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S 000	Initial Comments First Probationary Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 4) 300.696a) 300.696b) 300.696d)2 300.1610a)1) 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 of Sexually Transmissible Infections Code.	S9999		

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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 (Source: Added at 29 Ill. Reg. 12852, effective August 2, 2005)

Section 300.1610 Medication Policies and Procedures

a) Development of Medication Policies

1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws.

This requirement is not met, as evidence by:

Based on observation, interview and record review, the facility failed to ensure hand hygiene was conducted per policy for two of three nurses (V3, V4) observed during medication administration. This failure has the potential to affect all residents with a current census of 43 residents.

Findings include:

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The Administering Medication policy dated 11/1/15 documents "12. Adherence to established facility infection control procedures shall be followed during the administration of medications. 1. Hand hygiene shall be required between residents. 2. Medications shall not be handled, but dispensed in a clean manner using lids of multi-dose bottles or medication cups."

On 4/29/25 between 11:30 AM and 11:50 AM, V4 (Registered Nurse) was observed to administer medications to R10, R11, R12, R14 and R15 without conducting hand hygiene.

On 4/29/25 at 12:10 PM, V4 was observed to pop the Naproxin 220 mg (milligrams) one tablet and Hydrocodone/APAP 5-325 mg one tablet from the medication pack into the palm of her hand and place into the medication cup with her fingers. On 4/30/25 at 11:50 AM, V4 was observed to remove one medication tablet from three different medication packs into the palm of her hand and place into the medication cup with her fingers.

On 4/29/25 between 11:50 AM and 12:10 PM, V3 (Registered Nurse) was observed to administer medications to R6, R8 and R9 without conducting hand hygiene.

On 4/30/25 at 2:00 PM, V1 (Administrator) and V2 (Director of Nursing) agreed medications should not have been removed from the medication pack and placed in the medication cup with her hand.

(B)

Statement of Licensure Violations (2 of 4)

300.1610a)1)2)

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S9999	Continued From page 3 300.1610h) Section 300.1610 Medication Policies and Procedures a) Development of Medication Policies 1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws. 2) Medication policies and procedures shall be developed with the advice of a pharmaceutical advisory committee that includes at least one licensed pharmacist, one physician, the administrator and the director of nursing. This committee shall meet at least quarterly. h) A facility may stock drugs that are regularly available without prescription. These shall be administered to a resident only upon the order of a licensed prescriber (see Section 300.1620). Administration shall be from the original containers and shall be recorded in the resident's clinical record. This requirement is not met, as evidenced by: Based on observation, interview and record review, the facility failed to ensure medications were available, obtained and administered per physician's order for two of 10 residents (R6, R8) observed during medication administration. This failure has the potential to affect all residents with	S9999		

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a current census of 43 residents.

Findings include:

The Administering Medication policy dated 11/1/15 documents "3. Medications shall be administered according to physician's written/verbal orders upon verification of the right medication. 14. Medications may only be administered to the individual in whom the medication was prescribed."

1. R8's Physician Order dated 12/12/24 documents Enulose Solution 10 mg (milligrams)/15 ml (milliliters) and to give 30 ml (milliliter) three times a day orally related to Metabolic Encephalopathy.

On 4/29/25 at 11:45 AM, V3 (Registered Nurse) was observed to administer 15 ml of the Enulose Solution 10 mg/15 ml orally to R8. V3 stated the order was to administer Enulose Solution 15 ml and upon review, agreed the Enulose Solution 30 ml should have been administered.

2. R6's Medication Administration Sheet documents R6 was admitted on 9/26/24 with diagnoses of Seizures, Anoxic Brain Damage, Major Depressive Disorder, Schizophrenia and Bipolar Disorder.

R6's Minimum Data Set Section J dated 4/3/25 documents R6 had pain, had pain medication ordered on an as needed basis and rated the intensity of his pain at a 06 (0-no pain, 10-worst pain).

