

Illinois Department of Public Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009682 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/13/2025 |
|---|--|---|--|--|
| NAME OF PROVIDER OR SUPPLIER CASS COUNTY SENIOR LIVING & REHABILITA | | STREET ADDRESS, CITY, STATE, ZIP CODE 530 EAST BEARDSTOWN STREET VIRGINIA, IL 62691 | | |
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| S 000 | Initial Comments First Probationary Licensure Survey/Change of Ownership Survey | S 000 | | |
| S9999 | Final Observations Statement of Licensure Violations: ONE OF TWO 300.696b) 300.696d)14) Section 300.696 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. 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): 14) Implementation of Personal Protective | S9999 | | |

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

Electronically Signed

TITLE

(X6) DATE

05/15/25

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| S9999 | <p>Continued From page 1</p> <p>Equipment (PPE) in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to follow Enhanced Barrier Precautions (EBP) for one resident (R3) of three residents reviewed for EBP in the sample of 14.</p> <p>Findings include:</p> <p>The Enhanced Barrier Precaution policy (undated) documents "Purpose: Reduce the spread of Infection. Procedure: Providers and staff must clean hands before entering and leaving the room, wear gloves and gown for the following high-contact resident care activities - dressing, bathing/showering, and transferring, changing linens, providing hygiene, changing briefs, or assisting with toileting for residents with devices such as a central line, urinary catheter, feeding tube, tracheostomy."</p> <p>R3's Face Sheet printed 5/12/25 documents that R3 is an 85-year-old male that admitted to the facility on 10/30/24 with diagnoses which included Obstructive and Reflux Uropathy, Chronic Kidney Disease, and Essential (Primary) Hypertension.</p> <p>R3's Physician Order printed 5/12/25 documents R3 has an Indwelling Urinary Catheter for Urinary Retention. Start date 11/6/24.</p> <p>R3's current Care Plan documents "I (R3) have an Indwelling Catheter which increases my risk for UTI (Urinary Tract Infection). I (R3) have a catheter for: Urinary Retention." Interventions:</p> | S9999 | | |

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| S9999 | <p>Continued From page 2</p> <p>Provide (R3) with the appropriate Enhanced Barrier Precautions during cares: see signage posted outside door."</p> <p>The EBP sign documents "Everyone Must: Clean their hands, including before entering and when leaving the room. Providers and Staff Must Also: Wear gloves and 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."</p> <p>On 5/12/25 at 1:40 PM, There was an Enhanced Barrier Precautions sign on R3's door and Personal Protective Equipment/PPE was in a cart outside R3's room. V7/Certified Nursing Assistant/CNA provided indwelling urinary catheter care for R3. V7 wore gloves but did not wear a gown during care.</p> <p>On 5/12/25 at 1:45 PM, V7 was asked if she should have worn a gown during care. V7/CNA stated "Yes, I should have worn a gown, I just forgot."</p> <p>On 5/13/25 at 11:37 AM, V6/Registered Nurse verified that V7/CNA should have worn a gown while providing indwelling urinary catheter care for R3.</p> <p>(B)</p> <p>TWO OF TWO 300.1620a)</p> <p>Section 300.1620 Compliance with Licensed</p> | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>Prescriber's Orders</p> <p>a) All medications shall be given only upon the written, facsimile, or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure resident medications were administered as per physician orders for two of eleven residents (R1 and R7) reviewed for medication administration in a sample of 14.</p> <p>Findings include:</p> <p>The facility Medication Policy (undated) documents "All medications including cathartics, headache remedies and/or vitamins shall be given only upon the written order of a physician. These medications shall be given as prescribed by the physician and at the designated time."</p> <p>R1's POS (Physician Order Sheet), dated 5/12/25, documents the following Physician Order: Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG (milligram)/3ML (Milliliter) one vial inhale orally four times a day for cough and congestion.</p> | S9999 | | |

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| S9999 | <p>Continued From page 4</p> <p>R1's MAR (Medication Administration Record), dated May 2025, documents R1 is to receive Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML one vial inhale orally four times a day for cough and congestion at the following times: 9:00 AM, 12:00 PM, 5:00 PM, and 9:00 PM.</p> <p>R1's Progress Note, dated 5/12/25 and signed by V9/LPN (Licensed Practical Nurse), documents "(V2/Director of Nursing) called (V10/R1 Physician) asking if neb treatment can be scheduled PRN (as needed). (V10) faxed and said, "The nebs need scheduled as ordered."</p> <p>R7's POS, dated 5/12/25, documents the following Physician Order: Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML one vial inhale orally four times a day for upper respiratory cough and congestion.</p> <p>R7's MAR, dated May 2025, documents R7 is to receive Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML one vial inhale orally four times a day for upper respiratory cough and congestion at the following times: 9:00 AM, 12:00 PM, 5:00 PM, and 9:00 PM.</p> <p>R7's Progress Note, dated 5/12/25 and signed by V9/LPN (Licensed Practical Nurse), documents that V9 called V10/R7's Physician asking if R7's breathing treatment could be changed to PRN (as needed). V10 faxed back "As stated multiple times before (R7) has had a chronic cough- due to aspiration- the only thing that has helped resolve this cough is the nebs (nebulizer treatments). Leave nebs as scheduled."</p> <p>On 5/12/25 at 11:26 AM, during a random medication pass observation, V4/RN (Registered Nurse) was preparing to administer R7's noon</p> | S9999 | | |

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