

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016786</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRING CREEK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>777 DRAPER AVENUE JOLIET, IL 60432</b>
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S 000	Initial Comments  Annual Licensure Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations:  1)  300.610a) 300.1210a) 300.1210b)3) 300.1210c) 300.1210d)2)5)6)  Section 300.610 Resident Care Policies  a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.  Section 300.1210 General Requirements for Nursing and Personal Care  a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

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

TITLE

(X6) DATE

04/03/20

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S9999	<p>Continued From page 1</p> <p>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)</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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary.</p>	S9999		
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S9999	<p>Continued From page 2</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>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>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.</p> <p>Based on observation, record review and interview the facility failed 1) to properly secure a urinary collection bag and ensure urine is flowing into the bag: This applies to 1 of 2 residents (R1) reviewed for indwelling catheters;</p> <p>The facility also failed to follow Physician orders and recommendations for treating</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>pressure ulcers. This applies to 1 (R6) of 2 residents reviewed for pressure ulcers</p> <p>The facility also failed to 2) enforce safe smoking rules by allowing 1 resident (R8) to smoke within 15 feet of the building and not removing smoking materials from a noncompliant smoker. They also failed to follow R8's care plan which calls for staff to monitor R8 when smoking and failed to document any evidence of education on smoking cessation which was recommended by the physician.</p> <p>This failure involves 1 resident (R8) out of 2 reviewed for smoking out of a sample of 9.</p> <p>These Requirements are not met as evidenced by:</p> <p>A) The Face Sheet documents R1 is 63 years old and has diagnoses including: traumatic brain injury, osteomyelitis, atherosclerotic heart disease, anxiety, bipolar disorder, major depressive disorder, chronic kidney disease, benign prostatic hyperplasia, urinary retention, and neuromuscular dysfunction of the bladder.</p> <p>The Physician's Order Sheet (POS) documents an order for indwelling catheter dated 1/25/2020.</p> <p>On 3/4/2020 at 10:38 AM, R1 was awake in bed lying on his back with noted indwelling catheter. The urinary drainage bag was on the floor underneath the bed. There was a small amount of urine in the bag. There was a urine odor in the room. At 11:55 AM, R1 remained in the same position with the drainage bag on the floor. The urine odor is now stronger and noted upon entry into the room. The amount of urine in the drainage bag appeared to be the same. At 1:10</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>PM, R1 was still in the same position with the drainage bag on the floor, underneath the bed. There was a strong urine odor upon entering the room and no further output in the drainage bag.</p> <p>On 3/4/2020 at 2:36 PM, along with V8 (Certified Nursing Assistant/CNA), R1 agreed to allow his catheter to be checked. Upon removing the bed covers, R1's linen was noted saturated with urine. Both the top and bottom sheets were saturated. There was a large urine ring underneath R1 from his shoulders to thighs. The adult brief R1 was wearing was saturated with urine from front to rear. When V8 removed the linen from the bed, the catheter bag could be seen underneath the bed with the wheel of the bed directly on top of the bag. The tubing which extends from R1's bladder and connected to the bag was stretched. Visualization of R1's penis showed severe urethral erosion of the glans and shaft. R1's penile shaft, scrotum and inguinal were reddened.</p> <p>On 3/5/2020 at 9:30 AM, V9 (Licensed Practical Nurse/LPN) stated on 3/4/2020, no one informed her R1's catheter was leaking.</p> <p>Review of R1's medical record showed no documentation about the leaking catheter and interventions thereof. There was no documented notification of physician.</p> <p>The Care Plan document interventions: Empty catheter every shift. Monitor urine for increase sediment, cloudy urine, odor, blood, and output- alert nurse with concerns- call medical doctor with concerns.</p> <p>The policy titled Urinary Catheter Care documented:</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>5. Indwelling catheters will be secured to prevent trauma and tension.</p> <p>7. Urinary drainage bags and tubing shall be positioned to prevent either from touching the floor.</p> <p>B) R6's Face Sheet documents an admission date of 2/8/2018 and pertinent diagnosis of sacral region stage 3 pressure ulcer, aphasia, dysphagia and multiple contractures. On 3/5/2020 at 10:28 AM, R6 was lying in bed on a low air loss mattress asleep. On 3/5/2020 at 8:55 AM V6 (Wound Care Nurse) prepared normal saline, gauze and calcium alginate outside of the room and entered the room with V7 (Certified Nursing Assistant, CNA) to do the pressure ulcer treatment for R6. V6 removed the undated gauze from R6's sacrum. The soiled gauze did not contain soiled calcium alginate. V7 cleaned the stage 4 pressure ulcer with normal saline and applied the calcium alginate with gauze and covered the wound with a dressing. V6 said the wound was changed last night and the nurse did not use the calcium alginate which promotes wound healing. V6 said the nurses know what treatment to use and they have access to the treatment cart which has the calcium alginate inside of it. The treatment should have been done as the physician ordered. The Physician Order dated 1/27/2020 says to cleanse the sacrum with normal saline and apply alginate and foam and cover with a dry dressing every day. Wound Evaluation and Management Summaries were reviewed for 2/12/2020, 2/19/2020 and 2/26/2020. These Physicians notes says that R6 has a stage 4 sacral wound that was surgically debrided on 2/12/2020 and the physician</p>	S9999		
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recommended the wound to be cleansed with Dakins .125% with all dressing changes. Dakins is an anti-infective cleansing agent. On 3/5/2020 at 11:00 AM, V6 (Wound Care Nurse) confirmed that R6's wound was cleaned with normal saline because the facility did not have Dakins's .125%. V6 said supplies were not ordered as specified. V6 said I got the Dakins' today after the treatment was done. This was 3 weeks after the Wound care doctor recommended the solutions to prevent infections from the surgically debrided sacral wound. On 3/6/2020 at 10:02 AM, V2 (Director of Nursing) said he has initiated training for the nurses to do the treatments according to the physicians order and to procure recommended supplies for treatments.

