

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007702</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/30/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RANDOLPH COUNTY CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>312 WEST BELMONT SPARTA, IL 62286</b>
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S 000	Initial Comments  Annual Licensure Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations I of II: 300.610a) 300.1210b) 300.1210d)6) 300.2090b)  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 300.1210 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.	S9999		

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
Electronically Signed

TITLE

(X6) DATE  
05/15/24

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S9999	<p>Continued From page 1</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>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.2090 Food Preparation and Service</p> <p>b) Foods shall be attractively served at the proper temperatures and in a form to meet individual needs.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure resident's coffee was served at safe temperatures to prevent burns/injury. This failure resulted R21 sustaining a second degree burn from spilling hot coffee on himself on 2/8/2024 and the facility continues to provide all residents' coffee at unsafe temperatures.</p> <p>Findings include:</p> <p>1. R21's Physicians Order Sheet (POS) dated April 2024, documented a diagnoses of multiple sclerosis (MS), pneumonia, unspecified organism, bacteremia, urinary tract infection, sepsis, unspecified organism, colostomy status, presence of urogenital implant, stiffness of right knee, not elsewhere classified, stiffness of left</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>knee, not elsewhere, weakness, other reduced mobility, problem related to care providers dependency, unspecified, Proteus (mirabilis) (morganii) as the cause of diseases classified elsewhere an a pressure ulcer of sacral region.</p> <p>R21's Minimum Data Set (MDS) dated 4/8/2024 documented that R21 was cognitively intact for decision making.</p> <p>R21's Care Plan 4/13/2024 documented, "The resident has limited physical mobility related to Multiple sclerosis (MS) dated initiated 4/13/2022." It continues, "Resident uses an electric wheelchair, resident is on a regular diet, resident has multiple sclerosis. The resident has limited physical mobility related to MS. 2/8/2024 spilled coffee on thigh, blister healed 2/12/2024."</p> <p>R21's Progress Note, dated 2/8/2024 at 1:01 PM, documented, "Note Text: MD (Medical Doctor) notification received regarding treatment to open area to right thigh r/t (related to) popped blister from resident's spilled coffee. (V4) APRN (Advanced Practice Registered Nurse) agree with treatment to cleanse right thigh with NS (Normal Saline). Applied xeroform, cover with DD (dried dressing) and secure with tape. Change daily and prn (As needed). POA and resident aware of new order."</p> <p>R21's Skin Assessment, dated 2/13/2024 at 12:50 PM, "Right front thigh scabbed, 1 length x 0.4 width; front thigh scabbed length 0.5 x width 0.3. Referral to (Wound Company) x 2 scabs right front thigh. No new skin issues."</p> <p>On 4/25/2024 at 12:02 PM, R21 stated, "I was going to get a cup of coffee off of the table, there are cups and everything available and I was</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>helping myself to a cup of coffee and my nerves got the best of me and I accidentally dumped the coffee on my lap. I got blisters on my thigh, but I am okay now."</p> <p>On 4/30/2024 at 10:32 PM, V25 (Certified Nursing Assistant/CNA) stated, "When I was assisting (R21) to bed I noticed he had a quarter size burn on his top thigh. When I asked him what happened he stated he got burned with the coffee. Normally, we have the coffee available in the dining room with cups available to residents to have coffee."</p> <p>2. On 4/25/2024 at 11:11 AM, V19 (Dietary Manager) stated "I have received complaint about the coffee being hot, but I am not aware of any resident being injured from the hot liquid."</p> <p>On 4/25/2024 at 12:06 PM in the main dining room the lunch service was taking place and there are thermal cups available for use and a machine with coffee in it on a table. The plastic thermal cups do not have lids. The coffee machine has a lever that you pull down and fill the coffee cup with. A cup of coffee water temperature was taken with a calibrated metal thermometer and documents a temperature of 160.5 degrees Fahrenheit (F).</p> <p>On 4/25/2024 at 12:07 PM, V5 (CNA), stated, "We have coffee available for our residents all day. Anytime they want a drink they can go to the window and ask, and we always have coffee available."</p> <p>On 4/25/2024 at 12:11 PM during lunch coffee was available to all residents and R150 and were observed getting up and getting her own cup of coffee. The coffee was steaming from the cup.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>On 4/25/2024 at 12:14 PM, R150 stated, "Yes, the coffee is really hot, look at that steam."</p> <p>04/25/2024 2:06 PM R42 went into the dining room and got herself a cup of coffee.</p> <p>On 4/25/2024 at 2:06 PM, in the main dining room there is a group activity going on and there are thermal cups available to use. A cup of coffee temperature was taken with a calibrated metal digital thermometer and documents a temperature of 160.5 degrees F.</p> <p>On 4/25/2024 at 2:08 PM, R42 stated that she always gets her own coffee here and there is always coffee sitting there on the table with cups. She continued to state, "The coffee is really hot you can see the steam coming out of it. I usually put my silverware in my coffee to cool it off. I love coffee."</p> <p>On 4/25/2024 at 2:59 PM, in the main dining room there are residents inside watching a movie on the projector screen. The coffee is still available and coffee temperatures were taken with a calibrated metal digital thermometer and documents a temperature of 159.5 degrees F.</p> <p>On 4/25/2024 at 3:13 PM, V7 (Dietary Cook) stated, "We always try and have hot coffee always available for residents."</p> <p>On 4/25/2024 at 4:10 PM, the coffee temperature was taken with a metal, digital thermometer and documents a temperature of 158.5 degrees F.</p> <p>On 4/26/2024 at 12:47 PM, V19 (Dietary Manager) stated "I just took the temperatures on</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>the coffee, and they were 180 degrees Fahrenheit, and the holding temperature was 165 degrees. I talked with Folgers manufacture, and they recommended the temperature to be 195 degrees to 205 degrees Fahrenheit."</p> <p>On 4/25/2024 at 2:26 PM, V21 (Nurse Practitioner) stated, "If a resident had a burn and there was a blister, I would expect it was a second- or third-degree burn. If the coffee or hot liquid was extremely hot it could easily cause a second- or third-degree burn. (R21) was treated for a blister/burn."</p> <p>On 4/25/2024 at 2:29 PM, V22 (Medical Director) stated, "If a resident gets a blister from a burn, I would consider it to be a second degree burn. Ideally, we would not want the liquid to be that hot so if a resident did spill the drink, and with this population they are some high-risk groups, there would not be any injury from spilling the beverage."</p> <p>The Precautions for Hot Beverages Policy, dated 2022, documented, "The temperature for brewing and serving hot beverages will be based on the manufacture recommendations for the beverage equipment utilized in each community. Although, the recommended setting for proper brewing will vary based on community equipment, it is recommended that the temperature of the equipment be set at the lowest possible temperature for adequate brewing, anticipated to be in the range of 160 F to 170 degrees F. The serving temperature should be approximately 10 to 15 degrees less that the brewing temperature. Additional precautions may be implemented based on the needs of each resident and may include Assessing and identifying those individuals served who are at high risk for burning</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>themselves with hot beverages. Ensure staff monitors the identified high-risk residents during mealtimes, and/or when hot beverages are served. Utilizing spill proof lids and cups for those individuals identified as high risk for spillage and potential for burning. Assessing those individuals who request beverages served hotter than the guidelines outline above for the ability to consume hot beverages independently and safely."</p> <p>The Long -Term Care Facility Application for Medicare and Medicaid form dated 4/23/2024 documented the facility had a census of 51 residents.</p> <p>"B"</p> <p>Statement of Licensure Violations II of II: 300.615e) 300.615f)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b)</p>	S9999		