R6's Physician Orders dated 12/12/24 ordered Acetaminophen 1000 mg every 6 hours as needed for pain and Ibuprofen 400 mg every 6

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hours as needed for pain.

On 4/29/25 at 11:50 AM, V3 (Registered Nurse) stated R6 usually complains of pain and requests his pain medication at lunchtime. R6 stated his pain level was a seven (1-no pain and 10-worst pain) and requested pain medication. V3 looked through the medication cart and the supply cart which contained the resident's medication refills and stated R6 did not have Acetaminophen or Ibuprofen in stock for him. V3 stated the facility does not have medications in stock and available if a resident runs out of medication. V3 submitted a refill request for R6's Acetaminophen and Ibuprofen. V3 then took two tablets of Acetaminophen from R7's medication pack and administered the Acetaminophen to R6. V3 stated "I will just have to repay them (Acetaminophen) back (to R7) when R6's medications come in. It could possibly be later tonight or probably tomorrow but (R6) needs something for pain now." V3 stated "We (the nurses) have asked to have an extra supply of medications but corporate won't let us keep them (stock meds)."

On 4/29/25 at 1:00 PM, V4 (Registered Nurse) stated the resident's prn (as needed) medications are the medications that the nurses forget to reorder and they have run out of medication for residents before.

On 4/29/25 at 1:15 PM, R6 stated he bites his fingernails and both hands hurt him. R6 held up both hands and each digit had a minimal amount of fingernail remaining and had exposed nail beds. He stated he has asked for pain medication but the nurses say the facility is out of pain medication and the staff did not have pain medication to give him. R6 stated "I know I have an order for it but I haven't got any (pain

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medication) in weeks."

On 4/30/25 at 2:00 PM, V1 (Administrator) asked V2 (Director of Nursing) "Why don't we have extra's (medications) in the Cubex (medication storage machine)?"

On 4/30/25 at 2:00 PM, V2 stated corporate does not want the facility to have stocked medications and the medications must be reordered and received from the pharmacy.
(B)

Statement of Licensure Violations (3 of 4)

300.610a)
300.1210a)
300.1210b)
300.1210d)3)

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

a) Comprehensive Resident Care Plan. A

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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)

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.

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:

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.

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S9999	Continued From page 8 This requirement is not met, as evidenced by: Based on record review and interview the facility failed to thoroughly assess a resident after a fall and failed to monitor a resident for any change in condition after a fall for three residents (R1, R2 and R3), and failed to implement a new intervention after two falls for one resident (R3) of three residents reviewed for falls in a total sample of 5 residents. Findings include: The Facility's "Fall Reduction Policy" dated 11/01/2015 documents the purpose of the policy as "to provide an en environment that remains as free of accident hazards as possible; to identify residents who are at risk for falling and to develop appropriate interventions to provide supervision and assistive devices to prevent or minimize fall related injuries; to promote a systematic approach and monitoring process for the care of residents who have fallen and/or those who are determined to be at risk." The Facility's "Fall Reduction Policy" documents "Evaluate/assess the resident for injury. Guidelines will be utilized as appropriate to each situation and change in condition. a.) Nursing evaluation on all Resident falls, witnessed and un-witnessed i. If the fall is not witnessed or the resident hit his/her head, initiate neurological checks based on the schedule on the Neurological Status Evaluation. II. If injury is known or suspected: 1. Provide emergency first aid treatment as applicable Triage in facility. 2. Notify the physician 3. Notify the responsible party b. Complete set of vital signs (T (temperature, P (pulse), R (respirations), B/P (blood pressure) & SPo2 (pulse oximetery) including pulse oximetery	S9999		

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c. Contact On Call nurse d. Notify MD (Medical Doctor) e. Notify family f. Document progress note (may complete in the risk management) g. Obtain complete vital signs including pulse oximetery at a minimum of every shift for 72 hours. 5. Document in the clinical record a summary of the fall including, but not limited to, assessment, intervention and resident response."

