

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/02/2017
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NAME OF PROVIDER OR SUPPLIER HARBOR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 760 OLD MCHENRY ROAD WHEELING, IL 60090
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S 000	Initial Comments Annual Licensure Survey for Sheltered Care Facility	S 000		
S9999	Final Observations Statement of Licensure Violations Section 330.725 Identified Offenders f) If identified offenders are residents of a facility, the facility shall comply with all of the following requirements: 3) Every licensed facility shall provide to every prospective and current resident and resident's guardian, and to every facility employee, a written notice, prescribed by the Department, advising the resident, guardian, or employee of his or her right to ask whether any residents of the facility are identified offenders. The facility shall confirm whether identified offenders are residing in the facility. A) The notice shall also be prominently posted within every licensed facility. B) The notice shall include a statement that information regarding registered sex offenders may be obtained from the Illinois State Police website, www.isp.state.il.us , and that information regarding persons serving terms of parole or mandatory supervised release may be obtained from the Illinois Department of Corrections website, www.idoc.state.il.us . (Section 2-216 of the Act) i) For current residents who are identified offenders, the facility shall review the security	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>measures listed in the Identified Offender Report and Recommendation provided by the Department of the State Police.</p> <p>j) Upon admission of an identified offender to a facility or a decision to retain an identified offender in a facility, the facility, in consultation with the medical director and law enforcement, shall specifically address the resident's needs in an individualized plan of care.</p> <p>k) The facility shall incorporate the Identified Offender Report and Recommendation into the identified offender's care plan. (Section 2-201.6(f) of the Act)</p> <p>n) The facility shall evaluate care plans at least quarterly for identified offenders for appropriateness and effectiveness of the portions specific to the identified offense and shall document such review. The facility shall modify the care plan if necessary in response to this evaluation. The facility remains responsible for continuously evaluating the identified offender and for making any changes in the care plan that are necessary to ensure the safety of residents.</p> <p>This requirement is NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide notice to residents and employees regarding their right to ask about the presence of identified offenders in the facility, failed to obtain an Identified Offender Report and Recommendation from the Illinois State Police and failed to formally develop an individualized care plan for 1 of 1 resident (R6) in the sample of six known to be an identified offender. These failures potentially affect all residents in the facility.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Findings include:</p> <p>R6 was admitted to the facility on 4/5/16 and an identified offender report for R6 dated 4/13/16 noted a Class 4 felony conviction for unlawful restraint. R6 was found guilty 9/9/14 and sentenced to 30 months of probation. The sex offender report of 4/8/16 does not list R6 as a sex offender. Regular contact with R6 ' s probation officer was noted, with general mention made in reports from E1 (Administrator) of R6 ' s behaviors of exit seeking, being difficult to redirect regarding staying inside and taking other residents ' food.</p> <p>No evidence was found in R6 ' s medical record to indicate that the facility requested and received R6 ' s Identified Offender Report and Recommendation. No documentation indicated the facility was aware of the nature of R6 ' s offense or had recommendations in a plan of care for how to address the behaviors specific to or underlying R6 ' s criminal offense for focused monitoring.</p> <p>Psychiatric notes were not available in R6 ' s medical record but were obtained upon surveyor request on 2/2/17. Notes indicate: 10/10/16 - " [R6] has been making more sexually inappropriate comments. [R6] has been asking for sexual favors from staff. Becomes combative when staff attempt to prevent [R6] from going outside. " 12/5/16 - " Wearing a jumpsuit today because [R6] has been exposing himself. " 1/16/17 - " Continues to wander; staff report that [R6] has been grabbing food off others plates as well. Caregiver reports this has been more of an issue over the last three weeks. "</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>Nursing notes indicate: 10/24/16 - " Came up to staff member and asked ' Can I have sex with you. ' 11/12/16 - " Noted increase in inappropriate/sexual behaviors - needs frequent redirection. " 01/18/17 - " Throughout the lunch service, resident repeatedly requested a fellow resident ' s female family member to undress [R6]. Very difficult to redirect. "</p> <p>The Bi-Monthly Summary Charting for Dec/Jan year 16/17, dated 1/26/17, indicates " Wanders excessively, goes out back doors frequently to go to other houses and becomes aggressive with attempts to redirect. Has no concern about weather conditions, [R6] will go if can. Has been exhibiting increasingly sexually inappropriate behaviors over past two