

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6009922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/11/2017
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NAME OF PROVIDER OR SUPPLIER  WESTMINSTER VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2025 EAST LINCOLN STREET BLOOMINGTON, IL 61701
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S 000	Initial Comments  Annual Licensure and Certification Survey  STATEMENT OF LICENSURE VIOLATIONS:	S 000		
S9999	Final Observations  300.650d) 300.650g) 955.165a)1)B)2)  300.650 Personnel Policies  d) The facility shall check the status of all applicants with the Health Care Worker Registry prior to hiring.  Health Care Worker Background Check Act (225 ILCS 46/33) Section 33. Fingerprint-based criminal history records check.  (g) Health care employees are required to check the Health Care Worker Registry before hiring an employee to determine that the individual has had a fingerprint-based record check requested by the Department of Public Health and has no disqualifying convictions or has been granted a waiver pursuant to Section 40 of this Act.  Section 955.165 Fingerprint-Based Criminal History Records Check  a). Educational entities, other than secondary schools, and health care employers are required to check the Health Care Worker Registry before allowing a student to enter a training program or hiring an employee to determine: 1) Whether a	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>fingerprint-based criminal history records check has previously been conducted, which is indicated by the identifier of "FEE_APP" or "CAAPP".</p> <p>B) If the individual has disqualifying convictions and a waiver has not been granted pursuant to this Part, the individual is not allowed to work as a direct care giver for a health care employer or as an individual with access to residents, the resident's living quarters, or the resident's financial, medical or personal records in a long-term care setting.</p> <p>2) Whether the individual is active on the Health Care Worker Registry.</p> <p>This Requirement is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to operationalize the Abuse policy in the area of screening of new employees, by failing to check the Health Care Worker Registry to ensure the direct care staff is active on the registry and a fingerprint-based background check was done, with no disqualifying convictions. This failure has the potential to affect all 24 residents who reside at the facility.</p> <p>Findings include:</p> <p>The Abuse, Neglect, Mistreatment and Misappropriation of Resident Property Policy dated 2/2017 documents the following information: The facility will screen employees "prior to working with residents." Before new employees are allowed to work with residents the verification of criminal background checks and certifications will be done. An individual who has a finding entered into the "State Nurse Aide</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Registry (Health Care Worker Registry)" concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property will not be employed by the facility. A criminal background check will be done on all "prospective" employee's and a significant finding on the background check will result in the employee not being hired.</p> <p>The Employment Profile dated 5/8/17 documents that E12 and E13, CNA's (Certified Nurse Aides) were hired on 7/18/16. E12 and E13's Health Care Worker Registry record is dated as checked on 7/21/17, which is three days after the date of hire.</p> <p>The Employment Profile dated 5/8/17 documents that E10 and E11, CNA's were hired on 3/14/17. E10 and E11's Health Care Worker Registry record is dated as checked on 3/17/17, which is three days after the date of hire.</p> <p>On 5/8/17 at 3:50pm E19, Human Resource Director stated the date of hire for E12, E13, E10 and E11 is the first day of orientation which is conducted in the classroom. E19 verified through the electronic time cards that E12 and E13 started doing resident care on 7/21/16. E19 also verified that E10 and E11 started doing resident care on 3/17/17.</p> <p>The resident census sheet dated 5/8/17 lists 24 residents reside in the Certified Section of the building.</p> <p>(C)</p> <p>300.1010h)</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>Section 300.1010 Medical Care Policies</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest Decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification</p> <p>This requirement is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to notify the physician of a significant weight loss for one of three residents (R102) reviewed for weight loss in the sample of three.