Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A BUILDING _ COMPLETED C B. WING IL6000640 05/28/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9300 BALLARD ROAD LANDMARK OF DES PLAINES REHAB DES PLAINES, IL 60016 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID. (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Statement of Licensure Violations Complaint Investigation: 1993506/IL00112193 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)1) Section 300.610 Resident Care Policies 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 Attachment A the facility and shall be reviewed at least annually by this committee, documented by written, signed Statement of Licensure Violations and dated minutes of the meeting. Section 300.1210 General Requirements for Illinois Department of Public Health

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

Electronically Signed

TITLE

(X6) DATE

06/24/19

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C IL6000640 B. WING_ 05/28/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9300 BALLARD ROAD LANDMARK OF DES PLAINES REHAB DES PLAINES, IL 60016 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 Nursing and Personal Care 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. 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. These Regulations were not met as evidenced Based on interview and record review the facility failed to follow manufacturer specification or accepted professional standard for anti-fungal medication that was not for ophthalmic use and was given topically to R1's bilateral eyes resulting in redness, swelling and drainage to

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6000640 05/28/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9300 BALLARD ROAD LANDMARK OF DES PLAINES REHAB DES PLAINES, IL 60016 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID: ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) \$9999 Continued From page 2 S9999 both eyes that required resident to be sent out to the hospital for evaluation and diagnosed with chemical conjunctivitis. This deficiency affects one (R1) of three residents reviewed for evemedication administration. Findings include: On 5/23/19 at 3:45PM [V8 Family member] stated that [R1] has been admitted to the facility since Oct 2018. [R1] had gunshot wound in his head. [R1] came from hospital then to acute long-term hospital before coming to this facility. [V8] discussed and showed to surveyor pictures from [V8]'s cell phone of the following she made complaint of and sent picture to public health. 1) 5/7/19 [V8] showed picture of eye medication that was left at bedside with label indicated "Ciclopirox cream 0.77% (Loprox) apply to both eve Q dav x 14 davs". 2) 5/13/19 [V8 Family member] showed picture of [R1] in hospital emergency room with redness to both eyes with yellowish discharges. [V8] stated that eye irrigation was done and ordered to stop the anti-fungal medication. [R1] was sent back to the facility. Record review of [R1]'s medication incident dated 5/7/19 documented by IV2 DON (Director of Nursing)] indicated "[V8] felt that medication was going inside of the eyes, but it was applied topically around the eyes of the [R1]". [R1] received Loprox cream 0.77% (Ciclopirox Olamine) apply to bilateral eyes topically two times a day from 4/29/19 to 5/7/19. Record review of [R1]'s POS (Physician Order sheet) and MAR (Medication Administration Record) for May 2019 indicated [V26 Nurse

Practitioner Infectious disease] ordered "Loprox Illinois Department of Public Health

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		С	
IL6000640		B. WING		05/28/2019		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
LANDMARK OF DES PLAINES REHAB 9300 BALLARD ROAD DES PLAINES, IL 60016						
(XA) ID SIMMARY STATEMENT OF DEFICIENCIES ID SPONIDED STANDARD CONSTRUCTION						
PREFIX TAG			PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	ACTION SHOULD BE COMPLETE TO THE APPROPRIATE DATE	
S9999	9 Continued From page 3		S9999	-		
	bilateral eyes topica Blepharitis for 14 da given medication fo	opirox Olamine) apply to ally two times a day for ays". MAR indicated [R1] was rm 4/29/19 to 5/7/19.				
	Record review of [R1]'s hospital record dated 5/13/19 indicated " a 29 year old male with primary history of recent traumatic brain injury following gun shot wound, chronic hypoxic respiratory failure status post tracheostomy not on trach collar, PEG (percutaneous endoscopic gastrostomy) tube who was brought by [V8 Family member] because facility have been applying anti-fungal cream known as Loprox cream (Ciclopirox) 0.77% to his eyelids and it has subsequent gotten to his eyes. This all started when R1 developed what sounds like a					
	conjunctivitis. [V8] s applying this cream to 5/7/19. Right eye [R1] was reluctant to	tated that they have been to [R1]'s lashes from 5/1/19 specifically gotten worse. o open his eyes and in a lot of gnosis: Diffuse punctate				
	done with 2 liters of Ophthalmologist red lots of lacri-lube oint	Bilateral eye irrigation was				
	Discharged instructi lots of artificial tears	ons indicated: Be sure to use and lacrilube ointment. Avoid ams near the eye. Follow up				
	Nurse)] recalled take electronic chart of [F applied the medicati eyes and use sterile	AM [V24 RN (Registered ing care of [R1] and reviewed R1]. [V24] stated that she on Loprox cream around his gauze with gloves to apply eyes. [R1] had ongoing eye edness.				

