching assistance for toilet transfer and partial/moderate assistance for toilet hygiene.</p> <p>R20's current Care Plan documents a Focus area of "Due to (R20)'s general weakness and unsteadiness, He is in need of staff assistance to meet his toileting needs. Date Initiated: 07/03/2023."</p> <p>The interventions documented for this Focus area include, "...Provide assistance for toileting due to (R20)'s general weakness and history of falling and to ensure proper toileting hygiene. Date Initiated: 07/03/2023."</p> <p>The facility Activities of Daily Living policy dated 2/2023 documents, "Purpose: Based on comprehensive assessment of the resident and consistent with the resident's needs and choices, our facility provides necessary care and services to ensure that a resident's abilities in activities of daily living (ADL) living do not diminish unless the circumstances of the individual's clinical condition demonstrates that such decline was unavoidable."</p> <p>On 5/12/25 at 1:37 PM, R20 stated they don't have enough staff, especially on the weekend.</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>R20 stated takes up to a half hour for them to answer the call light at times. R20 stated he had incontinent episodes waiting for staff to assist him to toilet.</p> <p>2. R21's Admission Record with a print date of 5/14/25 documents R21 was admitted to the facility on 10/24/24 with diagnoses that include muscle wasting and atrophy, lack of coordination, acute kidney failure, and chronic pain syndrome.</p> <p>R21's MDS dated 4/2/25 documents a BIMS score of 15, which indicates R21 is cognitively intact. This same MDS documents R21 requires substantial/maximal assistance for toilet hygiene and toilet transfer.</p> <p>R21's current Care Plan documents a Focus area of, "Due to (R21)'s general weakness, unsteadiness and endurance, she is in need of staff assistance to meet her toileting needs. Date Initiated: 04/13/2023." This Focus area includes, "...Assist (R21) to the restroom every 2 hours or sooner upon request." Date Initiated: 04/13/2023..."</p> <p>On 5/12/25 at 10:58 AM, R21 stated it takes a long time for staff to answer the call lights. R21 stated she had incontinent episodes waiting on staff to assist her to toilet. R21 stated, "it happens all the time."</p> <p>On 5/13/25 at 11:22 AM, V10 (CNA/Certified Nursing Assistant) stated they don't have enough staff to meet the needs of the residents timely. V10 stated the call lights aren't always answered timely.</p> <p>On 5/14/25 at 2:45 PM, V13 (transport CNA) stated call lights aren't answered timely and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER THE HAVEN OF ST. ELMO			STREET ADDRESS, CITY, STATE, ZIP CODE 221 EAST CUMBERLAND ST ELMO, IL 62458		
(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	Continued From page 13 toileting isn't always timely. On 5/14/25 at 1:00 PM, V2 (Director of Nurses) stated they don't have enough staff to meet the needs of the residents timely. V2 stated they have issues with staffing on nights and weekends. V2 stated with two CNA's on the skilled care unit it would be hard to answer the call lights timely. (B)	S9999			