months, exposing self to female staff and visitors and requesting sexual favors from females. Difficult to redirect from inappropriate behaviors. Has also begun taking other resident ' s food and drink when done with [own], rushes to finish a meal so [R6] can wander and refused seconds, but then takes others ' food. Will monitor. "</p> <p>R6 ' s medical record contains a document titled " Functional Assessment Form " dated 10/6/16 that notes R6 ' s cognitive function as " Frequently forgetful, lists Challenging behaviors as " Depression, Sexually inappropriateness, Excessive pacing and wandering, Resistance to care, Sleep disturbances, Public disrobing and exit seeking. " A final note read " " Comments: Ambulates over to House #1 several times throughout day to visit resident. Monitored closely, refuses to stay indoors even when raining out, difficult to redirect. Sexually Inappropriate</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>Behaviors recently resurfaced. To get mental health nursing re-involved into PC. Reminders provided to change clothes to do ADL ' s (Activities of Daily Living), often resistive to.</p> <p>On 2/2/17 at 8:30 AM, E1 stated R6 ' s Functional Assessment is what the facility considers its care plans and they are done every six months. E1 stated any planned interventions and elements to R6 ' s plan for staff intervention would be reflected in nursing notes and the comments section of the form.</p> <p>On 2/2/17 at 12:45 PM, E1 stated the facility does not have any notices and has not posted or otherwise notified residents and employees of their right to ask about the presence of Identified Offenders in the facility and that E1 was not aware of the need to obtain the Identified Offender Report and Recommendations.</p> <p style="text-align: center;">(B)</p> <p>Section 330.790 Infection Control</p> <p>a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>c) Depending on the services provided by</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>the facility, each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, as applicable (see Section 330.340):</p> <p>1) Guideline for Hand Hygiene in Health-Care Settings</p> <p>4) Guidelines for Infection Control in Health Care Personnel</p> <p>(Source: Added at 29 Ill. Reg. 12891, effective August 2, 2005)</p> <p>These requirements are NOT MET as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to follow current standards and practices of Infection Control by failing to: ensure that hand hygiene was performed during provision of incontinence care and wound care treatment, residents' personal care items are labeled and stored properly, and urine bag is properly secured. These deficient practices affected 2 of 3 residents (R1 and R3) in the sample of 6 reviewed for infection control and 3 residents (R12, R13 and R14) in the supplemental sample.</p> <p>Findings include:</p> <p>On 02/01/2017 at 1:15 PM, E7 (Licensed Practical Nurse-LPN) started providing wound care treatment to R1. E7 donned gloves, removed the old dressing on R1's sacrum. With the same gloves, E7 cleansed the wound with wound cleansing spray. E7 sprayed the wound</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>cleanser on the wound while E7 was catching the liquid run off at the edge of the wound by gauze. E7 used the same gauze to pat the wound and applied a new dressing. - Hand washing not performed after removing the old dressing and before applying the new dressing; soiled gauze with liquid run off was placed back on the clean wound.</p> <p>On 02/01/2017 at 1:40 PM, E9 (Certified Nursing Assistant-C.N.A.) started providing incontinent care to R13. E9 donned gloves, when E9 unfastened R13 ' s incontinent brief, the brief was noticed soiled and filled with stool. During the provision of incontinent care, E9 wiped R13 ' s bottom with wash towels and removed the soiled incontinent brief. With the same gloves, E9 placed a new incontinent brief, pants, and pulled the linen up to cover R13. Hand washing not practiced during the provision of incontinence care.</p> <p>On 02/01/2017 at 1:50 PM, E9 (C.N.A.) and E10 (C.N.A.) started providing incontinent care to R14. E9 donned gloves, removed the old incontinent brief on R14. E10 wiped the front of R14 ' s genital area and E9 wiped the back. E9 and E10 proceeded to place new incontinent brief, rolled the pants up, placed the linen to cover the resident and used the remote controller of the bed to put the bed in low position. When surveyor asked, E9 and E10 both indicated that they should be removing the gloves and washing their hands after touching the soiled area and before touching the clean area.</p> <p>On 02/02/17 at 10:10 AM E2 (Director of Nursing-DON) indicated that the nurse should wash hands after removing the soiled dressing and before placing a new dressing. The nurses</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>should also remove their gloves and wash their hands going from soiled area to clean area.</p> <p>Facility ' s policy titled " Hand Washing and Glove Use " reads in part: All employees must wash their hands with soap and water when in contact of body fluids, blood, mucous membranes and other potential infectious material. Hand hygiene must be performed before putting on and after removing any type of gloves, before moving from a contaminated to clean body site during care of the same patient.</p> <p>Facility ' s policy titled " Basic Wound Care " reads in part: Hand hygiene must be performed before removing the old dressing and after removing old dressing.