

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6013601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  04/24/2022
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NAME OF PROVIDER OR SUPPLIER  HARBOR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 760 OLD MCHENRY ROAD WHEELING, IL 60090
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S 000	<p>Initial Comments</p> <p>Annual Sheltered Care Licensure Survey</p> <p>S9999 Final Observations</p> <p>Statement of Licensure Violations:</p> <p>1 of 3</p> <p>330.710a) 330.710c)1) 330.710c)3) A-F</p> <p>Section 330.710 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 with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.</p> <p>c) The written policies shall include, but are not limited to, the following provisions:</p> <p>1) Admission, transfer and discharge of residents, including categories of residents accepted and not accepted, residents that will be transferred or discharged, transfers within the facility from one room to another, and other types of transfers.</p> <p>3) A policy to identify, assess, and develop strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident. The policy shall</p>	S 000	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>establish a process that, at a minimum, includes all of the following:</p> <p>A) Analysis of the risk of injury to residents and nurses and other health care workers, taking into account the resident handling needs of the resident populations served by the facility and the physical environment in which the resident handling and movement occurs.</p> <p>B) Education of nurses in the identification, assessment, and control of risks of injury to residents and nurses and other health care workers during resident handling.</p> <p>C) Evaluation of alternative ways to reduce risks associated with resident handling, including evaluation of equipment and the environment.</p> <p>D) Restriction, to the extent feasible with existing equipment and aids, of manual resident handling or movement of all or most of a resident's weight, except for emergency, life-threatening, or otherwise exceptional circumstances.</p> <p>E) Procedures for a nurse to refuse to perform or be involved in resident handling or movement that the nurse, in good faith, believes will expose a resident or nurse or other health care worker to an unacceptable risk of injury.</p> <p>F) Development of strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident.</p> <p>This regulation was NOT MET as evidenced by:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Based on observation, interview and record review, the facility failed to have resident care policies in place to clearly identify residents appropriate for placement in shelter care facility and requirements for discharge including categories of residents accepted and not accepted; they also failed to have a policy to identify, assess, and develop strategies to control risk of injury to residents and nurses related to lifting, transferring, and/or repositioning that included the minimum required regulatory components.</p> <p>During review of facility policies, V1 was asked to provide policies related to admission, discharge, lifting, transferring, and/or repositioning of residents, and policies related to use of assistive devices when transferring a patient.</p> <p>V1 provided the following policies:</p> <p>Admission Procedure (undated) and Discharge from Program (Effective 11/00 and Revised: 2/12/02) which failed to include categories of residents accepted or not accepted into the sheltered care facility.</p> <p>Repositioning Policy (8/25/2021), Hoyer Policy (undated), and Sit to Stand Policy (dated 3/25/2022) which failed to include steps for identification, assessment, and development of strategies to control the risk of injury to residents and staff in performing these processes; failed to include information regarding education of staff in relation to safety and use of devices and resident handling; failed to include determination of safety of devices for use.</p> <p>On 4/23/22 at 2:49pm, V1 (Administrator) stated that functional assessments are used in</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>determining a residents' appropriateness for admission or discharge. However, they are mostly used to determine billing and cost of stay for the residents. They are initially done pre-admission. V1 also stated that if the resident declines to the point where they need more services than they can provide, they will give the family the choice to opt for hospice. If they become max assist and don't opt for hospice - such as they require a mechanical lift or a sit to stand assistive device, specialty mattress - then hospice provides that higher level of care, but hospice is not in the facility "24/7" just like if they were at home. V1 stated that they do not admit residents with feeding tubes or tracheostomies. Surveyor asked V1 if she was stating that when a resident gets to the point that they need skilled care, they are allowed to stay in the facility if they opt for hospice even though hospice is not in the facility every day, V1 responded, "yes." V1 stated that there is a nurse consultant that comes in to provide in-service and education to staff on the things like transfers and using equipment.</p> <p>(C)</p> <p>2 of 3</p> <p>330.720b)</p> <p>Section 330.720 Admission and Discharge Policies</p> <p>b) No resident determined by professional evaluation to be in need of nursing care shall be admitted to or kept in a sheltered care facility. Neither shall any such resident be kept in a distinct part designated and classified for sheltered care.</p> <p>330.1330</p>	S9999		

