

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/15/2025
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NAME OF PROVIDER OR SUPPLIER THE HAVEN OF MEADOWBROOK	STREET ADDRESS, CITY, STATE, ZIP CODE 1315 CURT DRIVE, SUITE B CHAMPAIGN, IL 61821
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(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	S 000		
	Second Probationary Licensure Survey			
S9999	Final Observations	S9999		
	Statement of Licensure Violations			
	ONE OF EIGHT			
	300.696b)3) 300.1060a) 300.1060b) 300.1060c) 300.1060d)			
	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.			
	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.			

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/18/25

Illinois Department of Public Health

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S9999	Continued From page 1 Section 300.1060 Vaccinations a) A facility shall annually administer or arrange for administration of a vaccination against influenza to each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that are most recent to the time of vaccination, unless the vaccination is medically contraindicated or the resident has refused the vaccine. Influenza vaccinations for all residents age 65 and over shall be completed by November 30 of each year or as soon as practicable if vaccine supplies are not available before November 1. Residents admitted after November 30, during the flu season, and until February 1 shall, as medically appropriate, receive an influenza vaccination prior to or upon admission or as soon as practicable if vaccine supplies are not available at the time of the admission, unless the vaccine is medically contraindicated or the resident has refused the vaccine. (Section 2-213(a) of the Act) b) A facility shall document in the resident's medical record that an annual vaccination against influenza was administered, arranged, refused or medically contraindicated. (Section 2-213(a) of the Act) c) A facility shall administer or arrange for administration of a pneumococcal vaccination to each resident in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination or the vaccination is medically contraindicated. (Section	S9999		

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S9999	<p>Continued From page 2</p> <p>2-213(b) of the Act)</p> <p>d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. (Section 2-213(b) of the Act)</p> <p>These regulations are Not Met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure residents were up to date on Covid, Influenza, and Pneumococcal vaccinations and maintain vaccination documentation for two (R4 and R5) of five residents reviewed for immunizations in the sample list of 13.</p> <p>Findings include:</p> <p>1. R4's Face Sheet (current) documents R4 was admitted to the facility on 10/4/2022 with diagnoses including Cirrhosis of Liver, Hypertension, Dementia, Dysphagia, and Depression.</p> <p>R4's Medical Record documents V13 R4's Representative consenting for R4 to be vaccinated for Pneumonia on 9/14/23.</p> <p>Based on the Centers for Disease Control (CDC) and Prevention Pneumococcal Vaccine Recommendations, R4 should have received one dose of PCV15 (Pneumococcal Conjugate Vaccine), PCV20, or PCV21.</p> <p>There is no documentation in R4's medical record or immunization record that the facility provided R4 the Pneumococcal vaccine as consented to and based on the CDC recommendations.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 6/15/25 at 11:15am, V2 Director of Nursing (DON) stated the documents provided were all the facility had regarding R4's immunization. V2 confirmed R4's medical and immunization records does not document any Pneumococcal vaccinations for R4.</p> <p>2.) R5's active Diagnoses List includes Chronic Obstructive Pulmonary Disease, Type Two Diabetes Mellitus, Atrial Fibrillation, Hypertension, and Heart Failure. R5's Minimum Data Set dated 5/6/25 documents R5 did not receive this year's influenza vaccine, this vaccine was not offered to R5, and R5 is not up to date on COVID-19 vaccination.</p> <p>R5's undated immunization records document R5 last received the influenza vaccine in 2023. R5's COVID-19 Vaccination Record Card documents R5 received a booster vaccination on 11/30/22.</p> <p>R5's Adult Vaccination Consent Form dated 9/12/24 documents consent for R5 to be vaccinated for Influenza and COVID-19 (Human Coronavirus Infection) and R5 is over age 65. There is no documentation in R5's medical record that these vaccines were administered after this consent was obtained.</p> <p>On 6/15/25 at 8:35 AM V3 Assistant Director of Nursing (ADON)/Infection Preventionist confirmed R5 consented to Influenza and COVID-19 immunizations in 2024 and R5's medical record does not document these immunizations were administered. V3 stated a contracted company came in the fall of 2024 to administer COVID-19 and Influenza immunizations, R5 received these shots during that clinic, but V3 is currently trying to obtain R5's vaccination information from the contracted</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>company. AT 8:44 AM V2 DON stated V2 attempted to contact the contracted company to obtain R5's immunization information, but has to call back during normal business hours. V2 stated V2 is not sure why immunization documentation is not kept at the facility, it should be documented as part of the resident's medical record.</p> <p>On 6/15/25 at 12:00 PM V1 Administrator stated the facility does not have a COVID-19 vaccination policy, the facility uses the CDC guidance.</p> <p>The facility's Guideline for Pneumococcal Vaccination dated 10/1/23 documents the facility will offer the pneumococcal vaccination to all residents, unless contraindicated, and follows the CDC guidelines. This guideline documents vaccination records will be maintained in the resident's medical record.</p> <p>The facility's Guideline for Influenza Vaccination dated 10/1/23 documents the facility will offer the influenza vaccination to all residents annually between October 1st and March 31st, unless contraindicated. This guideline documents vaccination records will be maintained in the resident's medical record, this includes administration, refusal, or contraindication.</p> <p>The CDC Overview of COVID-19 Vaccines and Vaccination dated 5/12/25 documents the CDC recommends all people age 6 months and older receive COVID-19 vaccination, especially those 65 years and older and those that live in long term care settings. People age 65 years and older should receive two doses of any 2024-2025 COVID-19 vaccine given between two and six months apart.</p>	S9999		