</p> <p>Findings Include:</p> <p>R102's Order Summary Report dated May 2017 documents a Diagnosis of Abnormal Weight Loss.</p> <p>R102's Care Plan dated 4/11/17 documents, Significant weight changes noted. "1/9/17 - significant weight loss noted." On 1/8/17 weight reported at 111.4 pounds which is a loss of 10.7% or 13.3 lbs in approximately 3.5 months. "4/8/17 weight reported at 106.6 {lbs}. Continues to show weight loss but it is over a 6 months period. -14.38%/6 months."</p> <p>R102's ongoing weight log documents the following weights:</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>10/2/16 - 124.5 lbs 11/2/16 - 115 lbs 12/4/16 - 112.6 lbs 1/2/17 - 108.5 lbs 2/2/17 - 107.5 lbs 3/5/17 - 107.6 lbs 4/8/17 - 106.6 lbs</p> <p>R102's Nutrition/Dietary Notes document the following: 11/11/16 - Weight on 11/2/16 was 115 lbs., a significant weight loss of 11.57% in 1 month, 1/17/17 by Z4 Dietitian - weight 107.5 lbs, BMI (body mass index): 17.88, which is underweight. this is a significant weight loss of 13.65% in 3 months, 3/29/17 by Z4 - weight is 106.8 lbs, this is a significant weight loss of 9.64% in 3 months, 4/8/17 by E6 DM (Dietary Manager) - oral intake fluctuates from 25 - 75% of meal intake. "weight 106.6 lbs, showing a 14.38% loss over the last 6 months."</p> <p>There is no documentation in R102's Nursing Progress Notes that Z6 (Physician) has been notified of R102's weight loss.</p> <p>Z6's Progress Notes dated 11/17/16, 12/22/16, 1/24/17, 2/22/17, 3/28/17 and 5/20/17 do not document a weight loss.</p> <p>On 5/9/17 at 9:30 am, E2 DON (Director of Nursing) stated, "physicians are to be notified with significant weight changes and it should be documented."</p> <p>The facility Acute Condition Changes Clinical Protocol dated 12/16/16 documents, Changes in resident condition will be reported to physicians in a timely manner.</p> <p>(B)</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>300.1620a) 300.1620c)</p> <p>Section 300.1620 Compliance with Licensed Prescriber's Orders</p> <p>a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time.</p> <p>c) Review of medication orders: The staff pharmacist or consultant pharmacist shall review the medical record, including licensed prescribers' orders and laboratory test results, at least monthly and, based on their clinical experience and judgment, and Section 300.Appendix F, determine if there are irregularities that may cause potential adverse reactions, allergies, contraindications, medication errors, or ineffectiveness. This review shall be done at the facility and shall be documented in the clinical record. Any irregularities noted shall be reported to the attending physician, the advisory physician, the director of nursing and the administrator, and shall be acted upon.</p> <p>These requirements are not met as evidenced by:</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>Based on interview and record review, the facility failed to stop administration of medication according to physician orders and pharmacy did not identify the error during monthly medical reviews for one of three resident (R103) reviewed for physician orders in the sample of three.</p> <p>Findings Include:</p> <p>R103's Order Summary Report dated May 2017 documents an order received on 3/4/16 for "Flonase {Corticosteroid} 50 mcg (micrograms) / ACT (actuation) 1 mcg in both nostrils one time a day for allergy - {give} 1 puff each nostril once a day for 30 days."</p> <p>R103's MAR (Medication Administration Record) dated May 2017 documents R103 is receiving Flonase daily.</p> <p>On 5/9/17 at 9:30 am, E2 DON (Director of Nursing) confirmed that R103 has been getting Flonase daily since it was ordered on 3/4/16.</p> <p>On 5/9/17 at 11:00 am, E2 stated, E2 called Z2 (R103's former physician) who had ordered the Flonase and Z2 confirmed that it was to have only been given for 30 days.</p> <p>On 5/10/17 at 10:30 am, E1 Administrator stated Z3 (Pharmacist) is here monthly to review all residents medications and should have caught the error.</p> <p>The facility General Dose Preparation and Medication Administration Policy dated 1/1/13 documents that facility staff should verify each time a medication is administered that it is the correct medication, at the correct dose, at the</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>correct route, at the correct time, for the correct resident and confirm that the MAR reflects the most recent medication order.</p> <p>(B)</p> <p>300.1810b) 300.1810c)3)</p> <p>Section 300.1810 Resident Record Requirements</p> <p>b) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible and available at all times to those personnel authorized by the facility's policies, and to the Department's representatives.</p> <p>c) Record entries shall meet the following requirements:</p> <p>3) Medical record entries shall include all notes, orders or observations made by direct resident care providers and any other individuals authorized to make such entries in the medical record, and written interpretive reports of diagnostic tests or specific treatments including, but not limited to, radiologic or laboratory reports and other similar reports.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to input dietary changes in the medical record for one of three residents (R101) reviewed for physician orders in the sample of three.</p>	S9999	