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S9999	<p>Continued From page 4</p> <p><b>Section 330.1330 Written Policies for Restorative Services</b></p> <p>There shall be written policies, which are followed in the operation of the facility covering all restorative services offered by the facility to achieve and maintain the highest possible degree of function, self-care and independence. These shall be developed as set forth in Section 330.710 (a) through (c). This regulation was NOT MET as evidenced by:</p> <p>A.) Based on observation, interview, and record review, the facility allowed residents to remain in the facility who are in need of skilled nursing care as evidenced by their need for more than minimal assistance in multiple areas of daily living and care.</p> <p>4/22/22 at 11:34am, V9 (CNA) stated, All residents here (House 3) need help, there is only one resident who is independent. There's no documentation of who requires one or two staff assistance but we just know because we've worked here for so long. I've been here for like 10 years. V9 then proceeded to identify four residents who were in the living room at the time who were dependent on staff for care and required two staff to assist with incontinence care and mobility.</p> <p>R3 is a 90 year old male admitted to the facility on 2/20/19 with diagnoses that include but are not limited to: dementia, kidney failure, hypertension, and COPD.</p> <p>R3's ISP (Individual Service Plan) Assessment dated 4/15/22 documents that R3 cannot manage his own medications and requires special</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>preparation of medications; requires wound care by visiting nurse; is dependent with meals and eating and drinking; is dependent on staff for bathing; dependent on staff for assistance with dressing; dependent on staff for grooming; is incontinent of bladder and bowel and for the question of "Does the resident require assistance with toileting?" there is no response marked; he is dependent on staff for assistance with transferring and requires the use of a sit to stand assistive device; does not have the ability to utilize the call system and does not move or walk; Comments include: "Resident noted with a skin alteration on left heel. NP notified. New order Apply boots to lower extremities at all time. Left heel ulcer, cleaned with wound cleanser, pat dry Apply betadine 10% solution with a gauze, Then foam dressing until healed. (Mon, Thur, Sat). Hospice nurse to do wound care and staff. Dressing applied to the affected area as indicated, heels offloading.</p> <p>R3's AIMS (Abnormal Voluntary Movement Scale) Assessment dated 3/21/22 documents (includes but not limited to): R3 is unable to follow directions due to loss of cognition and is unable to walk. Previous AIMS scale dated 8/20/21 documents (includes but not limited to): R3 is unable to follow directions due to loss of cognition and walks with extensive assistance and unsteady gait.</p> <p>R3's Braden Scale (for predicting pressure sore risk) score is 15 (At Risk), dated 3/17/22.</p> <p>R3's current physician orders include: Admitted to hospice on 8/21/21; 3/24/22 (hospice to provide) high wheelchair with cushion, hospital bed with ½ side rails, floor mats, and sit to stand machine.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>4/22/22 at 11:45am, V2 (Nursing Supervisor) stated that R3 has a wound but it's mostly handled by home health. The dressing is changed three times a week, but home health doesn't come on the weekend, so the facility nurse changes the dressing on the weekend.</p> <p>4/23/22 at 11:55am, observed V8 (LPN) perform wound care to R3's left heel. R3 was sleeping the entire time and was very lethargic. V8 was asked if this is R3's usual demeanor and V8 stated that R3 is totally dependent for care ...on a good day he might be able to feed himself but otherwise no.</p> <p>4/23/22 at 12:36pm, R3 was observed in the living room (House 2) sleeping in his geriatric chair.</p> <p>R10 is a 75 year old male admitted to the facility on 12/10/18 with diagnoses that include but are not limited to: dementia, chronic kidney disease, and hypertension.</p> <p>Throughout the course of the survey (4/22 - 4/23/22) observed R10 multiple times sitting in the living room in House 2 not engaged in activities or interacting with anyone. Attempts made to speak to the resident were unsuccessful because he was not responsive to conversation.</p> <p>4/23/22 at 12:35pm V13 (CNA) stated, R10 is on a pureed diet, I'm not sure if he still has hospice but he is total care; he hardly responds to commands; we always use two people with him and we use the gait belt; in the room we use the sit to stand. When asked how R10 can use the sit to stand if he can't follow commands, R10 stated that someone needs to help him use it for that reason.