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S9999	Continued From page 5 (B) TWO OF EIGHT 300.696b) 300.696d)2)7)14)17) 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): 2) Guideline for Hand Hygiene in Health-Care Settings 7) Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services 14) Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Novel or Targeted	S9999		

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S9999	<p>Continued From page 6</p> <p>Multidrug-resistant Organisms (MDROs) 17) Guidelines for Environmental Infection Control in Health-Care Facilities</p> <p>These requirements are NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to use personal protective equipment (PPE) and perform hand hygiene during medication administration for three (R7, R8, R9) of nine residents reviewed for medication administration.</p> <p>Findings include:</p> <p>1.) On 6/14/25 between 8:36 AM and 8:51 AM V3 Assistant Director of Nursing (ADON) V3 administered R8's oral medications. V3 applied gloves and administered refresh tears one drop into each eye, followed by Lispro insulin 7 units and Lantus insulin 30 units, separate injections, into R8's abdomen. V3 removed V3's gloves, V3 did not perform hand hygiene upon leaving R8's room, and V3 then prepared R7's oral medications.</p> <p>On 6/14/25 at 11:43 AM V3 confirmed V3 did not perform hand hygiene after V3 administered R8's medications and removed her gloves, prior to preparing R9's medications.</p> <p>On 6/14/25 at 12:00 PM V2 Director of Nurses (DON) confirmed nurses should perform hand hygiene during medication administration, between residents, and after administering injections.</p> <p>2.) On 6/14/25 at 9:16 AM V9 Licensed Practical Nurse administered Aspart insulin 4 units and</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>Lantus insulin 10 units as separate injections into R9's left arm. V9 did not wear gloves during R9's insulin administration. At 9:20 AM V9 confirmed V9 did not wear gloves, but should have, during R9's insulin administration.</p> <p>On 6/14/25 at 12:00 PM V2 DON confirmed nurses should wear gloves when administering injections.</p> <p>The facility's Insulin Administration policy dated April 2007 documents to wash hands after administering insulin.</p> <p>The facility's Personal Protective Equipment-Using Gloves policy dated June 2005 documents to use non-sterile gloves to prevent contamination of the employee's hands when providing resident treatment or services, and to wash hands after removing gloves.</p> <p>The facility's Hand-Washing/Hand Hygiene Policy dated March 2020 documents hand hygiene is the primary means to prevent the spread of infections between residents, personnel and visitors, and alcohol based hand sanitizer can be used when hands are not visibly soiled or contaminated with blood/bodily fluids. Alcohol based hand sanitizer may be used before and after direct contact with residents and prior to contact with another resident, before preparing or handling medications, after contact with resident's intact skin, and after contact with potentially infectious material. (B)</p> <p>THREE OF EIGHT</p> <p>300.1210c)</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>300.1210 4)A)B)C)Section 300.1210</p> <p>General Requirements for Nursing and</p> <p>Personal Care</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>4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:</p> <p>A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.</p> <p>B) Each resident shall have at least one complete bath and hair wash weekly and as many additional baths and hair washes as necessary for satisfactory personal hygiene.</p> <p>C) Each resident shall have clean, suitable clothing in order to be comfortable, sanitary, free of odors, and decent in appearance. Unless otherwise indicated by his/her physician, this should be street clothes and shoes.</p> <p>These requirements are NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to provide showers to (R1) as scheduled, R1 is one of two residents reviewed for showers in the sample list of 13.</p> <p>Facilities Shower/Tub Policy dated August 2002 documents: The purposes of this procedure are to promote cleanliness, provide comfort to the</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>resident and to observe the condition of the resident's skin. Documentation: The following information should be recorded on the residents Activities of Daily Living (ADL) record and/or in the resident's medical record, if indicated: 1. The date and time the shower/tub bath was performed. 2. The name of the individual (s) who assisted the resident with the shower/tub bath. 3. All assessment data (e.g., and reddened areas, sores, etc., on the resident's skin) obtained during the shower/tub bath. 5. If the resident refused the shower/tub bath, the reason (s) why and the intervention taken. 6. The signature and title of the person recording the data. Reporting: Notify the supervisor if the resident refuses the shower/tub bath.</p> <p>Facilities Shower Schedule dated 6/10/25 documents R1 is scheduled to receive showers on Monday, Tuesday, Wednesday, Thursday, Friday and Saturday on the 10:00pm - 6:00am shift.</p> <p>R1's Facility Census documents R1 was admitted to the facility on 6/1/2007 and has the following medical diagnoses, Dementia, Legal Blindness, Epileptic Seizures, Depression, Post-concussion Syndrome.</p> <p>R1's Minimum Data Set (MDS) dated 5/7/25 documents R1's Brief Interview for Mental Status (BIMS) score 8, moderate cognitive impairment and needs substantial/ maximum assistance needed for Activities of Daily Living.