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S 000	Initial Comments Annual Licensure Survey.	S 000		
S9999	Final Observations Statement of Licensure Violations: 330.1155 (a) 2) 3)4) c) d) Section 330.1155 Unnecessary, Psychotropic, and Antipsychotic Drugs a) A resident shall not be given unnecessary drugs in accordance with Section 330.Appendix E. In addition, an unnecessary drug is any drug used: 2) for excessive duration; 3) without adequate monitoring; 4) without adequate indications for its use; or c) Residents shall not be given antipsychotic drugs unless antipsychotic drug therapy is necessary, as documented in the resident's comprehensive assessment, to treat a specific or suspected condition as diagnosed and documented in the clinical record or to rule out the possibility of one of the conditions in accordance with Section 330.Appendix E. d) Residents who use antipsychotic drugs shall receive gradual dose reductions and behavior interventions, in an effort to discontinue these drugs in accordance with Section 330.Appendix E unless clinically contraindicated.	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 This Regulation is not met as evidenced by: Based on observation, interview, and record review the facility failed to provide indication for the use of an antipsychotic medications, to monitor behavior and to conduct a gradual dose reduction. This applies to two of two residents (R 104 and R 105) reviewed for Unnecessary, Psychotropic, and Antipsychotic Drugs in the sample of five residents. The findings include: On March 14, 2017 at 11:28 AM, R 104 was in the dining room eating lunch. At 2:50 PM E 9 (Certified Nursing Assistant) described R104 as pleasant lady, ambulates using a rolling walker and confused. E 9 explained that R 104 has no behavior problem, once in a while R104 will pack her clothes, wanting to go home." E 9 claimed R104 is easily redirected. R 104 face sheet showed that R 104 was admitted at the facility on August 16, 2013 with diagnoses to include dementia, hypertension, and atrial fibrillation. R 104 was admitted with an order to administer an antipsychotic medication (Seroquel) 50 mg twice a day (9:00 AM and 5:00 PM) and on October 18, 2015 the time for administering the medication was changed to (9:00 AM to 9:00 PM). On March 15, 2017 at 3:10 PM, E 3 (Assistant Director of Nursing) was unable to explain the indication for the use of antipsychotic medication for R 104. E 3 also stated there was no behavior-monitoring sheet, no consults (psych) and there was no drug reduction since it was	S9999		

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S9999	Continued From page 2 initially ordered on 2013. On March 14, 2017 at 2:00 PM, R 105 was in bed able to carry on short conversation, no noticeable behavior problem. At 2:45 PM, E 9 (Certified Nursing Assistant) described R 105 as confused, wheelchair bound, needing one physical assistance from the staff on all her activities of daily livings. E 9 stated that R 105 has no behavior problem. At 2:55 PM, E 10 (Nurse in Charge) stated, R 105 is oriented to herself only, needs one physical assistance with activities of daily living's, do not participate in activities but no behavior problem. The admission record showed R 105 was admitted at the facility on June 19, 2012 with diagnoses to include dementia without behavioral disturbance, hypothyroidism, hypertension, and syncope. R 105's current Physician Order Sheet and Medication Administration Record showed an order of antipsychotic medication (Quetiapine Fumarate 12.5 mg one tablet daily for Dementia. R 105 consent form and the Physician Order Sheet showed this order was since September 15, 2015. There were no behavior tracking, psych consults, or reduction that was done. The psychotropic medication policy, procedure (d) showed: Resident who uses antipsychotic drugs shall receive gradual dose reductions and behavior interventions ... This policy and procedure were not implemented. On March 14, 2017 at 2:00 PM, E2 (Director of Nursing) stated, "I am in charge with the psychotropic medications. We do not have psychotropic program at this time. No we do not have any reductions or monitoring for residents	S9999		

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S9999	Continued From page 3 on anti-psychotic meds." (C) Section 330.4220 Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician..... This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure physician treatment order for pressure ulcer was followed. This applies to one of one resident (R101) reviewed for pressure ulcer in sample of five. The finding includes: On March 14, 2017 at 10:33 A.M., R101 was sitting in her wheelchair in her room. R101 is alert and oriented. R101 stated that she went to her surgeon for a follow up appointment yesterday (March 13, 2017) for her pressure ulcer on the coccyx area. R101 also stated that her pressure ulcer was a stage 4. R101 stated "would you like to see my sore?" During this time of observation, E2 (Director of Nursing) was present. R101 stand up from her wheelchair and pulled her incontinent brief. E2 assisted R101. There was no dressing on the pressure ulcer. The pressure ulcer was raw and red. E2 stated "it was a stage 4 before now it is healing, and it is a stage 3 though we cannot downstage the pressure sore assessment." R101's incontinent	S9999		