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>R10's ISP (Individual Service Plan) Assessment dated 3/24/22 documents that R10 wanders, cannot manage his own medications and requires special preparation of medications; receives delegated services by a licensed nurse; staff checks blood pressure twice a day; is incontinent of bladder and bowel and requires physical assistance from staff with toileting, needs extensive assistance to change incontinent product, R10 requires physical assistance with transferring and requires the use of a sit to stand assistive device; is chairfast regarding mobility; is unable to exit the building without total assistance; has difficulty communicating with others; does not have the ability to utilize the call system; exhibits resistance to care (dressing, grooming, showering/bathing); Comments include: "Resident had been slowly declined, Medical team suggest palliative or hospice evaluation at this time. POA would like to have door unlock ..."</p> <p>Service plan update note written by V2 (Nurse Supervisor) dated 3/7/22 reads: "Resident alert and oriented x1 denied any pain and discomfort at this time. Pt required x2 person assistant with sit to stand machine and ADL's (minimal resistance with care. Pt medication well tolerated and consumed 100% all meals, significant weight loss this month. Pt wanders in her wheelchair throughout the day. Overall patient is stable at this time with slow decline physical and cognition. Will continue to monitor any changed in condition. Endorsed."</p> <p>R10's AIMS (Abnormal Voluntary Movement Scale) Assessment dated 3/16/22 documents (includes but not limited to): R10 is unable to follow directions due to loss of cognition and uses</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>a wheelchair.</p> <p>R10's current physician orders include: Admitted to hospice on 4/2/22; 3/24/22 (hospice to provide) wheelchair with cushion, hospital bed with ½ side rails, floor mats, and sit to stand machine.</p> <p>4/23/22 at 2:49pm, V1 (Administrator) was asked how residents are determined to no longer be eligible for shelter care facility and V1 stated that if the resident declines to the point where they need more services than they can provide, they will give the family the choice to opt for hospice. If they become max assist and don't opt for hospice - such as they require a hooyer lift or a sit to stand assistive device, specialty mattress - then hospice provides that higher level of care, but hospice is not in the facility "24/7" just like if they were at home. V1 stated that they do not admit residents with feeding tubes or tracheostomies. Surveyor asked V1 if she was stating that when a resident gets to the point that they need skilled care, they are allowed to stay in the facility if they opt for hospice even though hospice is not in the facility every day, V1 responded, "yes."</p> <p>This regulation was NOT MET as evidenced by:</p> <p>B.) Based on interview and record review, the facility failed to have a written policy in place covering all restorative services offered by the facility to help residents maintain and achieve their highest level of self-care and independence. This failure has the potential to affect all 37 residents currently in the facility.</p> <p>Multiple observations during the course of the survey (4/22 - 4/23/22), noted that a majority of residents need assistance with mobility and care.</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>4/22/22 at 11:34am, V9 (CNA) stated, All residents here (House 3) need help, there is only one resident who is independent.</p> <p>4/23/22 at 12:10pm, V10 (CNA) stated that most of the residents in this house (House 2) need help except for one or two residents.</p> <p>During review of facility policies, V1 (Administrator) was asked to provide any facility policies related to restorative services offered and/or provided by the facility.</p> <p>4/23/22 at 1:20pm, V1 stated, We don't have a written policy for restorative care, the NP (Nurse Practitioner) just assesses the residents as needed and puts the referral in for home health.</p> <p>(B)</p> <p>3 of 3 Licensure</p> <p>330.920a) 330.1310b)2) 330.1310c)1) 330.1310e)3) 330.1310f) 330.1310j) 330.2210a)1) 330.2210a)4)</p> <p>Section 330.920 Consultation Services a) The facility shall designate a staff member to provide social services to residents. If the staff member designated to provide social services is not a social worker, the facility shall have an effective arrangement with a social worker to provide social service consultation.</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>Section 330.1310 Activity Program</p> <p>b) Activity personnel shall be provided to meet the needs of the residents and the program. Activity staff time each week shall total not less than 45 minutes multiplied by the number of residents in the facility. This time shall be spent in providing activity programming as well as planning and directing the program. The time spent in the performance of other duties not related to the activity program shall not be counted as part of the required activity staff time.