</p> <p>R1's Care Plan dated 3/15/24 documents R1 is usually able to perform Activities of Daily Living with limited to extensive Assistance from staff related to Aggressive Behavior, Dementia diagnosis, and anticipated continued decline. R1</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>will participate in daily bathing, grooming ADL's with encouragement and assistance. Intervention; Skin Inspection; R1 requires inspection on shower days and as needed.</p> <p>R1's Shower/Abnormal Skin Report documents R1 received showers on 5/19, 5/20 and 5/21/25, R1 has no other documented showers for May or June 2025.</p> <p>On 6/14/25 at 8:45am R1 was sitting in the dining room eating breakfast, unshaven, food on R1's shirt and dried food on R1's shoes.</p> <p>On 6/14/25 at 11:45am V2 Director of Nursing stated that R1 goes to work during the day so is scheduled to get showers on the 10:00pm-6:00pm shift. V2 stated that V2 was informed that R1 does receive showers prior to going to work but is unable to locate any other shower sheet other than 5/19, 5/20 and 5/21.25.</p> <p>On 6/14/25 at 2:25 pm V5 Certified Nursing Assistant stated that after providing a resident a shower, staff must complete a shower sheet and put it in the box at the nurses station. V5 stated the nurse will sign off, and then the shower sheet will be placed in the binder. V5 stated if a resident refuses a shower 3 times, staff will inform the nurse who will speak with the resident, and a bed bath would be offered. V5 stated if staff does not complete a shower sheet, then V5 would believe that shower was not given.</p> <p>On 6/15/25 at 8:02am V3 Assistant Director of Nursing stated that R1 works Monday through Friday and wants a shower prior to going to work, so R1's shower is assigned to the midnight shift. V3 stated R1 is dependent on staff to provide the shower and assistance with Activities of Daily</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>Living. V3 stated that when a Certified Nursing Assistant provides a shower to a resident, they are to complete a shower sheet and place it in the nurses box. V3 stated if a resident refuses 3 times the nurse must be informed and will speak to the resident about other bathing options. V3 stated the facility was unable to locate any other shower sheets for R1 other than 5/19, 5/20 and 5/21/25. V3 stated that R1 is not able to be interviewed, R1 will just agree with whatever you say.</p> <p>(B)</p> <p>FOUR OF EIGHT</p> <p>300.1610a)1) 300.1630b)</p> <p>Section 300.1610 Medication Policies and Procedures</p> <p>a) Development of Medication Policies</p> <p>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.</p> <p>Section 300.1630 Administration of Medication</p> <p>b) The facility shall have medication records that shall be used and checked against the licensed prescriber's orders to assure proper administration of medicine to each resident. Medication records shall include or be</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>accompanied by recent photographs or other means of easy, accurate resident identification. Medication records shall contain the resident's name, diagnoses, known allergies, current medications, dosages, directions for use, and, if available, a history of prescription and non-prescription medications taken by the resident during the 30 days prior to admission to the facility.</p> <p>These requirements are NOT MET as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to follow manufacturer's instructions for use resulting in medication errors for two (R8, R9) of nine residents reviewed for medication administration in the sample list of 13.</p> <p>Findings include:</p> <p>1.) The Instructions for Use Insulin Lispro Kwikpen dated July 2023 documents to use two units to prime the pen to remove air from the needle and cartridge, before each administration. If pens are not primed prior to use, too much or too little insulin may be given.</p> <p>R8's June 2025 Medication Administration Record (MAR) documents Lispro 100 units/milliliter give 7 units subcutaneously (sub q) three times daily and per blood sugar based sliding scale three times daily.</p> <p>On 6/14/25 at 8:36 AM V3 Assistant Director of Nursing (ADON) V3 applied a needle to R8's Lispro pen and administered 7 units into R8's abdomen. V3 did not prime the pen prior to administration. At 11:43 AM V3 stated V3 did not know that insulin pens needed to be primed prior</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER THE HAVEN OF MEADOWBROOK		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 CURT DRIVE, SUITE B CHAMPAIGN, IL 61821		
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S9999	<p>Continued From page 13</p> <p>to each administration, V3 thought pens only needed primed when the pen is first opened.</p> <p>2.) The How to use your Lantus SoloStar Pen dated August 2022 documents "Perform a safety test: Dial a test dose of 2 Units. Hold pen with the needle pointing up and lightly tap the insulin reservoir so the air bubbles rise to the top of the needle. This will help you get the most accurate dose. Press the injection button all the way in and check to see that insulin comes out of the needle. The dial will automatically go back to zero after you perform the test. If no insulin comes out, repeat the test 2 more times. If there is still no insulin coming out, use a new needle and do the safety test again. Always perform the safety test before each injection."</p> <p>R9's July 2025 MAR documents Lantus 100 units/milliliter give 10 units sub q daily.</p> <p>On 6/14/25 at 9:16 AM V9 Licensed Practical Nurse applied a needle to R9's Lantus insulin pen and administered 10 units into R9's left arm. V9 did not prime the pen prior to administration. At 11:39 AM V9 stated V9 did not know that insulin pens need primed before administrations.</p> <p>On 6/14/25 at 12:00 PM V2 Director of Nursing confirmed insulin pens should be primed prior to each use.