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brief was soiled. R101 stated that she has bladder incontinence because she usually has urinary accidents. R101 also stated that her surgeon gave order for the pressure ulcer dressing. R101 showed a copy of the order written on the POS (physician Order Sheet). The POS showed an order dated March 13, 2017 for a hydrocolloid dressing every day and as needed to the pressure ulcer. R101 also added that her daughter gave the POS to the nurse on duty on March 13, 2017. E2 stated that she will inform the nurse to apply dressing to R101 pressure ulcer. After the observation, E2 informed E4 (Licensed Practical Nurse) to apply dressing to R101's pressure ulcer. E4 stated "Ok, I will check the order, no one told me that her pressure ulcer was exposed and without a dressing."

On March 14, 2017 at 11:33 A.M., E6(CNA, Certified Nurse Assistant) stated that she had not assisted R101 for her toilet needs and did not see if there was dressing on her pressure sore.

On March 14, 2017 at 12:10 P.M., E7 (CNA) stated that she assisted R101 to the toilet at around 7:00 A.M. E7 also stated that R101's pressure ulcer had no dressing and it was exposed. E7 further added that she did not notify the nurse that R101's pressure ulcer had no dressing.

On March 14, 2017 at 1:30 P.M., E5 (Wound Nurse) attempted to apply R101's pressure sore dressing. R101 stated that she thought the home health nurse will do it. E5 did not provide health teaching to R101 regarding the physician order to cover the pressure sore with a dressing.

On March 14, 2017 at 4:30 P.M., Z1 (Home Health Nurse, Registered Nurse) applied the

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S9999	Continued From page 5	S9999		

hydrocolloid dressing to R101's pressure sore. Z1 stated the pressure sore was "a stage 4 before and now a stage 3. It is also worse than the last time it was assessed which was on March 11, 2017. It is bigger and rawer." Z1 measured the pressure sore and the measurement showed 5 cm in length, 3 cm in width and 0.2 in depth. "

The home health agency nurse assessment "Oasis" dated March 2, 2017 showed that R101's pressure sore on the sacral area was assessed as stage 2 with measurement of 2 cm in length, width was 1.5 cm.

The facility's wound assessment dated March 7, 2017 showed that R101's pressure ulcer on the coccyx was measured 0.8 cm width, 0.8 cm in length and 0.6 cm. in depth.

The pressure sore had increased in size based from the previous assessment measurements and the current assessment made during the observation.

(B)

Section 330.710 Resident Care Policies
a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.

This Regulation is not met as evidenced by:

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S9999	Continued From page 6 Based on observation and record review, the facility failed to follow and implement their policy regarding hand washing and hand hygiene. This applies to two of five residents (R101 and R103) reviewed for infection control in the sample of five and 16 residents (R106 through R112, R118 through R126) in the supplemental sample. The findings include: 1. On March 14, 2017 between the hours of 12:30 P.M. to 12:45 P.M., E6 (CNA, Certified Nurse Assistant) served lunch to R101, R107, R108, R106, R109 and R110 in Quebec Dining room. E6 with gloves on served pizza to R109. E6 took R109 soiled drinking glass for refill. E6 handled the soiled glass by touching the rim of the glass. E6 resumed serving food to R110. E6 then tied R126's shoe lace. E6 removed her gloves and washed her hands with a quick motion lasted 5 seconds. E6 turned off the faucet with bare hands, then pulled paper towel to dry her hands. E6 donned on gloves, served R108 meal tray. E6 then washed her gloved hands. E6 did not remove her gloves when she washed her hands. E6 prepared the individual serving of chocolate cake slices on a tray touching the cake and placed them on a plate. E6 served the cake to R101, R107, R108, R106, R109 and R110. E6 went and took serving tray from R112's room. The tray was used to deliver R112's food in his room. E6 used the same tray, prepared R111's food with the same gloves. During this lunch observation, E8 (Guest Relation Officer) helped deliver R112's room tray. E8 washed her hands but failed to use paper towel to turn off the faucet. There was no barrier used and possible cross contamination occurred when E8	S9999		