Illinois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: C IL6000640 B. WING 05/28/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9300 BALLARD ROAD LANDMARK OF DES PLAINES REHAB DES PLAINES, IL 60016 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION. ID (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 On 5/28/19 at 10:18AM [V25 RN (Registered Nurse] recalled taking care of [R1]. [V25] stated she apply the Loprox cream around both eyes of [R1] with gloves. [V25] stated [R1] had eye redness, no discharges. On 5/28/19 at 10:24AM [V26 Nurse Practitioner Infectious Disease] reviewed record of [R1] with her computer laptop. [V26] stated she has been seeing [R1] for facial skin problem of seborrheic dermatitis. [R1] had history of conjunctivitis with eye redness and swollen. Tried different medications such as Tobradex, Cirpo eye drops. [R1]'s eye improved but [V8] family member insisted of no eye improvement. [V26] ordered Loprox cream 0.77% (Ciclopirox olamine) apply to bilateral eyes topically twice a day on 4/29/19 while R1 still on cipro ointment. Loprox cream should be applied around the eyes. [V26] did not specify ordered because she assumed if applied to the eve topically it should be around the eye. [V26] stated that Loprox cream is not the best treatment for blepharitis. It is mainly for dermatitis. [R1] has chronic eve redness with drainage. Blepharitis is inflammation of the eyelids. One of the causable factors is dermatitis. Lorpox cream was ordered mainly for fungal rash. which may cause irritation of the eyes. [V26] admitted that she should write the medication instruction clearly. [V26] was not aware of R1 was sent out to the hospital on 5/13/19 for evaluation of eye redness with discharges and was diagnosis to have chemical conjunctivitis possible of fungal cream got into the eyes of R1. On 5/28/19 at 11:00AM [V27 Pharmacist] stated that Loprox cream 0.77% (Ciclopirox olamine) is anti-fungal medication and is not indicated for ophthalmic use. [V27] stated that manufacturer

YW0411

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C B. WING IL6000640 05/28/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9300 BALLARD ROAD **LANDMARK OF DES PLAINES REHAB** DES PLAINES, IL 60016 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 and package insert of medication indicated not to use for the eye. [V27] stated that the pharmacy has process in medication dispensing. The prescription order was reviewed, and pharmacist verified the final check before it was delivered to the facility. [V27] have to check and will get back to the surveyor. [V27] will send pharmacy's policy on dispensing medication. On 5/28/19 at 12:39PM [V27 Pharmacist] stated that the medication is not applied inside the eve but topically, outside the eye. It was applied to eyelids. [V27] stated that there is possibility or chances of medication will get into the eye when applying into eyelids. Loprox cream (anti-fungal) is not the first line of treatment for blepharitis. [V27] stated "as pharmacist they go by what is ordered by the physician". On 5/29/19 at 11:47AM [V30 Ophthalmologist] stated that he saw [R1] for stat consultation on 5/8/19 regarding complaint of anti-fungal medication have gotten into his eye. Loprox cream is anti-fungal medication and not to be given ocular. Blepharitis is not cause by fungal, most of the time it is cause by infection. Best treatment for blepharitis is warm compress and oral antibiotics. [V30] discontinued the Loprox and started [R1] on Doxycycline 20mg twice a day. On 5/29/19 at 12:47PM [V29 Physician] stated that he was not aware of [V26 Nurse Practitioner] ordered of anti-fungal cream to be applied topically to both eyes. Loprox cream (anti-fungal) was not the best treatment for blepharitis. It is rare to have fungal in the eye and if does, it can cause blindness. [V29] added that if he will be treating blepharitis, [V29] will order antibiotics because it is most cause by infection, [V29]

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6000640 B. WING _ 05/28/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9300 BALLARD ROAD LANDMARK OF DES PLAINES REHAB DES PLAINES, IL 60016 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 6 S9999 stated that the nurse pratitioner should be responsible for his order and demonstrate to the nurses how to apply the medication. Record review of Facility's policy in Medication administration and Physician orders for medication not dated given by [V2 DON]. Record review of Pharmacy's policy in medication dispensing not dated given by [V2 DON]. Requested policy in labeling but was not given. (B)

Illinois Department of Public Health