</p> <p>The facility's Insulin Administration policy dated April 2007 documents "The nursing staff will have access to specific instructions (from the manufacturer if appropriate) on all forms of insulin delivery system(s) prior to their use." This policy lists insulin pens as a form of insulin delivery, but only includes instructions for administering insulin from a vial.</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>(B)</p> <p>FIVE OF EIGHT</p> <p>300.1640a) 300.1640i)</p> <p>Section 300.1640 Labeling and Storage of Medications</p> <p>a) All medications for all residents shall be properly labeled and stored at, or near, the nurses' station, in a locked cabinet, a locked medication room, or one or more locked mobile medication carts of satisfactory design for such storage. (See subsections (f) and (g) of this Section.)</p> <p>i) The medications of each resident shall be kept and stored in their originally received containers. Medications shall not be transferred between containers, except that a licensed nurse, acting as the agent of the resident, may remove previously dispensed medication from original containers and place it in other containers to be sent with a resident when the resident will be out of the facility at the time of scheduled administration of medication. When medication is sent out of the facility with the resident, it shall be labeled by the nurse with the name of the resident, name and strength of the medication, instructions for administration and any other appropriate information.</p> <p>These requirements are NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to appropriately label and store insulin for two (R8, R9) of nine residents reviewed for medication administration in the</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>sample list of 13.</p> <p>Findings include:</p> <p>The facility's Insulin Administration policy dated April 2007 documents "Check expiration date, if drawing from an opened multi-dose vial. If opening a new vial, record expiration date and time on the vial (follow manufacturer recommendations for expiration after opening)."</p> <p>The facility's Storage of Medication policy dated 10/25/14 documents "All medications dispensed by the pharmacy are stored in the container with the pharmacy label." "Certain medications or package types such as IV (intravenous solutions), multiple dose injectable vials, ophthalmics, nitroglycerin tablets, blood sugar testing solution and strips, once opened, require an expiration date shorter than the manufacturer's expiration date to ensure medication purity and potency."</p> <p>1.) On 6/14/25 at 8:36 AM V3 Assistant Director of Nursing (ADON) V3 administered Lispro 7 units and Lantus insulin 30 units, separate injections, into R8's abdomen. R8's Lantus vial and Lispro pen, dated as dispensed 4/19/25, were not labeled with opened or discard by dates. At 9:09 AM V3 confirmed R8's insulin vial and pen were not labeled with opened dates or discard dates. V3 stated insulin should be labeled when opened.</p> <p>R8's June 2025 Medication Administration Record (MAR) documents Lantus 100 units/milliliter (u/ml) give 25 u daily from 5/12/25 until 6/2/25, Lantus 100 u/ml give 30 u twice daily as of 6/2/25, Insulin Lispro 100 u/ml give 7 u and additional units per blood sugar based sliding scale three times daily as of 5/12/25.</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>2.) On 6/14/25 at 9:16 AM V9 Licensed Practical Nurse obtained 4 units of Aspart insulin from a vial labeled with R9's name, which was not stored in the original packaging. V9 confirmed the original package for this insulin vial, was not in the medication cart. This vial was not labeled with a dispensed date or opened/discard date. V9 dialed 10 units on R9's Lantus pen, labeled with dispensed date 2/26/25 but no opened/discard dates. V9 administered R9's insulin as separate injections into R9's left arm. At 9:20 AM V9 confirmed R9's insulin pens and vials were not labeled with opened or discard dates.</p> <p>R9's July 2025 MAR documents Insulin Aspart 100 u/ml three times daily per blood sugar based sliding scale as of 5/8/25, and Lantus 100 u/ml give 10 u daily as of 5/8/25.</p> <p>The Instructions for Use Insulin Lispro Kwikpen dated July 2023 documents "Throw away the Insulin Lispro Pen you are using after 28 days, even if it still has insulin left in it."</p> <p>The Insulin Aspart Highlights of Prescribing Information dated February 2023 documents this insulin is good for 28 days once opened.</p> <p>The How to use your Lantus SoloStar Pen dated August 2022 documents "After its first use, don't refrigerate the Lantus SoloStar pen. Keep it at room temperature only (below 86°F). After 28 days, throw your opened Lantus pen away-even if it still has insulin in it."</p> <p>(C)</p> <p>SIX OF EIGHT</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>300.2100 750.315 a) 750.315 b)</p> <p>Section 300.2100 Food Handling Sanitation</p> <p>Every facility shall comply with the Department's rules entitled "Food Code."</p> <p>TITLE 77: PUBLIC HEALTH CHAPTER I: DEPARTMENT OF PUBLIC HEALTH SUBCHAPTER m: FOOD, DRUGS AND COSMETICS PART 750 FOOD CODE SECTION 750.315 EQUIPMENT</p> <p>Section 750.315 Equipment</p> <p>a) Equipment shall be located and installed in a way that facilitates cleaning the establishment and that prevents food contamination.</p> <p>b) Food-contact surfaces of equipment shall be protected from contamination by consumers and other contaminating agents. Where helpful to prevent contamination, effective shields for the equipment shall be provided.</p> <p>These requirements are NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to maintain sanitary food service areas (ventilation hood and equipment surfaces). These failures have the potential to</p>	S9999		