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S9999	Continued From page 7 turned off the faucet with her bare hands. 2. On March 17, 2017 at 3:00 PM, the residents (R103, R106, R108, R109, R112, R118-R125) were in the Bellagio room attending activities. E15(activity aide) wearing gloves was cutting fruits and then plated cheese and crackers and passed it to the residents after checking a list of diet orders with her fingers from a piece of paper. E15 then changed her gloves without washing her hands and continue to cut the fruit. On March 17, at 2017 at 3:10 PM, E16 (activity aide) was seen setting up the music/speaker for the activities. E16 then donned on a pair of gloves without washing her hands. The undated facility's policy for hand washing showed to wash hands for 20 seconds, dry hands with paper towel and place towel over faucet handles to turn the faucet off. The facility's policy for hand hygiene with revision date of February 20, 2017 showed to wash hands before and after handling food, after handling soiled equipment or utensils and after removing gloves. (No Violation) Section 330.2000 Food Handling Sanitation Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 700). This Regulation is not met as evidenced by:	S9999		

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S9999	Continued From page 8 Based on observations, interviews and record review the facility failed to maintain sanitizing solutions concentration according to manufactures specifications, store foods with visible labels and within time frames of facility policy and store pans in order to allow them to air dry. These failures have potential to affect all 37 residents in the facility. The findings include: The facility undated census sheet provided by administration on March 14, 2017 showed a census of 37 residents. On March 14, 2017 at 10:34 to 11:00 AM, the kitchen was toured in presence of E11 (dietary manager) and E12(dietary supervisor). In the cooler #1, a large pan containing cooked ground meat was placed on the bottom shelf with a date March 07 (2017). E11 stated that the contents were cooked ground beef and rice and should have been discarded. The second shelf had two undated containers of brownish liquid which E11stated were iced tea and should have been dated. In the cooler #2, the second shelf held two trays of individual portioned containers labeled "lemon jello" and "strawberry jello" dated March 3 (2017). E11 was unsure of the use by date of these items. In the kitchen there were three free standing containers with lids with unclear (washed out) labels. E11 stated that they were oatmeal, flour and sugar stored in each container and that the labels should be replaced. In the kitchen, the sanitation bucket solution	S9999		

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(placed on the lower shelves near the stove) was tested by E12. E12 used a test strip that was rolled in a container that was already discolored with green and orange markings. E12 put the test strip in the solution and shook it side to side and pulled it out of the solution. The test strip remained orange with green markings and E12 stated that the green markings indicate that it reads 200 ppm (parts per million). The manufacturers instructions showed "dip paper in quat solution, (not foam surface), for 10 seconds. Don't shake. Compare colors at once." Per request, E12 brought another new test strip roll which was orange in color and tested the sanitation solution following the manufacturers guidelines and the test strip remained orange showing a reading of 0 ppm. A second sanitation bucket solution (placed in the prep area) was tested by E12 which also showed a reading of 0 ppm. E11 stated that the test strip should test at least 200 ppm. E11stated that "the buckets were filled earlier in the morning and it (the sanitizing solution) needs to be changed every two hours. I got to inservice them."

In the dish room, a stack of three fourth pans (about 5) were inverted on a shelf with wet water droplets in between each pan. E11stated that they should be air dried without stacking.

On March 15, 2017 at 3:05 PM, Z1 (dietician) stated that the facility practice is to store potentially hazardous foods for only three days from date of prep. Facility's undated policy and procedure titled "labeling and date marking foods" included the following: "Large quantity food items that come in a box or bag may be removed from the original package and stored in an ingredient bin that is labeled with the common name of the food, date the item was opened and the date the

