

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2022
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NAME OF PROVIDER OR SUPPLIER GROVE OF ELMHURST, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 127 WEST DIVERSEY ELMHURST, IL 60126
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violation 1of 3: 300.1210a) 300.1210d)2)5) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 2) All treatments and procedures shall be administered as ordered by the physician. 5) A regular program to prevent and treat	S9999	Attachment A Statement of Licensure Violations	

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>pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>This Requirement was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide treatment to a resident's pressure ulcer as ordered by the physician.</p> <p>This applies to 1 of 3 residents (R3) reviewed for pressure ulcer in the sample of 10.</p> <p>The findings include:</p> <p>R3 is a 45-year-old who has multiple diagnoses including cerebral infarction due to thrombosis of unspecified pre-cerebral artery, and history of cardiac arrest. Care plan documents that R3 has an unstageable pressure ulcer in the sacrum. Per observation and physician's order review, R3 has a urinary indwelling catheter and an indwelling stool/fecal catheter.</p> <p>On 8/24/22 at 2:37 PM, V11 and V12 (Both Certified Nursing Assistants/CNA) rendered peri-care to R3. V11 stated that the last time she changed R3's incontinence pad was around 9:00 AM. When V11 and V12 turned R3 on his right side, the wound cover dressing on the sacrum fell off. It revealed a heavily soiled dressing/packing that was saturated with serous drainage that</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>overflowed into the incontinence pad. The pad was heavily stained with the wound discharges that was in different stages of drying, from light yellow to light brown. The surrounding skin of the wound was pale, and prune-like which indicate that R3's skin has been soaked from the wound discharges for a long time. V11 stated that R3's wound dressing has been soiled since that morning when they changed R3's pad. V11 also stated that V13 (Wound Care Nurse) was aware of it because she (V13) was the staff who helped to turn R3 that morning.</p> <p>R3's Physician Order Sheet dated 7/6/2022 documents, Cleanse sacrum with saline solution and pat dry. Apply Calcium Alginate on the wound base and cover with foam/dry dressing everyday shift and every 12 hours as needed for wound.</p> <p>R3's care plan shows that R3 has an actual skin impairment to skin integrity and has potential for further skin breakdown related to complex medical conditions, decrease mobility, fragile skin, edema, incontinence, and use of anti-coagulant. R3 has an unstageable sacral ulcer. In addition, R3's care plan has multiple interventions which include, keeping the skin clean and dry.</p> <p style="text-align: center;">(B)</p> <p>Statement of Licensure Violation 2 of 3: 300.610a) 300.610c)2) 300.1630d) 300.1630e)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>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>c) The written policies shall include, at a minimum the following provisions:</p> <p>2) Resident care services, including physician services, emergency services, personal care and nursing services, restorative services, activity services, pharmaceutical services, dietary services, social services, clinical records, dental services, and diagnostic services (including laboratory and x-ray)</p> <p>Section 300.1630 Administration of Medication</p> <p>d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation, and a notation made in the resident's record.</p> <p>e) Medication errors and drug reactions shall be immediately reported to the resident's physician, licensed prescriber if other than a physician, the consulting pharmacist and the dispensing pharmacist (if the consulting pharmacist and dispensing pharmacist are not associated with the same pharmacy). An entry shall be made in the resident's clinical record,</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>and the error or reaction shall also be described in an incident report.</p> <p>This Requirement was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to administer medication as ordered by the physician. The facility also failed to notify physician for missed medications.</p> <p>This applies to 3 of 6 residents (R13, R14, R15) reviewed for medication administration in the sample of 10.</p> <p>The findings include.</p> <p>1. On 8/23/22 at 1:30 PM, V4 (Nurse) administered multiple medications to R13. One of the scheduled medications is a Brinzolamide Ophthalmic Suspension 1% with physician's order to instill one drop to both eyes three times a day. V4 stated that this medication was not available, and she would have to check with the pharmacy.</p> <p>On 8/24/22 at 12:12 PM, V4 (Nurse) stated that the Brinzolamide Ophthalmic Suspension 1% order was put in place on 8/23/22. The nursing staff were not able to administer this medication since the 9 AM dose of 8/23/22 up to this time. V4 also stated that she called the pharmacy on 8/23/22 and she was told that there's a billing issue. This medication is supposed to be given 3 times a day for discomfort (due to Indication for Glaucoma).</p> <p>At the time of the interview, R13 already missed five doses of this Brinzolamide Ophthalmic Suspension 1% medication as shown from R13's MAR (medication administration record).</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>R13's care plan indicates that R13 has impaired visual function related to Glaucoma. This care plan has multiple interventions which include, to administer eye medication per physician's order.</p> <p>2. On 8/23/22 at 4:24 PM, V7 (Nurse) administered multiple medications to R14. However, one of the scheduled medications is the Fluticasone Propionate Suspension 50 mcg/act. Per (MAR), this medication is supposed to be given 1 spray to each nostril two times a day at 9:00 AM and 5:00 PM. During observation of medication pass, V7 did not administer this medication.</p> <p>R14's MAR showed that V7 signed this medication as given on 8/23/22 at 5:00 PM. However, the 9 AM dose on 8/23/22 and 9 AM dose on 8/24/22 indicates that this medication was not given because it was not available.</p> <p>3. On 8/23/22 at 5:17 PM, V9 (Nurse) administered multiple medications to R15. Two of the scheduled medications are the Aripiprazole 2mg tablet (to give 2 tablets = 4mg), and Retacrit Solution 20,000 units (to be injected subcutaneously every Tuesday). V9 stated that these medications were not available, and she would have to call the pharmacy about it.</p> <p>On 8/24/22 at 12:09 PM, V10 (Nurse) stated that the Aripiprazole medication was not available yesterday morning and he ordered it in the afternoon to be done immediately. It arrived in the evening. V9 gave the dose of Aripiprazole as soon as it was brought in by the pharmacy. V10 also stated that the pharmacy already brought in the medication the staff who received it misplaced it. Aripiprazole was not given in the morning of 8/23/22. On 8/24/22 at 12:18 PM, V10 also stated</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>that the Procrit was not delivered because the CBC (complete blood count) was not done. The CBC should be drawn prior to R15's next dose of Procrit. However, the CBC was overlooked, and it was not done. V10 ordered CBC to be drawn immediately today.</p> <p>As of the time of the interview on 8/24/22 at 12:09 PM, V10 was still waiting for the CBC result and the medication is not given yet.</p> <p>R15's MAR showed that Aripiprazole 2mg tablet is to be given 2 tablets (4mg) twice daily (at 9:00 AM and 5:00 PM) for dementia with behavioral disorder. The Retacrit Solution 20,000 units (to be injected subcutaneously) is to be given every Tuesday at 5 PM for anemia. However, the Retacrit was documented that it was not given on 8/16/22 and 8/23/22 (two consecutive weeks).</p> <p>8/25/22 at 11:38 AM, V2 (Director of Nursing) and V5 (Corporate Nurse) were interviewed. V2 (DON) stated that they don't have a specific policy with regards to ordering medications, but the nurses are not supposed to wait till the last minute to order or refill medication. V5 (Corporate Nurse) stated that there's a shaded area in the bingo card (medication card container) which indicates that medication needs to be re-filled. There's also an order tab in the PCC (Point Click Care) system where they could order electronically for re-fill. They (nurses) must notify physician and nursing supervisor if a resident missed a medication, to resolve any issue. The staff should document and confer with the doctor for missed medications.</p> <p>R13's, R14's, and R15's nursing progress notes from 8/22/22 through 8/24/22 does not show evidence of documentation that the physician was</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>notified of missed dosages of the above-mentioned medications.</p> <p>Facility's Policy and Procedure for Missed Medication with revised dated of 7/28/22 indicates:</p> <p>Policy: It is the facility's policy to administer medications to the residents and promote resident's rights of refusal at the same time. This policy will address missed medications.</p> <p>Procedures:</p> <ol style="list-style-type: none"> 1. Administer medications as ordered to the residents. 2. Sign the MAR after the medications have been given to the resident. 6. If the medication that is missed is ordered more than once daily, call the physician to determine if the physician would like to order anything related to the missed dose, or would want to have the missed dose administered to the resident, when it becomes available. <p style="text-align: center;">(C)</p> <p>Statement of Licensure Violation 3 of 3: 300.610a) 300.696b) 300.696d)2)</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</p>	S9999		