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S9999	<p>Continued From page 18</p> <p>affect all 56 residents in the facility.</p> <p>Findings include:</p> <p>Facility Assessment not dated documents: Infection prevention and control: identification and containment, prevention of infections. Training and Competencies: Infection control-a facility must include as part of its infection prevention and control program mandatory training that includes the written standards, policies, and procedures for the program.</p> <p>On 6/14/25 at 8:22am a black flaky substance was observed inside the ventilation hood above the cooking stove. Upon touching a flake, it immediately fell off onto the cooking area of the stove. Inspection certificate documents that the ventilation hood was last inspected on 1/13/25 by a private industrial cleaning company.</p> <p>On 6/14/25 at 8:25am V6 Dietary Manager stated that V6 started working at the facility on 6/2/25. V2 stated that the black flaky substance inside the ventilation hood above the stove has been there since V6 started working. V6 stated that V6 informed V1 Administrator and a private company is scheduled to come inspect it on 6/23/25 at 6:30pm. V6 stated that it is a concern if the flakes come off and fall into the residents food. V6 stated that if the flakes get into a residents food they could get sick. V6 confirmed that when the flakes are touched, they fall off onto the cooking area. V6 stated that the vent should be inspected more often and cleaned so that this black flaky substance gets removed and never has the potential to form again through better maintenance.</p> <p>(C)</p>	S9999			

