

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002810	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/12/2017
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NAME OF PROVIDER OR SUPPLIER ELIZABETH NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 540 PLEASANT STREET ELIZABETH, IL 61028
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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>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.615 e)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to do a criminal background check on a resident within 24 hours of admission.</p> <p>This applies to 1 of 10 residents (R11) reviewed for criminal background checks in the sample of 10.</p> <p>The findings include:</p> <p>On April 11, 2017 at 11:05 AM, E4 Social</p>	S9999	<p>Attachment A</p> <p>Statement of Licensure Violations</p>	
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Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

04/28/17

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S9999	<p>Continued From page 1</p> <p>Services stated R11 was admitted to the facility on November 3, 2016.</p> <p>R11's Criminal History Screening documents did not contain a background check.</p> <p>On April 11, 2017 at 2:30 PM, E1 Administrator stated the background check was not done for R11.</p> <p>The facility's undated Policy Regarding Resident Criminal Background Check & Sexual Offender Registry Check shows "It is the polciy of the Elizabeth Nursing Home to complete both a criminal background check on residents and/or potential residents...Resident backgrounds will be checked upon admission in accordance with Illinois state ruling."</p> <p style="text-align: center;">(B)</p> <p>300.661</p> <p>Section 300.661 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care Worker Background Check Act [225 ILCS46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955).</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure a FEE_APP (finger print</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>background check) was completed on an employee prior to hire.</p> <p>This applies to all 24 residents in the facility.</p> <p>The findings include:</p> <p>The Centers for Medicare and Medicaid Resident Census Form 672 dated April 10, 2017 shows 24 residents.</p> <p>On April 11, 2017, E5 (Certified Nursing Assistant) personnel file was reviewed for a FEE_APP background check. E5 was hired on July 7, 2016 as a CNA. The Illinois Department of Health Care Registry form dated July 14, 2017, showed a UICA background check was done on December 9, 2009. There was no FEE_APP background check on the registry. There was no record of fingerprinting being done.</p> <p>On April 12, 2017 at 12:30 PM, E1 (Administrator) stated that E5 was not fingerprinted. Employees are to be fingerprinted prior to being hired. E1 said fingerprint background checks are to be done to protect the resident and staff from criminal and/or abusive situations.</p> <p>The facility's policy on Preventing Resident Abuse, Staff Stress and Burnout (undated), shows the facility will conduct background investigations to prevent hiring of persons who have been found guilty of abusing, neglecting or mistreating individuals or who have had a finding of such action entered into the Nurse Aide Registry and other reputable agencies.</p> <p>(B)</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>300.686b)</p> <p>Section 300.686 Unnecessary, Psychotropic and Antipsychotic Drugs</p> <p>b). Psychotropic medication shall not be prescribed or administered without informed consent of the resident, the resident's guardian, or other authorized representative. (Section 2-106.1(b) of the Act) Additional informed consent is not required for reductions in dosage level or deletion of a specific medication. The informed consent may provide for a medication administration program of sequentially increased dosages or a combination of medications to establish the lowest effective dose that will achieve the desired therapeutic outcome. Side effects of the medications shall be described.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>This applies to 2of 9 residents (R6 and R7) that were reviewed for medications.</p> <p>The findings include:</p> <p>R6's Physician Order Sheet dated April 2017 shows R6 has a diagnosis of anxiety disorder. R6 has a physician order dated April 3, 2017 for Ativan 2 milligram/milliliter solution, give 0.5mg (0.25ml) orally every two hours as needed. Ativan is a psychotropic medication.</p> <p>R6's April 2017 MAR (Medication Administration Record) shows R6 has received the liquid Ativan on April 4th, 5th, 6th, 9th and 10th. There was not an informed consent for Ativan in R6's medical record.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>On April 11, 2017 at 11:15AM, E2 (Director of Nursing) stated she was not able to locate a consent form for R6's Ativan. E2 stated that Ativan requires an informed consent prior to administration. There should be a consent form for all psychotropic medications.</p> <p>R7's Physician Order Sheet shows R7 has a diagnosis of depression. R7 has a physician order dated December 2, 2016 for Wellbutrin 75 mg tablet per gastronomy tube once daily. Wellbutrin is a psychotropic medication. R7's MARs for December 2016, January through April 11, 2017 shows R7 received Wellbutrin 75mg tablet daily.</p> <p>On April 12, 2017, E2 stated she was not able to find an informed consent for R7's Wellbutrin.</p> <p>The facility's policy for Informed Consent for Psychotropic Medications (undated), shows, "informed consent for the use of psychotropic medications shall be obtained from the resident or resident's legal representative prior to the provision/use of psychotropic medications."</p> <p>(C)</p>	S9999		