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S9999	Continued From page 8 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. Section 300.696 Infection Prevention and Control b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration's Respiratory Protection Guidance. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code. d) Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340): 2) Guideline for Hand Hygiene in Health-Care Settings This Requirement was not met as evidenced by:	S9999		

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S9999	<p>Continued From page 9</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy and procedure with regards to wearing the appropriate personal protective equipment (PPE) before entering a resident's room identified to be on isolation precaution. The facility also failed to follow infection control guidance with regards to hand hygiene and gloving during provision of care.</p> <p>This applies to 4 of 9 residents (R2, R7, R13, R14) reviewed for infection control in a sample of 10.</p> <p>The findings include:</p> <p>1. R7's active order summary report shows an order dated August 21, 2022, for, "Isolation-contact/droplet precautions. Reason for isolation: VRE (Vancomycin-Resistant Enterococci), KPC/CRE (Klebsiella Pneumoniae Carbapenemase/Carbapenem-Resistant Enterobacterales) urine and sputum, C-DIFF (Clostridium Difficile)."</p> <p>On August 24, 2022, at 10:18 AM, R7 had a sign on the door frame indicating contact and droplet precautions and an isolation box on the door with gowns and gloves. Per the precaution signage, a gown, gloves, and mask were required to be worn prior to entering the room. V6 (CNA/Certified Nursing Assistant) walked into R7's room wearing only a mask. At 10:20 AM, V6 was asked why she entered the room. V6 responded that she went inside R7's room to answer the call light. According to V6, she turned off the call light after talking to the resident. V6 was asked if she was aware that the resident was on contact and droplet precaution. V6 reported that she knew R7 was on contact and droplet isolation and</p>	S9999		