</p> <p>2) Activity personnel working under the direction of the activity director shall have a minimum of 10 hours of in-service training per calendar or employment year, directly related to recreation/activities. In-service training may be provided by qualified facility staff and/or consultants, or may be obtained from college or university courses, seminars and/or workshops, educational offerings through professional organizations, similar educational offerings or any combination thereof.</p> <p>c) Activity Director and Consultation</p> <p>1) A trained staff person shall be designated as activity director and shall be responsible for planning and directing the activities program. This person shall be regularly scheduled to be on duty in the facility at least four days per week.</p> <p>e) Activity program staff shall participate in the assessment of each resident, which shall include the following:</p> <p>3) Leisure functioning, including attitude toward leisure, awareness of leisure resources, knowledge of activity skills, and social interaction</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>skills and activity interests, both current and past.</p> <p>f) The activity staff shall participate in the development of an individualized plan of care addressing needs and interests of the residents, including activity/recreational goals and/or interventions.</p> <p>j) Residents' participation in and response to the activity program shall be documented at least quarterly and included in the clinical record. The facility shall maintain current records of resident participation in the activity program.</p> <p>Section 330.2210 Maintenance</p> <p>a) Every facility shall have an effective written plan for maintenance, including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall:</p> <p>1) Maintain the building in good repair, safe and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor coverings, such as tile or linoleum; loose handrails or railings; loose or broken windowpanes, and any other similar hazards.</p> <p>4) Maintain the interior and exterior finishes of the building as needed to keep it attractive, clean and safe. (painting, washing and other types of maintenance).</p> <p>This regulation was NOT MET as evidenced by:</p> <p>A.) Based on observation, interview, and record review, the facility failed to have a designated staff member to provide social services for residents in the facility. This failure has the</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>potential to affect all 37 residents currently in the facility.</p> <p>Upon review of the list of key personnel provided by the facility, it was noted that there was no social worker listed.</p> <p>4/23/22 at 2:49pm, V1 stated that the facility was not required to have a social worker. Surveyor asked if there were any arrangements with outside individuals to provide social service consultations and V1 stated that they have a psychiatrist and a behavioral health nurse.</p> <p>V1 provided a copy of agreement between the facility and the Psychiatric Medical Director. Review of this agreement only discusses psychiatric medical care to be provided and there is no mention of any other type of social services being offered by the psychiatrist.</p> <p>This regulation was NOT MET as evidenced by:</p> <p>B.) Based on observation, interview, and record review, the facility failed to have a trained staff person to serve as activities director in order to meet the needs of the residents in the facility; they failed to have activities staff scheduled for the required amount of time each week (27.75 hours for 37 residents); failed to have any assessment of resident participation and response to activity programming, including updated goals and interventions; and failed to follow their Activity Calendar policy by not posting the activity program schedule. This failure applied to 25 of 37 residents reviewed for activities currently residing in Houses 2 and 3 of the facility.</p> <p>Observations during the course of this survey</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6013601</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/24/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARBOR HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>760 OLD MCHENRY ROAD WHEELING, IL 60090</b>
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S9999	<p>Continued From page 13</p> <p>(4/22 - 4/23/22) noted that residents in Houses 2 and 3 were not engaged in meaningful activities. Did not observe any posted activity calendars with scheduled activities in House 2 or House 3.</p> <p>4/23/22 at 11:32am, V1 (Administrator) was asked if there is an Activities Director and she stated that there is no Director but there is an activities assistant. Per V1, V14 (Activities Assistant) plans and coordinates activities and there is one vacancy for a second activities assistant. We work around her (V14's) schedule - she has no specific training - she is a college student.