Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: __ COMPLETED IL6005144 B. WING 07/12/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 JENKISSON **CLARIDGE HEALTHCARE CENTER** LAKE BLUFF, IL 60044 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure and Certification S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.696a) 300.696d)1) 300.1010h) 300.1210b) 300.1210d)3) Section 300.610 Resident Care Policies 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. Section 300.696 Infection Prevention and Control A facility shall have an infection prevention and control program for the surveillance, investigation, prevention, and control of healthcare-associated infections and other infectious diseases. The program shall be under the management of the facility's infection preventionist who is qualified through education, training, experience, or certification in infection Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

08/03/23

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| | prevention and cont | trol. | | | | |
| | | | 1 | • | | |
| | guidelines and toolk Control and Prevent Health Service, Dep Services, Agency fo | shall adhere to the following its of the Centers for Disease tion, United States Public partment of Health and Human r Healthcare Research and ational Safety and Health Section 300.340): | | | | |
| | 1) Guideline for | r Prevention of | | | | |
| | Catheter-Associated | Urinary Tract Infections | | | | |
| | Section 300.1010 M | ledical Care Policies | | | | |
| | physician of any acc change in a resident health, safety or well but not limited to, the manifest decubitus u of five percent or mo The facility shall obta plan of care for the c | hall notify the resident's ident, injury, or significant 's condition that threatens the fare of a resident, including, e presence of incipient or alcers or a weight loss or gain are within a period of 30 days, ain and record the physician's are or treatment of such ange in condition at the time | | | | |
| | Section 300.1210 G Nursing and Persona | eneral Requirements for al Care | | | | |
| | care and services to practicable physical, well-being of the reside each resident's compolan. Adequate and personal ca | nall provide the necessary attain or maintain the highest mental, and psychological dent, in accordance with prehensive resident care properly supervised nursing re shall be provided to each otal nursing and personal ident. | | | | |

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| | | IL6005144 | B. WING | | 07/ | /12/2023 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, | STATE, ZIP CODE | | | |
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| | nursing care shall ir | subsection (a), general aclude, at a minimum, the peracticed on a 24-hour, pasis: | | | | | |
| | resident's condition, emotional changes, determining care re further medical eval | oservations of changes in a including mental and as a means for analyzing and quired and the need for uation and treatment shall be aff and recorded in the ecord. | | | | | |
| | These Regulations | are not met as evidenced by: | | | | | |
| | review the facility fai appointment for a re urinary catheter for (reviewed for urinary 20. This failure resul catheter pain, leaking | on, interview and record led to set up a urology sident with a suprapubic R46) 1 of 4 residents catheters in the sample of ted in R46 suffering from g, urinary blockages and emergency treatments. | | | | | |
| | The findings include | | | | | | |
| | R46's Minimum Data 6/18/23 shows that I she has an indwellin | a Set Assessment dated her cognition is intact, and g urinary catheter. | .* · | | | | |
| | were wet. R46 said t causes her constant R46 said that she is | M, the back of R46's pants hat she has a catheter that pain, leaking and burning. supposed to be seeing a waiting on the nurses to set | | | | | |
| | "Resident c/o (compl | on 1/29/23 indicates, ains of) painful burning upon rapubic catheter leaking. | | | | | |

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: __ COMPLETED IL6005144 B. WING 07/12/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 JENKISSON **CLARIDGE HEALTHCARE CENTER** LAKE BLUFF, IL 60044 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 Noted sediment inside the suprapubic catheter tubing with scant amt (amount) of urine noted.... called [Urogynecologist].... ok to change the catheter and monitor...attempted to change suprapubic catheter and when balloon deflated unable to pull tube out met with much resistance.... spoke to [Urogynecology Nurse] ...she is also aware that she has an appointment February 1..." R46's Nursing note on 2/1/23 shows, "Unable to make appointment due to no transportation.... Will make new date..." On 2/5/23 R46's Nursing note indicates, "Writer reported from a CNA that resident's adult brief was wet with urine when she cleaned the resident....no urine output in the bag." On 2/8/23 R46's Nursing note indicates that the resident complains of moderate pain to suprapubic catheter and vaginal area...[primary doctor] made aware with N.O (Nursing Orders) carried out. Report given to nurse at Ilocal hospital] resident admitted for UTI (urinary tract infection)." No notes were found that her Urogynecology appointment was rescheduled. R46's Nurses note dated 2/28/23 indicates, "Tried to flush suprapubic catheter. Unable to flush, urine has been leaking out from urethra.... Sent patient to [Local Hospital]. R46's Nurses note dated 3/11/23 indicates, "Urine leaking out through urethra, tried to flush suprapubic cath but blocked send resident out to [Local Hospital]

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| | | R46's Nurses note dated 3/12/23 indicates that she came back from the hospital after getting her catheter changed with new antibiotic orders for a urinary tract infection. | | | | | |
| | | she complained of b | dated 4/8/23 indicates that plood in her urine, her as saturated with pinkish | | | | |
| | | "Unable to flush sup | lated 4/11/23 indicates, rapubic catheter. Urine urethra. Resident sent to | 2 | | | |
| | | leaking out through t | able to flush. Urine has been | ž. | | | |
| | | and c/o low abd (abd and received order to Room)Returned change suprapubic c | ange suprapubic catheter lominal) pain. Called [Doctor] send to ER (Emergency from [local hospital] without | | | | |
| | | ,Urology] office to ma they need to fill out [S | ated 6/23/23 shows, "Called like appointment, they said SIC] some paperwork. Will them need to see MD within | | | | |
| | V | R46's Nurses note da vaiting for picture ID said they mailed alrea | ated 6/30/23 shows, "Still from former home, and they ady." | | | | |
| | F | R46's Nursing Notes | do not document that she | | | |) |

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

| | OF CORRECTION | IDENTIFICATION NUMBER: | l ' ' | E CONSTRUCTION | COMPL | |
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| | | IL6005144 | B. WING | | 07/12 | 2/2023 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS CITY S | STATE, ZIP CODE | | |
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| CLARID | GE HEALTHCARE CE | LAKE BLI | UFF, IL 6004 | 44 | | |
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| | had a clinic visit wit 7/12/23. | h a Urologist from 1/29/23 to | | | | |
| | dated 6/23/23 show | structions from the hospital that she was diagnosed with tion and needs to see a s. | | | | |
| | said that R46 has b multiple times to ge pain and leaking. V comes back, they s Urologist in 2-4 day | 6 AM, V7 (Registered Nurse) een to the emergency room it her catheter changed due to 7 said that every time she ay that she needs to see a s, but we are waiting on rom her previous facility I the paperwork. | · | | | |
| | catheter is very und said that it makes h she is sent to the ho see the Urologist. T had a photo ID, and wallet and gave it to no one at the facility | AM, R46 said that her comfortable and painful. R46 er cry sometimes and when ospital, all they do is say to this surveyor asked R46 if she the resident took it out of her othis surveyor. R46 said that y has ever asked her for her would have been asked, she to them. | | # | | ii . |
| | said that he is not a that R46 is having r said that he knows past and was sent t have had a follow u that he is not sure if | PM, V16 (R46's Physician) ware of any current issues egarding her catheter. V16 that she has had issues in the o the hospital and she should p with a Urologist. V16 said is she has seen a Urologist, but he had seen one in the | 2 | <u>\$</u> | | |
| | | PM, V3 (Assistant Director of he is not sure why R46 has | | | | |

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

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| | not seen the Urolog | ist yet. | | | |
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