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S9999	<p>Continued From page 7 of the Act)</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at <a href="http://www.isp.state.il.us">www.isp.state.il.us</a> and the Illinois Department of Corrections sex registrant search page at <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a> to determine if the individual is listed as a registered sex offender.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to perform the CHIRP (Criminal History Information Response Process) background checks for new admission residents 5 of 5 (R103, R104, R105, R106, and R150) in the sample of 31. This has the potential to affect all 51 residents residing in the facility.</p> <p>Findings include:</p> <p>On 4/26/24 a review of R106's background check folder documents, that R106's preadmission background checks were performed on 3/04/24, and a CHIRP background check was not completed. R106 was admitted to the facility on 3/6/24.</p> <p>On 4/26/24 a review of R103's background check folder documents, that R103's preadmission background checks were performed on 4/03/24, and a CHIRP background check was not completed. R103 was admitted to the facility on 4/8/24.</p> <p>On 4/26/24 a review of R104's background check</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>folder documents, that R104's preadmission background checks were performed on 4/16/24, and a CHIRP background check was not completed. R104 was admitted to the facility on 4/22/24.</p> <p>On 4/26/24 a review of R105's background check folder documents, that R105's preadmission background checks were performed on 4/11/24, and a CHIRP background check was not completed. R105 was admitted to the facility on 4/10/24.</p> <p>On 4/26/24 a review of R150's background check folder documents, that R150's preadmission background checks were performed on 4/17/24, and a CHIRP background check was not completed. R150 was admitted to the facility on 4/18/24.</p> <p>On 4/26/24 at 1:00 PM V27 Social Service Designee stated, "No I haven't been doing the CHIRP. I didn't know I was supposed to. I'm on the site now registering."</p> <p>On 4/30/24 at 12:30 PM V1 Administrator stated, "We don't have a policy on background checks."</p> <p>"C"</p>	S9999		