</p> <p>On 02/01/2017 at 10:00 AM during the initial tour with E5 (Certified Nurse Aide/Caregiver), R3 was observed lying on bed, asleep, with an indwelling urinary catheter attached to urine bag. R3's urine bag was lying on the floor. It was also observed that inside the bathroom of R3 and R12, a urinal that was not rinsed, with urine stains, was hanging at the grab bar, not labeled and not contained.</p> <p>E2 (Director of Nurses) was interviewed on 02/02/2017 at 10:05 AM regarding care of indwelling urinary catheter and storage of personal care items. E2 stated, "Urine bags should not be placed on the floor. The urine bag should be securely fixed, not touching the floor. Urinals should be labeled with resident's name, placed in a bag and stored in the bathroom. Staff can also toss the used urinal because it is disposable, we have plenty of urinal supplies in the facility. "</p>	S9999			

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S9999	<p>Continued From page 8</p> <p>Facility's policy on Infection Control: Indwelling Catheter Care, undated, documented in part, "Steps for providing catheter care: 9. Be sure catheter and drainage system is fixed securely and the bag is below the level of the bladder."</p> <p>There was no policy presented by facility addressing the proper storage and labeling of residents' personal care items (such as urinals) as supplied by facility.</p> <p style="text-align: center;">(B)</p> <p><input type="checkbox"/></p> <p>Section 330.1530 Labeling and Storage of Medications</p> <p>a) All medications shall be stored in a locked area at all times. Areas shall be well lighted and of sufficient size to permit storage without crowding. This area may be a drawer, cabinet, closet, or room. In those facilities where a licensed nurse dispenses medication to residents, medications may be stored in a locked mobile medication cart, which is made immobile when not in use by the nurse to dispense medication.</p> <p>c) Medications for external use shall be kept in a separate location in the medicine area or in a separate locked area.</p> <p>This requirement is NOT MET as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to securely store medicated creams and eye wash to assure administration in accordance with physician orders. This failure involved three residents (R7,</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>R8, R9) in the supplemental sample out of nine residents observed for medication storage and has the potential to affect 11 of 11 residents in House One.</p> <p>Findings include:</p> <p>On 2/1/17 at 10:00 AM on initial tour with E4 (Office Manager), the following items were noted:</p> <p>Two tubes of barrier cream were observed on top of furniture next to the bed of R7. The tubes listed contents of 5% Dimethicone and zinc oxide. R7 ' s Physician Order Sheet (POS) does not list an order to apply a barrier cream containing 5% Dimethicone and zinc oxide.</p> <p>Two bottles of eye wash were observed on the window ledge next to the bed of R8. The bottles listed inactive ingredients of " boric acid, sodium borate, sodium chloride, Hydrochloric acid and/or sodium hydroxide. " R8 stated " That ' s eye wash. I use it myself. " R8 ' s POS (Physician Order Sheet) does not list an order for eye wash.</p> <p>Two tubes of medicated cream were observed in the unlocked medicine cabinet of R9. The front label of the tubes noted " anti-fungal " and the back label listed Miconazole as the anti-fungal medication in the cream. R9 ' s POS does not list an order for anti-fungal cream.</p> <p>On 2/1/17 at 2:56 PM during the environmental tour with E1 (Administrator) and E3 (Facilities Manager), a tube of barrier cream listed as containing 5% Dimethicone and zinc oxide was observed in the Toilet/Shower room in House One. The shower stall was dry, indicating it had not been recently used and no label was present on the medication cream or other items left in the</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>shower to identify the resident for whom the product was used. E1 stated the items should not be left in the shower stall after use and that staff should clear the showers of all items after assisting residents to shower.</p> <p>On 2/1/17 upon entrance to the facility, E2 (Director of Nursing) stated the residents in House One are higher functioning compared to residents in the other houses, but that all residents are cognitively impaired.</p> <p>On 2/1/17 at 4:45 PM during a daily status report, E2 stated medicated products should not be left at bedside.</p> <p>On 2/2/17, the facility presented a letter (undated) to " Our Family and Friends " with a bold subject heading " Illinois Department of Public Health Restricted Items ". The letter reads in part: None of these items are allowed in resident rooms. We ask everyone ' s cooperation in complying with these regulations. " Among the items listed in the letter are " Items that state they are ' Medicated ' including cough drops, Sharp items such as scissors, needles and knives, Cleaning products of any kind, Hair spray (aerosol or non-aerosol). "</p> <p>The facility policy, Housekeeping Policy and Procedures (undated) reads in part: " Check resident personal care products (i.e. lotions, toothbrush, toothpaste, shampoo). Identify items are labeled and belong to resident residing in room. Discard unlabeled items and any medicated lotions, shampoos, razors, cough drops should be removed and immediately reported to nurse on duty. "</p>	S9999		
