STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012512	A. BUILDING: _____ B. WING _____	03/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNT VERNON COUNTRYSIDE MANOR	606 EAST IL HWY 15 MOUNT VERNON, IL 62864

(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 Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)2) Section 300.610 Resident Care Policies 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. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such	S9999		

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S9999	Continued From page 1 accident, injury or change in condition at the time of notification. (B) 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. 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. These requirements are not met as evidenced by: Based on interview and record review, the facility failed to provide timely physician notification of symptoms of a urinary infection and timely collection of specimens for 1 (R22) of 1 resident reviewed for Urinary Tract Infections in the sample of 60. This failure resulted in R22 experiencing untimely treatment of a Urinary Tract Infections with symptoms of "pain and burning" expressed by R22 beginning on 2/15/24, with antibiotic treatment not initiated until 2/28/24. Findings Include: R22's face sheet documents an admission date	S9999		

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S9999	Continued From page 2 of 12/29/17 to the facility and includes the following diagnoses: major depressive disorder, need for assistance with personal care, and disorder of kidney and ureter. R22's most recent completed MDS (Minimum Data Set) dated 11/7/23 Section C documents a BIMS (Brief Interview of Mental Status) score of 15, indicating that R22 is cognitively intact. Section GG for toileting hygiene, shower/bathe self and personal hygiene are coded as needing substantial/maximal assist. In this same Section GG is coded as being dependent for toilet transfers. On 2/27/24 at 9:00 AM, R22 stated that she has been hurting when she urinates for weeks, and she doesn't understand why they are taking so long to get her medication. R22 stated that they have had to collect two or three samples of her urine in the meantime, and she doesn't know if they are losing it or what but would like this urinary tract infection taken care of. R22 states that she gets infections kind of regularly. R22's progress note entry on 2/15/24 at 6:12 PM, documents that R22 c/o (complained of) pain, burning upon urination and a message was sent to V13 (Nurse Practitioner) and awaiting return orders. The progress note further documents that the POA (Power of Attorney) was aware of c/o (complaints of) and was ok with whatever V13 orders. A progress note dated 2/22/24 documents "(R22) c/o pain /discomfort when urinating. Urine obtained for UA (urinalysis) C & S (culture and sensitivity)." A Progress note dated 2/27/24 made by V15 (Licensed Practical Nurse)(LPN) documents "Received new order to start resident on ceftriaxone 1 gm (gram) daily x 5 days r/t (related to) UTI (Urinary Tract Infection). Resident	S9999		

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S9999	Continued From page 3 and POA made aware of new order." A progress note dated 2/28/24 made by V16 (Registered Nurse) documents "First dose of ceftriaxone was administered to rt (right) buttock, resident tolerated well. Ceftriaxone was diluted in 2.1 mL (milliliters) of lidocaine per pharmacy direction. (Local Hospital) lab was contacted several times to send over UA results, UA results were never sent x3." On 2/29/24 at 3:00 PM, V2 (Director of Nursing) stated that the initial urine sample was not labeled properly so it had to be redrawn. When they got the culture back, they waited for the sensitivity prior to notify the doctor to get an antibiotic ordered. V2 confirmed at this time no broad spectrum antibiotic was started while waiting for the sensitivity to come back. R22's current physician order sheet for March 2024 has an order with a start date of 2/29/24 for Ceftriaxone 1 gram injection with an end date of 3/4/24. On 3/1/24 at 9:15 AM, V2 stated that R22 had no complaints when V13 (Nurse Practitioner) rounded on her on 2/15/24. R22 must have became symptomatic after seeing V13. The order was obtained on 2/18/24 to collect the urine for a urinalysis and was sent off on 2/19/24. It was determined on 2/19/24 that the collection was not properly labeled and needed to be recollected. The next sample collected was on 2/22/24 and an antibiotic order Ceftriaxone 1 gram daily for 5 days was started on 2/28/24. V2 stated that the nurse did not get the order into the system until after midnight, so the order shows a start date of 2/29/24. V2 went on to state that the lab picks up samples early in the morning prior to 8:00 AM Monday-Friday. V2 stated that the	S9999		