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- S9999	<p>Continued From page 10</p> <p>acknowledged that she did not wear the gown and gloves and turned off the call light with her bare hands.</p> <p>On August 24, 2022, at 10:51 AM, V2 (DON/Director of Nursing) entered R7's room with mask and gloves. V2 touched R7's bed control to adjust the resident's bed and held his left hand to observe his fingernails, as well as talked to the resident by leaning on the bed and bed rail, which caused her clothing to touch the bed and the railing. At 10:55 AM, V2 was asked if she was aware that the resident was on contact and droplet precaution. V2 responded that she did not look at the signage and did not wear the complete PPE.</p> <p>On August 24, 2022, at 11:24 AM, V8 (Regional Nurse Consultant) reported that for contact and droplet precautions, any staff entering the room should wear complete PPE, including mask, gown, gloves, and face protective gear. According to V8, the signage outside R7's room was incomplete because it only showed contact precaution, which does not include the use of protective gear such as a face shield or goggles.</p> <p>Review of the facility's policy and procedure regarding "Infection Prevention and Control" last revised on July 28, 2022, shows in part that "contact precaution- intended to prevent transmission of infectious agents spread by direct or indirect contact with patient or the environment. Use of gown and gloves is necessary for all interactions." The policy also shows in part for "droplet precaution- intended to prevent transmission through close respiratory or mucous membrane contact with respiratory secretions. Gown gloves, eye protection, and mask should be worn for close contact with the</p>	S9999		

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S9999	<p>Continued From page 11 resident."</p> <p>2. Facility's isolation list shows that R14 is on contact isolation for Candida Auris of the skin and ESBL (Extended Spectrum Beta-Lactamase) of the urine.</p> <p>On 8/23/22 at 4:09 PM, V7 (Nurse) entered R14's room without wearing a gown to check R14's vital signs and blood glucose level. V7's scrub uniform was touching R14's bed and/or linen while doing vital signs. V7 placed the digital blood pressure machine (BP), the glucometer machine, and the thermometer on top of R14's body while she was assessing R14. When she completed her assessment, V7 picked up the thermometer and placed it her scrub pocket, while she carried the glucometer and BP machine outside the bedroom, then she placed it on top of the medication cart without sanitization of these equipment. V7 proceeded to prepare R14's medications beside the un-sanitized BP and glucometer machines. V7 also did not sanitize the top of medication cart prior to preparation of medications.</p> <p>3. On 8/23/22 at 1:30 PM, V4 (Nurse) administered medications to R13. While unwrapping a straw, V4 dropped the straw wrapper on the floor, V4 picked the straw wrapper from the floor and continued to apply artificial tears eye drops to R14 without hand hygiene.</p> <p>4. Facility's isolation list shows that R2 is on contact isolation for CRE (Carbapenem-Resistant Enterobacterales) of the urine and of the wound, CRE and E. Coli (Escherichia coli) of the blood and urine.</p> <p>On 8/24/22 at 2:03 PM, V11 (Certified Nursing</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>Assistant/CNA) rendered peri-care to R2. V11 did multiple different tasks with R2. V11 changed her gloves, however, she did not perform hand hygiene in between tasks.</p> <p>On 8/25/22 at 11:59 AM, V2 (Director of Nursing/DON)) and V5 (Corporate Nurse) were interviewed. V2 (DON) stated that the staff should wear a complete PPE when entering an isolation room. The staff must wear mask, gown, gloves for contact isolation. V7 should have sanitized glucometer, blood pressure machine, and thermometer right after or as soon as she left R14's bedroom. At 12:07 PM, V2 and V5 stated that staff must perform hand hygiene and change gloves in between task to prevent contamination and minimize cause of infection.</p> <p>Facility's Policy and Procedure for Hand Hygiene with revised date of 7/28/22 indicates:</p> <p>Policy Statement: Hand hygiene is important in controlling infections. Hand hygiene consists of either hand washing or the use of alcohol gel. The facility will comply with the CDC (Center for Disease Control) Guidelines regarding hand hygiene.</p> <p>Procedures:</p> <p>1. Hand hygiene using alcohol-based hand rub is recommended during the following situations:</p> <p>g. Before moving from work on soiled body site to a clean body site on the same resident. h. After contact with blood, body fluids or surfaces contaminated with blood and body fluids. i. After removing gloves including during wound dressing change.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2022
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S9999	Continued From page 13 (C)	S9999		