

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005359</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/15/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LIBERTYVILLE MANOR EXT CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>610 PETERSON ROAD LIBERTYVILLE, IL 60048</b>
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S 000	Initial Comments	S 000		
	Annual Licensure and Certification Survey			
S9999	Final Observations	S9999		
	Statement of Licensure Violations:  1 of 4  300.675 b)4)  Section 300.675 COVID-19 Training Requirements EMERGENCY ILLINOIS REGISTER 4150 22 DEPARTMENT OF PUBLIC HEALTH NOTICE OF EMERGENCY AMENDMENT  b) Required Frontline Clinical Staff Training ILLINOIS REGISTER 4151 22 DEPARTMENT OF PUBLIC HEALTH NOTICE OF EMERGENCY AMENDMENT  4) Facilities shall require, within 14 days after hiring, CMMS Training for all frontline clinical staff hired after January 31, 2021.  This REQUIREMENT was not met as evidenced by:  Based on interview and record review, the facility failed to ensure new staff members completed the required COVID-19 Targeted Training within 14 days of hire. This has the potential to affect all 38 residents in the facility.  The findings include:  The facility's Resident Roster, dated 6/13/22, shows there were 38 residents residing in the facility.			
			<b>Attachment A Statement of Licensure Violations</b>	

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>The undated facility provided list of Certified Nursing assistants (CNAs) shows V18 (CNA) was hired on 4/15/22 and V13 (CNA) was hired on 5/19/22.</p> <p>On 6/14/22 at 2:08 PM, V3 (Infection Preventionist) said V13 and V18 are still working on the CMMS COVID-19 Targeted Training. V3 said they do not have a specific time frame that it needs to have it done by, but she would like them to have it done within a couple of weeks of hire.</p> <p>(C)</p> <p>2 of 4</p> <p>300.610 a) 300.696 d)14)</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 d)14) Infection Prevention and Control</p> <p>d) Each facility shall adhere to the following</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>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):</p> <p>14) Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs).</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff donned personal protective equipment (PPE) when entering a residents room on droplet/contact isolation which applies to 1 of 3 residents (R113) reviewed for infection control in a sample of 3.</p> <p>The findings include:</p> <p>R113's Entry Resident Data Collection, dated 6/9/22, showed R113 is an 86 year old female resident, who is alert and oriented times three, and able to make her needs known.</p> <p>R113's COVID-10 Vaccination Record Card showed R113 received the second vaccination on 4/13/21, with no booster vaccinations given.</p> <p>On 6/13/22 at 10:00 AM, R113's room had an isolation cart outside her room with isolation signs identifying R113 on contact and droplet precautions.</p> <p>On 6/13/22 at 10:45 AM, V12, Licensed Practical Nurse, stated R113 was a new admission, and did not have all of her COVID-19 vaccination</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>boosters. When someone is on contact/droplet isolation, even if not COVID positive, they need to be treated like they have COVID.</p> <p>On 6/13/22 at 12:45 PM, R113 was sitting in her wheelchair against the back wall of the room. During R113's interview, V13, Certified Nursing Assistant, entered the room without putting on a gown, gloves, or a N95 mask. V13 only had on a surgical mask and eye protection as she set up R113's lunch tray in front of her on the bedside table. After V13 left the room, R113 asked this writer "Why are you wearing all that stuff? They never do. I'm stuck in this room for two weeks because I don't have all my shots."</p> <p>On 6/13/22 at 1:10 PM, V8, Nursing Manager, stated the PPE which needs to be worn for a resident on droplet/contact isolation is a N95 mask, gown, gloves, and eye protection.</p> <p>On 6/15/22 at 10:30 AM, V13 stated when she entered R113's room she should have put on the proper PPE which includes a gown, gloves, N95, and eye protection.</p> <p>The facility's Transmission Based Precautions Policy revised on 3/22/22 showed "The purpose of this policy is to ensure Libertyville Manor has protocols in place to identify a suspect case of COVID-19 or a confirmed case of COVID-19, minimize the chance for exposures and to adhere to Standard and Transmission Based Precautions (TBP) in Droplet/Contact precautions. This policy will also be used for new admits or readmits to the facility where the resident will be placed in a 10 day quarantine in transmission based, droplet contact precautions. If not fully vaccinated or up to date with boosters. The facility will follow the guidance of the LCHD, IDPH, and CDC based on</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>the most current guidelines and recommendations they are following at the time...Staff should have N95, goggles or faceshield, isolation gown, and gloves in place before entering resident's room."