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S9999	<p>Continued From page 11</p> <p style="text-align: center;">(B)</p> <p>Section 330.2000 Food Handling Sanitation</p> <p>Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 700).</p> <p>(Source: Amended at 13 Ill. Reg. 6562, effective April 17, 1989)</p> <p>This requirement was NOT MET as evidenced by:</p> <p>Based on observation, interview and record reviews, the facility failed to ensure that food items were properly labeled and dated when opened. This deficiency has the potential to affect all 42 residents in the facility.</p> <p>Findings include:</p> <p>On 02/01/2017 at 9:30 AM during the initial kitchen tour with E6 (Cook), the following were observed inside the cooler:</p> <p>A gallon of milk that was opened and not dated. Two big pitchers of unlabeled orange juice and a big pitcher of lemonade juice, both not specifically labeled and not dated. A five pound blueberry yogurt container was opened and not dated. A five pound peeled garlic container was opened and not dated. Three medium-sized plastic containers containing sliced pears were not labeled and not dated.</p> <p>E6 was asked regarding labeling and dating of</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>opened food items. E6 stated that all food items that were opened and used should be labeled and dated.</p> <p>Facility's policy on Kitchen and Serving In-Service, undated, documented in part, "Food Storage, Left Overs, and Juice Reminders: All OPEN food item should be labeled and dated."</p> <p style="text-align: center;">(AW)</p> <p><input type="checkbox"/> Section 330.2220 Housekeeping</p> <p>a) Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment and adequate supplies. Each facility shall: (B)</p> <p>1) Keep the building in a clean, safe, and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas. (B)</p> <p>c) Bathtubs, shower stalls, and lavatories shall not be used for laundering, janitorial, or storage purposes.</p> <p>d) All cleaning compounds, insecticides, and all other potentially hazardous compounds or agents shall be stored in locked cabinets or rooms. (B)</p> <p>This requirement is NOT MET as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to assure that hazardous items are not stored in resident rooms or common shower rooms. This failure involved 1 resident (R5) in the sample of 6 and 3 residents</p>	S9999		
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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/02/2017
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NAME OF PROVIDER OR SUPPLIER HARBOR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 760 OLD MCHENRY ROAD WHEELING, IL 60090
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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 13</p> <p>(R9, R10, R11) in the supplemental sample out of 9 residents observed for hazards in resident rooms and has the potential to affect 11 of 11 residents in House One.</p> <p>Findings include:</p> <p>On 2/1/17 at 10:00 AM on initial tour with E4 (Office Manager), the following items were noted:</p> <p>One disposable razor was observed in the unlocked medicine cabinet in R10 ' s room.</p> <p>Two disposable razors were observed in the unlocked medicine cabinet in R11 ' s room.</p> <p>One aerosol can of hair spray was observed in the unlocked medicine cabinet of R8.</p> <p>One container of powdered household cleaning cleanser was observed in the unlocked medicine cabinet of R5.</p> <p>On 2/1/17 at 2:56 PM during the environmental tour with E1 (Administrator) and E3 (Facilities Manager), a disposable razor was in the Toilet/Shower room in House One. The shower stall was dry, indicating it had not been recently used. E1 stated that razors should not be left in the shower stall after use and that staff should clear the showers of all items after assisting residents to shower.</p> <p>On 2/1/17 upon entrance to the facility, E2 (Director of Nursing) stated the residents in House One are higher functioning compared to residents in the other houses, but that all residents are cognitively impaired.</p> <p>On 2/2/17, the facility presented a letter (undated)</p>	S9999		
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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/02/2017
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NAME OF PROVIDER OR SUPPLIER HARBOR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 760 OLD MCHENRY ROAD WHEELING, IL 60090
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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 14</p> <p>to " Our Family and Friends " with a bold subject heading " Illinois Department of Public Health Restricted Items " . The letter reads in part: None of these items are allowed in resident rooms. We ask everyone ' s cooperation in complying with these regulations. " Among the items listed on the letter are " Items that state they are ' Medicated ' including cough drops, Sharp items such as scissors, needles and knives, Cleaning products of any kind, Hair spray (aerosol or non-aerosol). "</p> <p>The facility policy, Housekeeping Policy and Procedures (undated) reads in part: " Check resident personal care products (i.e. lotions, toothbrush, toothpaste, shampoo). Identify items are labeled and belong to resident residing in room. Discard unlabeled items and any medicated lotions, shampoos, razors, cough drops should be removed and immediately reported to nurse on duty. "</p> <p>(B)</p>	S9999		
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