

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000640	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/09/2022
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NAME OF PROVIDER OR SUPPLIER LANDMARK OF DES PLAINES REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 9300 BALLARD ROAD DES PLAINES, IL 60016
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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
S 000	Initial Comments Complaint Investigations 2293622/IL 146724	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210d)1) 300.1620a) Section 300.1210 General Requirements for Nursing and Personal Care b)The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Section 300.1210 General Requirements for Nursing and Personal Care 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. Section 300.1620 Compliance with Licensed Prescriber's Orders a)All medications shall be given only upon the	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>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 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>These regulations were not as evidenced by:</p> <p>Based on interview and record review, the facility failed to follow MD orders for an IV antibiotic to treat an infection. This failure affected 1 resident (R3) of 3 residents reviewed for following physician orders. This failure resulted R3 missing 5 doses of scheduled IV antibiotic, having an acute change in condition to include fever, R3 was transported to the local hospital and treated for the diagnosis of severe sepsis secondary to possible urinary tract infection.</p> <p>Findings include:</p> <p>On 6-2-22 at 11:24 AM, V2 (Director of Nursing) said R3 did have 5 missing doses of IV antibiotic related to clogged Midline and inability to obtain peripheral IV access. R3 was ordered IV antibiotic every 8 hours x 7 days for sepsis related to pneumonia. Staff made attempts to start peripheral IV line and were unsuccessful. MD/NP and family were made aware. V14 (Nurse Practitioner/ NP) was able to insert peripheral IV and a dose was given. R3 missed 3 doses of IV</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>antibiotic on 4-2-22 (6:00 AM, 2:00 PM, and 10:00 PM) and 2 doses on 4-3-22 (6:00 AM and 2:00 PM).</p> <p>On 6-2-22 at 9:27 AM, V11 (Registered Nurse) said she gave initial dose at facility however, the following morning R3's Midline was clogged. V11 attempted to insert peripheral IV x 2 with no back flow. V11 called MD, MD gave order to insert Midline. V11 called vendor and was told someone will come for Midline insertion with no specific time or time frame given. V11 worked the same night and R3 did not have midline. V11 asked previous nurse and said vendor did not come to insert Midline. RN does not remember if previous nurse followed up with vendor. V11 made follow up call to vendor and they said someone will come with no estimated time of arrival given.</p> <p>On 6-3-22 at 1:46 PM, V22 (Vendor) said Midline was ordered 4-2-22 at @ 6:08 AM, should have been done within 24 hours. Midline completed 4-3-22 at 9:25 PM and this did not meet the 24-hour window. Follow up calls made by facility on 4-2-22 @ 9:30 PM at 9:46 PM. The delay could have been due to the limited resource of vascular nurses (short staffing of vascular nurses).</p> <p>On 6-2-22 at 11:10 AM, V14 (NP) said she was aware of R2's Midline problems. V14 was able to insert R3's peripheral IV and R3 receive a dose of IV antibiotic. V14 said the 5 missing doses of IV antibiotic could have contributed to R3's hospitalization.</p> <p>On 6-2-22 at 11:00 AM, V13 (MD) said missed doses of IV antibiotics could have contributed to sepsis but need specifics.</p> <p>R3's Medication Administration Record dated</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>April 2022 documents R3 missing 3 doses of IV antibiotic on 4-2-22 (6:00 AM, 2:00 PM, and 10:00 PM) and 2 doses on 4-3-22 (6:00 AM and 2:00 PM). Order Audit Report dated 5-2-22 documents Cefepime HCl Solution Reconstituted 1 GM, Use 1 gram intravenously every 8 hours for sepsis for 6 days (order 4-3-22). Progress Note dated 4-7-22 documents admitted to local hospital diagnosis of severe sepsis possible secondary to Urinary Tract Infection (UTI). Hospital Record (4-4-22) documents MDM: 66 -year-old male presents from nursing home for fever. R3 was febrile to 40 degrees. R3 has coffee ground emesis coming up through his trach. R3 has elevated BUN/creatinine from baseline. UA appears dirty, unsure if this is UTI or chronic colonization. Chest x-ray is concerning for right-sided pneumonia. CT chest, abdomen and pelvis is also concerning for possible pneumonitis, no signs of acute infection. ED Diagnosis: 1. Fever, unspecified fever cause 2. Pneumonia due to infectious organism 3. Coffee ground emesis.</p> <p>(A)</p>	S9999		