1. R1's Nurse Note dated 1/11/25 at 12:06 PM documents "Writer received report from (night shift) nurse that resident fell from her bed during the night. Upon rising resident complains of pain to her right popliteal area and claims she is unable to straighten her leg without it causing her great pain. Pain 10 on a scale of 0-10."

R1's "Unwitnessed Fall without injury" form filled out by V2 (Director of Nursing) dated 1/11/25 documents: resident noted on the floor in her room next to her bed. Resident description: resident stated that she moved too close to the edge of the bed and fell off." This form did not document the time of the fall, any physical assessment of the resident after the fall or vital signs.

R1's "Unwitnessed Fall without injury" form filled out by V2 (Director of Nursing) had the following blank areas " Level of Pain, Level of Consciousness and Mental Status."

R1's "Unwitnessed Fall without injury" form lists the following as possible "Predisposing Physiological Factors": anticoagulation therapy, cardiovascular disease, current UTI (Urinary Tract Infection), drowsy, hypotensive (low blood pressure), incontinent, recent change in Medications/New medication, sedated, other (describe), antipsychotic, sedative, antianxiety

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use, confused, diuretic use, gait imbalance, impaired mobility, recent change in cognition, recent illness and weakness/fainted. The area of "NONE" was marked.

R1's Medication Administration Record for January 2025 documents that she takes the antipsychotic medication Risperidone .25 mg(milligrams) three times daily, the antianxiety medication Lorazepam 0.5 mg twice daily, and the diuretic medication Furosemide 40 mg daily.

R1's MDS (Minimum Data Set) dated 03/12/25 documents that R1 is "frequently incontinent" of bladder and "occasionally incontinent" of bowels.

R1's Medical Record did not contain documentation of any assessments of R1 to include any vital signs for three days after R1's falls. R1's Nurse's Notes do not mention the 1/11/25 fall other than the one entry on 1/11/25 at 12:06 PM.

2. R2's Nurse's Note dated 12/31/24 at 8:47 PM documents "resident denies pain or discomfort from fall today."

R2's "Witnessed Fall without Injury" form filled out by V9 (Licensed Practical Nurse) dated 12/31/24 documents "Nursing Description: resident was sitting on bottom in smoking gazebo with PVC (polyvinyl chloride)table tipped over next to her ROM (Range of Motion) WNL (Within Normal Limits). Resident Description: I lost my balance and fell."

R2's "Witnessed Fall without Injury" form dated 12/31/24 lists the following as possible "Predisposing Physiological Factors:" anticoagulation therapy, cardiovascular disease,

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current UTI (Urinary Tract Infection), drowsy, hypotension (low blood pressure), incontinent, recent change in Medications/New medications, sedated, other (describe), antipsychotic, sedative, antianxiety use, confused, diuretic use, gait imbalance, impaired mobility, recent change in cognition, recent illness and weakness/fainted. The area of "NONE" was marked.

R2's Medication Administration Record for December 2024 documents that she takes the antipsychotic medication Risperidone 1 mg (milligram) daily, the diuretic medication Furosemide 40 mg (milligrams) twice daily and the cardiovascular disease medication Metoprolol 100 mg every day.

R2's Medical Record did not contain documentation of any assessments of R2 to include vital signs for three days after R2's falls R2's Nurse's Notes do not mention the 12/31/24 fall other than the one entry on 12/31/24 at 8:47 PM.

3. R3's Nurse's Note dated 3/18/25 at 1:08 PM documents "writer notified by other nurse that resident was on the bathroom floor and she need the glucometer to assess blood glucose levels. She returns to writer reporting that the resident's blood glucose was 51." "Resident states all that she remembers is going to the bathroom and falling backwards."