2) On 3/5/20 at 8:57 AM, R8 was observed seated on a bench outside the front entrance of the facility. The bench is situated within 1 to 2 feet of the facility. R8 was smoking a cigarette. There was an ashtray situated in close proximity to the bench. There were no staff in attendance or monitoring of R8. There was also a sign posted on the outer door of the facility which read, "No smoking within 15 feet. Smoking prohibited by state law".

Undated facility policy entitled "Facility Smoking Safety Policy" states, under "guidelines", "smoking is only allowed in designated areas established by management. If indoor smoking is prohibited by state or local law the interior of the facility will remain smoke-free at all times. The designated area(s) will be outside in accordance with state/local standards. The facility has the right to enforce a policy prohibiting residents from keeping any smoking materials in his/her possession or for health, safety and security

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S9999	<p>Continued From page 7</p> <p>reasons...Smokers will be evaluated to determine their ability to comply with safety rules and their ability to carry smoking materials. Residents requiring supervision shall receive this monitoring consistent with their assessment and plan of care. Individuals who are non-compliant, potentially dangerous, exercise poor judgement, and show a lack of concern for the welfare of others will be counseled accordingly. The facility maintains the right to limit and restrict access to smoking products, matches and lighters for persons deemed unsafe. Smoking privileges will be revoked if there is a pattern of persistent, hazardous behavior... all persons interested in retaining smoking privileges must follow the guidelines set forth in this policy...the following behaviors and/or conditions will jeopardize and cause revocation of the person's independent privileges: smoking in non-designated areas,..poor judgement..." Under section entitled "Consequences of non-compliance", the policy states, "residents will be educated and counseled about their inappropriate behavior. Safe, appropriate behavior will be stressed. Documentation will be entered in the record accordingly...further incidents of non-compliance may result in loss of independent privileges which means smoking materials will be turned over to a designated staff member, held in a secure location and the resident will only be allowed to smoke when supervised by a responsible individual".</p> <p>Initial Smoking Risk Assessment for R8 scores R8 as "4" for smoking. This assessment scores the resident in behaviors associated with smoking, This assessment indicated he may not be capable of handling/carrying any smoking material and requires supervision when smoking based on a score of 4-18. More recent Smoking</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>Risk Review of 1/3/20 scores R8 at a level of "3" and reflects that R8 is considered an independent smoker. It also notes that R8 refuses to turn over smoking materials to staff. Under recommendations, it states, "may independently be able to handle smoking materials."</p> <p>R8 signed a smoking policy/contract with the facility dated 1/3/20. This form entitled "Facility Smoking Safety Policy and Procedures" states that, " Consequences of non compliance : first offense will be a review of the facilities' smoking policy, guidelines and procedures. 2nd offense will be a review of the facility's smoking policy, guidelines ad procedures with revoked smoking privileges for 30 days. 3rd offense will result in an involuntary discharge from the facility....".</p> <p>Physician note dated 1/3/20 at 12:04 PM states that smoking cessation was advised. Another physician note of 1/20/20 at 11:48 AM documents that smoking cessation stressed. R8's care plan or progress notes from those dates do not reflect any documentation or evidence that staff provided R8 with education or assistance with smoking cessation or education on the benefits of stopping smoking or the risks to his health.</p> <p>R8's care plan for smoking reflects that R8 is interested in smoking at the facility and is considered a safe, independent smoker. It notes that he also refuses to turn over smoking material to the staff. The goals are that R8 will comply with smoking policies, with an initiation date of 8/16/19, and that R8 will remain a safe smoker, dated 2/6/20.</p> <p>On 3/5/20 at 9:30 AM, R10 stated that residents can smoke on the smoking patio with activity staff present or on the side of the building at least</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>15 feet from the building. R10 stated that R8 routinely smokes right in front of the building and nothing gets done about it. R10 did state that staff are not always available to go out with residents who want to smoke.</p> <p>On 3/5/20 at 11:45 AM, V10 (LPN) stated that R8 is very difficult to care for, because he is demanding and non-compliant with his care, including smoking.. He continues to smoke, although he was advised to stop. He is non-compliant with the smoking rules, which are to smoke in the back with activity staff. When he wants to smoke he just goes out.