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S9999	Continued From page 10 item should be discarded or used by. Food prepared on the premises to be held cold will be marked with the date of preparation and time as required for proper cooling. This food will also be marked with the date to discard or to use by. The discard/use by date will be a maximum of 6 days after preparation." Facility's policy and procedure (dated 2010) titled "Sanitation buckets/wiping clothes" included the following: "Using a test strip, the strength of the sanitizing solution will be tested each time the sanitation buckets are changed. (Quaternary concentration 150-400 or 200-400 ppm per manufacturers instructions). The strip is dipped into the sanitizing solution and held for the seconds specified on the test kit. To maintain the correct concentration of the sanitizing solution, it maybe necessary to change the sanitizing buckets every other hour. Facility's policy and procedure (dated 2010) titled "Sanitation and safety operation" showed to place pots and pans on drain sink to air dry. (AW) Section 330.1940 Diet Orders b) Physicians shall write a diet order, in the medical record, for each resident indicating whether the resident is to have a general or a therapeutic diet. The diet shall be served as ordered. c) A written diet order shall be sent to the food	S9999		

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service department when each resident is admitted and each time that the resident's diet is changed. Each change shall be ordered by the physician. The diet order shall include, at a minimum, the following information: name of resident, room and bed number, type of diet, consistency if other than regular consistency, date diet order is sent to dietary, name of physician ordering the diet, and the signature of the person transmitting the order to the food service department.

f) A therapeutic diet means a diet ordered by the physician as part of a treatment for a disease or clinical condition, to eliminate or decrease certain substances in the diet (e.g., sodium) or to increase certain substances in the diet (e.g., potassium), or to provide food in a form that the resident is able to eat (e.g., mechanically altered diet).

This Regulation is not met as evidenced by:

Based on observations, interviews and record review the facility failed to update/change the diet order (add double portions to pureed diet) when transferred to sheltered care for one resident (R103) and follow the therapeutic order to eliminate bacon for residents on mechanical soft diets (R102, R105, R113-R117).

This applies to 3 of 3 residents (R102, R103, R105) in the sample and 5 residents (R113-R117) in the supplemental reviewed for weights and hydration.

On March 14, 2017 at 12:25 PM, the lunch meal was observed in the Madrid dining room. R103 was seated by herself and served last at 12:45 PM. R103 received one portion of a pureed meal

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S9999	Continued From page 12 on a plate (meat, vegetables, rice), chocolate pudding and nectar thick apple juice in 8 oz cups and was fed by E 14 (CNA/certified nursing assistant). The other residents in the dining room also received loaded potato soup with bacon. When prompted E 14 went to the service area and brought a cup of pureed soup in a 8 oz cup for R103. R103 ate quickly and took 100% of her meal. R103's face sheet included a diagnosis of Dysphagia, Dementia without behavioral disturbances. Physician order sheet showed a diet order of Pureed texture, NTL consistency, double portion. Z1's (dietician) dietary note dated February 23, 2017 showed that R103 had a significant undesired weight loss from 137.1 to 119 lbs (pounds) from January to February 2017. On March 14, 2017 at 12:35 PM, R102 was in the Madrid dining room eating lunch. R102 took few teaspoons of loaded potato soup with pieces of bacon (about 1/2 to 1 inch). R102 took the pieces of bacon out of his mouth and put it on the side of the soup bowl. R102 received a plate of ground meat and regular vegetable and rice. R102 took few bites of vegetables (cauliflower and red pepper) and spat it out in a napkin. R102 did not touch the rest of his meal. No supervision or assistance were provided by staff. R102's meal ticket showed an order for mechanical soft, HTL (honey thick liquids). R102's face sheet included a diagnosis of Parkinson's disease. Physician order sheet showed a diet order of mechanical soft texture, HTL consistency, mech-soft/chopped foods until lower bridge is fixed per daughters request. On March 14, 2017 between 12:25 to 1:00 PM,	S9999		

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S9999	Continued From page 13 R105, R113-R117 were served loaded potato soup with pieces of bacon (about 1/2 to 1 inch) in the Madrid and Brussels dining room. Physician order sheet showed that all of these residents had a diet order for mechanical soft diet. On March 15, 2017 at 2:05 PM, Z1 stated that R103 should have received double portions of the pureed meal and magic cup at lunch. Z1 stated that R103 received this diet when she was in the skilled unit and the the meal ticket was not updated when R103 transferred to the sheltered care side on January 05,2017. Facility policy and procedure (dated 2010) titled "diets and diet orders" showed that "meat and meat substitutes will be mechanically ground". "Foods commonly avoided are fibrous raw vegetables (such as celery, radishes, cauliflower, broccoli, etc), whole kernel corn and nuts. (No Violation)	S9999		