R3's Medical Record did not contain documentation of any assessments of R3 to include vital signs for three days after R3's fall. R3's Nurse's Notes do not mention the 3/18/25 fall other that the one entry on 3/18/25 at 1:08 PM and 3/18/25 at 1:21 PM that the doctor changed R3's insulin orders related to the extreme low that

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S9999	Continued From page 12 precipitated the fall at 1:08 PM. R3's Nurse's Note dated 3/17/25 at 5:20 AM documents "resident stated to night shift nurse that she slid out bed onto her knees last night around 10:00 PM." R3's Nurse's Notes do not contain documentation of follow up assessments of R3 to include vital signs for three days after R3's fall on 3/17/2. R3's Nurse's Notes do not mention the 3/17/25 fall other than the one entry on 3/17/25. On 4/30/25 at 9:30 AM V5 (Licensed Practical Nurse) confirmed there was no further documentation or assessments to be reviewed for R1, R2 and R3. V5 stated that all falls should be documented in the Nurse's Notes to include where and how the resident was found on the floor along with a "complete physical assessment." (B) Statement of Licensure Violations (4 of 4) 300.1210d)6) 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: 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.	S9999		

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This requirement is not met, as evidenced by:

Based on interview and record review the facility failed to ensure a room's layout was safe for the two residents (R3 and R15) who currently reside in it.

Findings include:

On 4/28/25 and 4/29/25 R3 and R15's room had multiple items on the floor and under the beds.

R3's bed was pushed up against the wall and there were reusable shopping bags full of items, stacked on top of each other next to her bed towards the middle of the room. R3's bed side table was over flowing with personal care items and snacks. A jar of peanut butter was observed with a used butter knife on top of the closed lid on the table. R3's moveable over the bed table was next to her bed heaped with belongings to include 3 loaves of bread. At the end of R3's bed there was a box with what appeared to be new/still in the packaging clothing and personal care items. R3 had a walker next to her that she obviously was currently using, and at the end of her bed was a walker folded up and propped on the box of new clothes. On the floor at the end of R3's bed, in front of the bathroom door was an unplugged television.

On 4/29/25 at 9:00 AM R3 stated "Not all of this is mine, some of it is (R15)'s." R3 stated she is unable to use the bathroom in her room because there are "things in the way."

R15's bed was closest to the door and had approximately one foot between the bed and the wall. The area between the bed and the wall was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005631	A. BUILDING: _____ B. WING _____	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRYSIDE CARE CENTER	400 WEST GRANT STREET MACOMB, IL 61455

(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 14	S9999		

full from the floor to higher than the mattress of personal belongings such as blankets, clothes, shoes and personal care items. Underneath R15's bed was completely full from floor to bed frame of personal belongings of R15 such as clothes, shoes and personal care items. R15's bedside table was over flowing of personal care items and snacks. There were multiple unopened packages of clothes on the floor next to R15's bed.

On 4/29/25 at 9:30 AM R15 stated "I like to order things online. I know I need to go through it and get rid of some stuff. They (staff) keep telling me to do it."

On 4/29/25 at 9:45 AM V8 (Certified Nurse Aid) stated "Neither (R3) or (R15) use the bathroom in their room, they have to go down the hallway to the big bathroom because they have all of that stuff sitting on their floor." "It (the room) has been like that for a long time. I think they are both hoarders but (R15) is definitely more of a hoarder than (R3)."

On 4/29/25 at 11:00 AM V7 (Housekeeping Supervisor) entered R3 and R15's room and confirmed that the path to the bathroom was blocked, that R15's bed would not be able to be moved in a case of emergency due to all of the items around and under it. V7 confirmed that R15's bed being unable to move would cause R3's bed to also be stuck inside of the room during an emergency. V7 also confirmed that R3 and R15's room had "been like this for a while." V7 stated "I have asked (R15) multiple times to go through her room and get rid of some stuff. She (R15) also keeps ordering stuff so that does not help."
(C)

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