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S9999	<p>Continued From page 8</p> <p>Findings Include:</p> <p>R101's Order Summary Report dated May 2017 documents R101's diet order as "regular texture, regular consistency."</p> <p>On 5/8/17 at 12:25 pm, R101 was served and feeding R101's self a hamburger, mixed vegetables, mashed potatoes and cookie. All food was of a pureed texture.</p> <p>On 5/9/17 at 12:15 pm, R101 was served and feeding R101's self a hamburger, and peas. All food was of a pureed texture.</p> <p>On 5/9/17 at 12:30 pm, E6 DM (Dietary Manager) stated, "(R101) has been on a pureed diet for a long time. The order must not have been changed in the computer." E6 also stated, "I get a status report sheet that has the new dietary orders on them, that's how I know that something has changed." E6 provided a copy of the Status Report for R101, completed by Z7 SLP/L (Speech Language Pathologist/Licensed) which documents a diet change to "pureed with thin {liquids}" on 4/13/17.</p> <p>On 5/9/17 at 2:00 pm, E2 DON (Director of Nursing) confirmed R101's medical record is not up to date with current orders. E2 stated, Z7 is the one that made the recommendation for R101's diet change and filled out the slip. The nurses should have change it in the computer."</p> <p>The facility Medical Records Policy dated 11/5/13 documents, "Clinical records are maintained in accordance with professional standards to provide complete and accurate information on</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>each resident for continuity of care."</p> <p>(B)</p> <p>300.2040b) 300.2040c) 300.2040e)</p> <p>Section 300.2040 Diet Orders</p> <p>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.</p> <p>c) A written diet order shall be sent to the food 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.</p> <p>e) 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).</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>These requirements are not as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to implement a diet change order in a timely manner for one of three residents (R101) reviewed for physician orders in the sample of three.</p> <p>Findings include:</p> <p>R101's Order Summary Report dated May 2017 documents R101's diet order as "regular texture, regular consistency."</p> <p>On 5/8/17 at 12:25 pm, R101 was served and feeding R101's self a hamburger, mixed vegetables, mashed potatoes and cookie. All food was of a pureed texture.</p> <p>On 5/9/17 at 12:15 pm, R101 was served and feeding R101's self a hamburger, and peas. All food was of a pureed texture.</p> <p>On 5/9/17 at 12:30 pm, E6 DM (Dietary Manager) stated, "(R101) has been on a pureed diet for a long time. The order must not have been changed in the computer." E6 also stated, "I get a status report sheet that has the new dietary orders on them, that's how I know that something has changed." E6 provided a copy of the Status Report for R101, completed by Z7 SLP/L (Speech Language Pathologist/Licensed) which documents a diet change to "pureed with thin {liquids}" on 4/13/17 and stated, "we didn't get this slip turned into us though until 4/21/17 so (R101) continued to get a regular diet until then."</p> <p>R101's Speech Dysphagia Initial Evaluation dated 4/13/17 by Z7 SLP/L documents, R101 was evaluated due to "pocketing food at meal times."</p>	S9999		
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S9999	<p>Continued From page 11</p> <p>After the evaluation, R101's treatment order was to "downgrade diet to pureed with thick liquids" due to R101's "refusal to use strategies with maximum cues." Z7 documents, "change in diet should facilitate safe eating with decreased pocketing and bolus formation issues." This evaluation was signed by Z1 Physician on 4/18/17.</p> <p>On 5/10/17 at 2:10 pm, E2 DON (Director of Nursing) stated, the order from Z7 "should have been implemented immediately but that didn't happen. We sometimes don't get therapies information for several days, and that's a problem."</p> <p>(B)</p>	S9999		