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S9999	Continued From page 4 second collection fell on a weekend and if the provider does not order a stat lab they will wait until Monday morning to collect the sample. V2 stated that is what happened with R22 and why the delay occurred with obtaining the second sample and getting the results. V2 provided 24 hour report sheets with the following information for R22. On 2/15/24 R22 has documentation on the 6AM-6PM shift that she is "complaining of burning upon urination" and that a message was sent for a urinalysis. On 2/16/24 the 6PM-6AM shift documents that "faxed communication to (V13) related to burning with urination. Awaiting new orders." On 2/17/24 the 6PM-6AM shift documents "burning with urination, awaiting orders." On 2/18/24 the 6PM-6AM shift documents "burning with urination, awaiting orders" and the 6AM-6PM shift reports "new order for urinalysis." On 2/20/24 the 6AM-6PM shift documented "urinalysis not labeled and need to redo." On 2/21/24 the 6PM-6AM shift reported "need urinalysis." On 2/22/24 6PM-6AM reported "need urine", and the 6AM-6PM reported "ok urinalysis in fridge." On 2/23/24 6PM-6AM reported the "urinalysis in fridge." On 2/24/24 the 6PM-6AM shift reported "faxed urinalysis results, awaiting results." A lab report provided documents that the specimen was collected on 2/19/24 and was not labeled. The report advised the facility to collect a new specimen properly labeled with full name, date of birth, and date/time of collection. A patient report from local hospital dated 2/23/24 documents a positive nitrite in the urinalysis and a culture and sensitivity to follow. A lab report dated 2/27/24 documents the culture and sensitivity results of >(greater than) 100,000 CFU (colony forming unit)/ML(milliliters) of Escherichia	S9999		

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S9999	Continued From page 5 Coli. On 3/1/24 at 9:05 AM, V13 (Nurse Practitioner) stated that in reviewing documentation, she does not see where she was notified of R22 experiencing burning with urination until 2/18/24, when at that time she gave the order for a Urinalysis with Culture and Sensitivity if indicated. V13 also stated she was never notified of a specimen not being labeled correctly, which resulted in a prolonged collection time with urinary infection symptoms present. V13 stated that it is her expectations that if the facility is not receiving a response via fax, that they should call her for orders and communicate any concerns. V13 acknowledges the untimely collection for the facility obtaining the culture, resulted in delayed treatment to R22. V13 agreed that it is fair to say R22 would have experienced prolonged discomfort with the lack of timely treatment provided. V13 stated her expectations are that if a resident is experiencing symptoms of infection, such as burning with urination, the lab would be ordered to be completed immediately and not that a routine culture would be obtained at just the next available pickup date. An undated antibiotic stewardship policy documents.....Procedure: 1. When the nurse suspects that the resident has an infection, the nurse will perform an evaluation of the resident that includes: a. resident signs and symptoms. i. complete set of vital signs ii. interview of resident for symptoms iii. assessment. 2. The nurse will utilize the "McGeer Contitutional Criteria" infection criteria protocol to determine if it is necessary to treat with antibiotics or if adjustments in therapy need to be made. 3. Notify the physician/practitioner of resident change of condition and evaluation information. The nurse	S9999		

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S9999	Continued From page 6 to communicate to physician of infection criteria protocol to treat the respective infection. 4. When diagnostics are ordered by the practitioner, the nurse will contact the lab/radiology to notify of physician order. a. Physician will be notified of results of diagnostics to ensure resident is taking the appropriate antibiotic or if antibiotic needs to be discontinued or changed. 5. If indicated, based upon (identified) criteria, an antibiotic is ordered, the practitioner will identify the diagnosis/indication, the appropriate antibiotic, proper dose, duration and route. a. In the event the prescribing physician orders an antibiotic without identification of infection criteria, the physician will be requested to identify rationale for ordered antibiotic..... (B)	S9999		