</p> <p>At 1:50 PM at 3/5/20, V2 (DON) states that all residents who smoke get a smoking assessment. If there is a problem smoker or someone not following the smoking rules, they will have that resident sign a smoking contract with the facility. Whether or not a resident can keep their own smoking materials is based on how safe they are deemed as well as their cognition. R8's Quarterly MDS (Minimum Data Set) of 1/4/20 indicates R8 is cognitively intact with a score of 13 out of 15 for cognition.</p> <p>At 1:40 PM on 3/5/20, V1 (Administrator) questioned whether R8 had been seen smoking. When advised he had been seen seated smoking on the bench directly in front of the front entrance, V1 stated that he had been told numerous times that smoking was not allowed there but he continued to do so. If a resident is determined to be a safe smoker and cognitively intact they can keep their smoking material with them. If a resident has been assessed as a safe smoker, they can smoke outside as long as they are not smoking within 15 feet of the building. When they talk to R8 about where he is allowed to smoke, he</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>gets better for a week or 2 and then goes back to smoking in front of the building. They have not removed R8's smoking materials from him because he is a very angry and intimidating man.</p> <p>R8's care plan does not reflect a revision indicating that R8 is a non-compliant smoker. Although there was a revision on 2/6/20 stating that he refuses to turn his smoking material over to staff, the care plan still indicates that he will remain a safe smoker. The intervention is that R8 will be monitored when smoking, but this was not done. There is also no evidence that the facility has followed their own policy on safe smoking by taking any further action as a result of R8's non-compliance with smoking rules.</p> <p>During daily status meeting on 3/5/20 at 3:30 PM, V1 stated that they planned on taking R8's cigarettes away from him and he would be advised of this upon his return to the facility. The smoking materials would be kept by staff. She also stated that the bench and ashtray had been moved from the front of the building. On 3/6/20 at 1:45 PM, V1 stated that R8 was considered a "safe" smoker because he hadn't been seen leaving cigarette butts on the ground or burning his clothes by dropping cigarette ash on them, but agreed he had been non-compliant in following the safe smoking rules.</p> <p>(B)</p> <p>2)</p> <p>300.610a) 300.1060c) 300.1060d)</p>	S9999		
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S9999	Continued From page 11  Section 300.610 Resident Care Policies  a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.  Section 300.1060 Vaccinations  c) A facility shall provide or arrange for administration of a pneumococcal vaccination to each resident who is age 65 or over, 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 2-213 of the Act)  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 of the Act)	S9999		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016786</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRING CREEK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>777 DRAPER AVENUE JOLIET, IL 60432</b>
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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
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S9999	<p>Continued From page 12</p> <p>This requirement is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to educate/offer/administer and document pneumococcal vaccinations for residents. This deficient practice affects all 84 residents (Facility Data Sheet, 3/4/2020) currently residing in the facility.</p> <p>The Findings Include:</p> <p>On 3/5/2020 at 11:08 AM, V4 (Assistant Director or Nursing) said she is the infection control coordinator for the facility. V4 said residents 65 years or older are offered the pneumococcal vaccine and are given another pneumococcal vaccine 5 years later. V4 said none of the residents are educated or offered a second dose of one of the recommended pneumococcal vaccines. V4 presented the Facility's Policy dated November 2016 which says the Pneumococcal vaccines are offered every 5 years. V4 said she was not aware of any new guidelines for the pneumococcal vaccines from the Center for Disease Control.</p> <p>On 3/5/2020 at 2:15 PM, V4 said she just received a new policy for the Pneumococcal Vaccinations dated 11/2017. V4 said she is initiating education for staff. V4 said residents will be educated and offered the pneumococcal vaccines according to the current guidelines.</p> <p>The Pneumococcal Vaccination Policy last revised 11/2017 says residents will be assessed for the need of the Pneumococcal vaccine, educated and administered if accepted. The Policy also states currently two pneumococcal vaccines are recommended for adults: pneumococcal polysaccharide vaccine (PPSV23)</p>	S9999		
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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016786</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRING CREEK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>777 DRAPER AVENUE JOLIET, IL 60432</b>
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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
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S9999	Continued From page 13  and pneumococcal conjugate vaccine (PCV13). Adults 65 and older should receive both and adults younger than 65 who have conditions or risk factors predisposing them to serious pneumococcal disease should be vaccinated.  (B)	S9999		
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