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S9999	<p>Continued From page 19</p> <p>SEVEN OF EIGHT</p> <p>300.2220a)1)2)</p> <p>Section 300.2220 Housekeeping</p> <p>a) Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall:</p> <p>1) Keep the building in a clean, safe, and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas.</p> <p>2) Keep floors clean, as nonslip as possible, and free from tripping hazards including throw or scatter rugs.</p> <p>These requirements are NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure resident room floors were clean for two (R5, R6) of nine residents reviewed for housekeeping in the sample list of nine.</p> <p>Findings include:</p> <p>On 6/14/25 at 9:42 AM R5's/R6's room floor was sticky and there was dirt/debris on the floor. R5 stated no one comes in to sweep or mop R5's room. R5 instructed the surveyor to look underneath R6's bed. There were plastic medication cups, dirt/dust, plastic bags, and a marker underneath R6's bed. At 11:46 AM V8 Housekeeper mopped R5's/R6's room floor. V8 did not mop underneath R5's/R6's beds.</p> <p>On 6/14/25 at 2:30 PM R6 was in R6's room.</p>	S9999		

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S9999	<p>Continued From page 20</p> <p>R5's/R6's floor was sticky and items and dirt/dust remained underneath R6's bed. R6 stated R6 was unsure how often staff sweep R6's floor, and R6 did not think staff clean underneath his bed.</p> <p>R5's Minimum Data Set (MDS) dated 5/6/25 documents R5 has moderate cognitive impairment. R6's MDS dated 4/30/25 documents R6 scored on the high end of moderate cognitive impairment.</p> <p>On 6/14/25 at 2:29 PM V8 and V10 Housekeepers stated housekeeping staff leave at 3:00 PM. At 2:52 PM V8 confirmed V8 cleaned and mopped R5's/R6's room today. V8 stated V8 has worked in the facility for two weeks, V8 used to clean under resident beds and move beds away from the wall when V8 first started, but that is not something that is done on a daily basis. V8 stated V8 sweeps resident room floors prior to mopping and a lot of resident tell V8 that V8 is the only housekeeper who sweeps prior to mopping. V8 entered R5's/R6's room and confirmed dirt/dust, medication cups, marker, and plastic bags underneath of R6's bed. R5's/R6's floor was sticky, confirmed with V8.</p> <p>On 6/15/25 at 8:10 AM V7 Housekeeping Supervisor stated the facility has newer housekeeping staff and the staff are using too much chemical, which causes the floors to be sticky. V7 stated the housekeepers should be sweeping and mopping underneath resident beds on a daily basis.</p> <p>The facility's Resident Council Minutes dated 5/15/25 documents the floors are sticky.</p> <p>The facility's undated Resident Rooms Routine Cleaning - Daily schedule documents to sweep</p>	S9999		