</p> <p>4/23/22 at 12:35pm, residents in House 3 were noted to be placed in front of the television to watch a movie after lunch but were not engaged in the programming. Two of the residents were observed to be asleep in their wheelchairs. V13 (CNA) was asked if there was an activity calendar and stated that the residents are watching TV now then added that there is an activities person, but he hasn't seen her today or yesterday.</p> <p>4/23/22 at 2:19pm, V8 (LPN) was asked if there were any activities planned for residents and showed the surveyor that there are activities in a cabinet in the living room (House 2); inside the cabinet there were board games and art and craft supplies. V8 was asked if there was an activity calendar posted anywhere because the surveyor did not see it on any of the walls and V8 stated that he would ask about that.</p> <p>Personnel records document that V14 (Activities Assistant) was hired on 12/20/21.</p> <p>Based on the current facility census provided, there are 37 residents in the facility.</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>Per regulation, "activity staff time each week shall total not less than 45 minutes multiplied by the number of residents in the facility"; therefore 37 x 45 minutes = 1665 minutes (27.75 hours/week).</p> <p>V1 provided working schedule for V14 (Activities Assistant) and work hours scheduled for the past 60 days reflected the following total weekly hours:                      Week of February 14, 2022 - 25.5 hours                      Week of February 21, 2022 - 18.5 hours                      Week of February 28, 2022 - 18 hours                      Week of March 7, 2022 - 30 hours                      Week of March 14, 2022 - 24.5 hours                      Week of March 21, 2022 - 18.5 hours                      Week of March 28, 2022 - 18 hours                      Week of April 4, 2022 - 18.5 hours                      Week of April 11, 2022 - 25.5 hours                      Week of April 18, 2022 - 16 hours</p> <p>Review of clinical records for R1 - R10 did not include any documentation of resident response to or participation in activity programs.</p> <p>4/23/22 at 3:53pm, V1 stated that the previous activities person used to make notes in the resident's records, but it probably hasn't been done since she left.</p> <p>This regulation was NOT MET as evidenced by:</p> <p>C.) Based on observation and interview, the facility failed to maintain the main kitchen (House 3) in good repair by having cabinets with missing drawers/doors, countertop laminate peeling in the space between the counter and the cabinet, and grim embedded into the floor and walls; there was also an uncovered electrical box (House 2) in the living room floor. These failures have the</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>potential to affect all 37 residents currently in the facility who receive meals from the main kitchen and 13 residents currently residing in House 2.</p> <p>4/22/22 at 11:08am, during a tour of the main kitchen (House 3) with V12 (Cook), it was noted that there was a cabinet under the sink with a missing door and the drawer above it was also missing. On the opposite cabinet, another cabinet door was loose. There was space between the countertop and the drawers of about two inches where the laminate was peeled off and exposed the underlying wood grain. It was also noted that dirt, grease, and grime were embedded into the walls and floor grout appeared to have old stains visible. As the surveyor toured the kitchen, V12 stated, no matter how much I try to clean and disinfect it doesn't look clean. I've been here about ten years, and I think we're finally getting a new kitchen; some people came out last week to measure. Surveyor asked how long the kitchen was in this condition and V12 stated that it's been this way but I'm glad that we are finally getting it re-done. V12 also confirmed that all meals for the facility are prepared in the House 3 kitchen and then taken to each house to be served to the residents.</p> <p>During rounds in House 2 throughout the course of this survey (4/22/22 and 4/23/22), surveyors noted that there was a loose carpet piece to the right of the living room television, in front of the windows, which exposed an electrical outlet box that measured approximately 3x6x4 inches. Per facility census, House 2 currently has 13 residents. It was observed that multiple residents who were in the living room (House 2) were in wheelchairs and required the use of assistive devices for ambulation and the loose covering on the ground posed a tripping hazard.</p>	S9999		
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S9999	<p>Continued From page 16</p> <p>4/23/22 at 12:10pm, V10 (CNA) stated that most of the residents in this house (House 2) need help except for one or two residents.</p> <p>4/23/22 at 11:47am, V1 (Administrator) was asked about the condition of the kitchen in House 3, and she acknowledged that it had been a struggle to get a contractor out because of the pandemic but that they did get a quote for new cabinets. V1 did not confirm an install date for the new kitchen cabinets.</p> <p>4/23/22 at 2:49pm, V1 (Administrator) was made aware of the concern regarding the exposed outlet box in the living room floor of House 2 and V1 stated that she would look into that concern.</p> <p>(B)</p>	S9999		