

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009161</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/12/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>STEPHENSON NURSING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2946 SOUTH WALNUT ROAD FREEPORT, IL 61032</b>
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S 000	Initial Comments	S 000		
	Annual Licensure Survey			
S9999	Final Observations	S9999		
	<p>Statement of Licensure Violations</p> <p>1 of 2</p> <p>300.610a) 300.696a) 300.696c)6)7) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) 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 the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.696 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</p>		<p style="text-align: center;"><b>Attachment A Statement of Licensure Violations</b></p>	

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>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) 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 (see Section 300.340):</p> <p>6) Guideline for Isolation Precautions in Hospitals</p> <p>7) Guidelines for Infection Control in Health Care Personnel</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These regulations are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to implement infection control policies and recommendations from the Centers for Disease Control and Prevention (CDC) regarding isolation of new admissions to rule out COVID-19. This has the potential to effect all residents in the facility and has the potential to infect high risk residents with COVID-19 and spread the disease of COVID-19 to residents.</p> <p>Findings include:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>The CMS (Centers for Medicare and Medicaid Services) Form 672, Resident Census and Conditions of Residents, completed by the facility on 05/10/21 showed the facility's census was 43.</p> <p>A facility provided list of residents that were vaccinated for COVID-19 indicated 81% of the facility's residents received the COVID-19 vaccination. The same list indicated R6 and R193 were not vaccinated and resided in the same hallway.</p> <p>On 05/11/21 at 10:40 AM, V3 (Infection Control Nurse) verified the unvaccinated residents on the list had not had COVID-19 within the last 90 days.</p> <p>R193's face sheet showed R193 was admitted to the facility on 4/30/21.</p> <p>On 05/10/21 at 10:00 AM, on the door of R193's room was a pink sign. The sign indicated R193 was on quarantine. Outside of R193's room was a cart that contained personal protective equipment (PPE) of surgical masks, gloves, and gowns.</p> <p>On 05/10/21 at 01:05 PM, V4 (Certified Nursing Assistant- CNA) entered R193's room wearing an isolation gown, gloves, and surgical mask. V4 did not have a N95 mask or eye protection on. V4 handed R193 their call light and picked up R193's meal tray.</p> <p>On 05/10/21 at 3:13 PM, V3 (Infection Control Nurse) said new admissions, such as R193, are placed on, "Quarantine isolation" for 14 days. The 14 days on quarantine isolation creates a, "Symptomatic lookback" period to make sure the residents do not have COVID-19. V3 said staff should wear a surgical mask, gloves, and gown</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>when entering a quarantine isolation room. V3 confirmed a N95 mask and eye protection were not required. V3 said the facility also had a Person Under Investigation (PUI) isolation that was for residents that had close contact with someone that tested positive for COVID-19. V3 said they follow the Center for Disease Control and Prevention guidelines regarding COVID-19.</p> <p>The facility's Explanation of Isolation Precautions Type and Duration policy with a revised date of 05/20 showed new admissions were placed on quarantine isolation and required staff to wear gown, mask, and gloves.</p> <p>The Center for Disease Control and Prevention website titled Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes &amp; Long-Term Care Facilities updated 03/29/21 Showed under the section for New Admissions and Residents who Leave the Facility that, "[Health Care Providers] should wear an N95 or higher-level respirator, eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for [quarantined] residents."</p> <p style="text-align: center;">"B"</p> <p>2 of 2</p> <p>300.686a)8)10) 300.686f)5)</p> <p>Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Medications</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>a) For the purposes of this Section, the following definitions shall apply:</p> <p>8) "Informed consent" - documented, written permission for specific medications, given freely, without coercion or deceit, by a capable resident, or by a resident's surrogate decision maker, after the resident, or the resident's surrogate decision maker, has been fully informed of, and had an opportunity to consider, the nature of the medications, the likely benefits and most common risks to the resident of receiving the medications, any other likely and most common consequences of receiving or not receiving the medications, and possible alternatives to the proposed medications.</p> <p>10) "Psychotropic medication" - medication that is used for or listed as used for psychotropic, antidepressant, antimanic or antianxiety behavior modification or behavior management purposes in the Prescribers Digital Reference database, the Lexicomp-online database, or the American Society of Health-System Pharmacists database. Psychotropic medication also includes any medication listed in 42 CFR 483.45(c)(3).</p> <p>f) Protocol for Securing Informed Consent for Psychotropic Medication</p> <p>5) In addition to the oral discussion, the resident or his or her surrogate decision maker shall be given the information in subsection (f)(3) in writing. The information shall be in plain language, understandable to the resident or his or her surrogate decision maker. If the written information is in a language not understood by</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>the resident or his or her surrogate decision maker, the facility, in compliance with the Language Assistance Services Act and the Language Assistance Services Code, shall provide, at no cost to the resident or the resident's surrogate decision maker, an interpreter capable of communicating with the resident or his or her surrogate decision maker and the authorized prescribing professional conducting the discussion. The authorized prescribing professional shall guide the resident through the written information. The written information shall include a place for the resident or his or her surrogate decision maker to give, or to refuse to give, informed consent. The written information shall be placed in the resident's record. Informed consent is not secured until the resident or surrogate decision maker has given written informed consent. If the resident has dementia and the facility is unable to contact the resident's surrogate decision maker, the facility shall not administer psychotropic medication to the resident except in an emergency as provided by subsection (e).</p> <p>These regulations are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to obtain written consent for psychotropic drugs for two of five residents (R3, R5) reviewed for psychotropic medications in the sample of 12.</p> <p>Findings include:</p> <p>1. R3's Physician Order Report dated 4/11/21-5/11/21 shows an order for fluoxetine (Prozac) 20mg (Milligrams) + 40mg once per day ordered on 5/1/21.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>R3's Informed Consent for Psychotropic Medications Prozac shows the medication was started on 5/2/21 but was not signed by facility staff or R3's POA (Power of Attorney)</p> <p>2. R5's Physician Order Report dated 4/11/21-5/11/21 shows an order for mirtazapine 15mg at bedtime was ordered on 1/21/21. R5's Informed Consent for Psychotropic Medications Mirtazapine dated to start 11/14/2020 with a dose of 7.5mg (not ordered dose) was not signed by staff or R5's POA.</p> <p>R5's Physician Order Report dated 4/11/21-5/11/21 shows an order for seroquel 25mg at bedtime and Seroquel 25mg ½ tablet in the morning.</p> <p>R5's Informed Consent for Psychotropic Medications Seroquel was not signed by facility staff or R5's POA.</p> <p>On 5/11/21 at 10:17 AM, V7 RN (Registered Nurse) said if family is in the facility, then she has them sign the psychotropic consent. If family is not in the facility then she obtains verbal consent and mails the form to the family to sign and then the family sends the consent back. Usually staff signs the consent as well. If the medication is increased then a new consent is done, if decrease none is needed.</p> <p>On 5/12/21 at 8:46 AM, V2 DON (Director of Nursing) said staff should get a copy of the order, contact the resident or POA of the psychotropic order, and mail the consent for signature (due to COVID-19 Pandemic).</p> <p>The facility's Antipsychotic Medication Policy reviewed on 11/2018 shows, "It is the policy of</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>[said facility] to comply with all Federal and State regulations guiding the use of antipsychotic medication in residents with dementia. Informed consent must be obtained from the resident and/or responsible party."</p> <p style="text-align: center;">"AW"</p>	S9999		