</p> <p>(B)</p> <p>3 of 4</p> <p>300.610 a) 300.1210 d)5)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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:</p> <p>5) A regular program to prevent and treat 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 asses, monitor, and obtain treatment orders for residents with skin alterations which applies to 2 of 3 residents (R114</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>and R213) reviewed for skin alterations in a sample of 3.</p> <p>The findings include:</p> <p>1. On 6/13/22 at 11:00 AM, R114 was laying in bed. R114 had a dressings on his left calf and right foot/ankle. R114 stated he also had a dressing on his buttocks.</p> <p>On 6/13/22 at 11:45 AM, V12, Licensed Practical Nurse, stated R114 has two dressing changes ordered. R114 has a preventative dressing on his coccyx, and a dressing change for his left calf which is for a stage 2 pressure ulcer. V12 stated she believed R114's right food dressing is changed by hospice.</p> <p>R114's Physician Orders for June 2022 showed no orders for dressing changes to R114's right foot/ankle.</p> <p>On 6/14/22 at 10:00 AM, V12 changed R114's dressings. V12 stated R114's coccyx wound appears to be a healed stage 2 pressure wound, the left calf wound is a stage 2 pressure wound approximately 2.5 X 2.5 X 0 centimeters in size, and the right heel wound is healed. V12 stated hospice was taking care of R114's heel wound. "This was the first time she had looked under the dressing. Even if hospice is taking care of a wound their should be orders for the dressing for continuity of care".</p> <p>R114's facility was unable to provide wound measurements or assessments for R114s wounds.</p> <p>2. On 6/13/22 at 9:42 AM, R213 was sitting in a</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>wheelchair. R213's left pant leg was pulled up exposing his shin. There was a 4 x 4 gauze dressing to R213's left shin.</p> <p>On 6/13/22 at 1:31 PM, V12 (Licensed Practical Nurse- LPN) said R213 had a skin tear to his left shin and the wound was over a week old.</p> <p>On 6/13/22 at 2:26 PM, V8 (Nurse Manager) said when there is a skin alteration the physician should be notified for orders and a wound assessment should be done. V8 said wound assessments should be done weekly with measurements. V8 said wound assessments with measurements are not being done. According to V8, the previous Director of Nursing (DON) was doing the wound assessments, however that DON left in January 2022 and no one has been doing the wound assessments since the DON left.</p> <p>R213's Active Orders Report did not show a treatment order for his left shin wound.</p> <p>The facility was unable to provide any wound assessments for R213's left shin wound.</p> <p>The facility's Skin Assessment policy with and effective date of 7/29/21 showed, "The Purpose of this policy is to ensure that the facility is providing proper skin assessments ... a proper skin assessment will including any breaks or cuts in the skin rashes, reddened or opened areas ....any skin breakdowns or pressure ulcers shall be documented in the nurses notes and treatment sheet ..."</p> <p>(C)</p> <p>4 of 4</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>300.1220 a)</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>a) Each facility shall have a director of nursing services (DON) who shall be a registered nurse.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to designate a registered nurse to serve as the Director of Nursing (DON). This applies to all 38 residents that reside at the facility.</p> <p>The findings include:</p> <p>The facility's Resident Roster, dated 6/13/22, shows there are 38 residents that reside at the facility.</p> <p>On 6/13/22 at 9:19 AM, V2 (Assistant Administrator) said they have not had a Director Of Nursing (DON) for about five months.</p> <p>On 6/14/22 at 2:08 PM, V3 (Registered Nurse) said the DON used to do a lot of the in-services and training. V3 stated she is not sure if anyone has been doing them since he left.</p> <p>On 6/14/22 at 10:45 AM, V8 (Licensed Practical Nurse) said that the DON used to do the wound assessments and weekly measurements but since the DON left in January, it has not been done.</p> <p>The facility provided email, dated 1/18/22, shows the DON's last day of work was 2/1/22.</p>	S9999		



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