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S9999	Continued From page 21 resident rooms. (C) EIGHT OF EIGHT 300.2230a)2)A)B)C)D)E) Section 300.2230 Laundry Services a) Every facility shall have an effective means of supplying an adequate amount of clean linen for operation, either through an in-house laundry or a contract with an outside service. 2) If an in-house laundry service is provided then the following conditions shall exist: A) The laundry area shall be maintained and operated in a clean, safe and sanitary manner. No part of the laundry shall be used as a smoking or dining area. B) Written operating procedures shall be developed, posted and implemented which provide for the handling, transport and storage of clean and soiled linens. C) Laundry personnel must be in good health and practice good personal grooming. Employees must thoroughly wash their hands and exposed portions of their arms with soap and warm water before starting work, during work as often as necessary to keep them clean and after smoking, eating, drinking, using the toilet and handling soiled linens. D) Clean linen shall be protected from contamination during handling, transport and storage. E) Soiled linen shall be handled, transported and stored in a manner that protects facility residents and personnel. These requirements are NOT MET as evidenced	S9999		

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S9999	<p>Continued From page 22</p> <p>by:</p> <p>Based on observation, interview, and record review the facility failed to prevent cross contamination while handling linens. This failure has the potential to affect all 56 residents in the facility.</p> <p>Findings include:</p> <p>On 6/15/25 between 9:00 AM and 9:16 AM V12 Laundry Aide was in the laundry room sorting and handling soiled linens and laundry, and placing laundry into the washing machines. V12 wore a gown and gloves to sort these linens. V12 touched the washing machine panel to start the cycle, while wearing her contaminated gloves that were used to handle the soiled linens. This was witnessed by V7 Housekeeping Supervisor who told V12 that the washing machine panel will need to be disinfected and V12 should have removed her gloves prior to touching the panel. V7 then left the room. V12 removed V12's soiled gloves and removed V12's gown partway off, leaving the gown covering V12's left arm. V12 washed V12's hands and then removed her gown the rest of the way, recontaminating V12's hands, and V12 then handled clean linens in the dryer. V12 confirmed V12 should have fully removed her gown prior to washing her hands, to avoid recontaminating her hands and clean linens.</p> <p>The facility's room roster census dated 6/14/25 documents 56 residents reside in the facility.</p> <p>The facility's Hand-Washing/Hand Hygiene Policy dated March 2020 documents hand hygiene is the primary means to prevent the spread of infections between residents, personnel and visitors, and alcohol based hand sanitizer can be</p>	S9999		

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S9999	<p>Continued From page 23</p> <p>used when hands are not visibly soiled or contaminated with blood/bodily fluids. Alcohol based hand sanitizer may be used before and after direct contact with residents and prior to contact with another resident, before preparing or handling medications, after contact with resident's intact skin, and after contact with potentially infectious material.</p> <p>The Centers for Disease Control Example of Safe Donning and Removal of Personal Protective Equipment dated 11/27/23 documents the front and sleeves of gowns are contaminated, unfasten the neck and waist ties, remove the gown in a peeling motion starting at the shoulder, turn the gown inside out, hold away from the body, discard the gown, and wash hands immediately after removing all PPE.</p> <p>(C)</p>	S9999			