

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007280</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/18/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALIYA OF HIGHWOOD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>50 PLEASANT AVENUE HIGHWOOD, IL 60040</b>
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(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	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations (1 of 2)</p> <p>300.1210 b)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview, observation, and record review, the facility failed to maintain urinary catheter tubing below the level of the bladder for 1 of 4 residents (R9) with a history of urinary tract infections reviewed for catheters in the sample of 12.</p> <p>The findings include:</p> <p>On 6/17/24 at 10:13 AM, R9 was lying in bed. R9's catheter tubing was placed over the top of her elevated left sided bed rail which prevented urine from flowing into the drainage bag. Urine was seen in the tubing proximal to V9's upper</p>	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>07/11/24</b>
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S9999	<p>Continued From page 1</p> <p>legs and no urine was in the drainage bag or in the tubing after the place where it was draped over the elevated bed rail.</p> <p>On 6/18/24 at 10:10 AM, V5, Licensed Practical Nurse (LPN), said urinary catheter tubing should be placed below the side rails so it can flow well and is not working against gravity.</p> <p>R9's current care plan provided by the facility shows R9 has a history of urinary tract infections (UTI) and has an indwelling urinary catheter. The catheter bag and tubing needs to be positioned below the level of the bladder.</p> <p>(B)</p> <p>Statement of Licensure Violations (2 of 2)</p> <p>300.1210 b) 4)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview, observation, and record review, the facility failed to provide incontinence care for 2 of 12 residents (R3 and R10) reviewed for activities of daily living in the sample of 12.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>On 6/17/24 at 10:26 AM, R10 said she has not been changed yet this morning and is wet now. R10 said she has not been changed since sometime during the night shift and she usually has to wait to be changed. V6 and V7, Certified Nursing Assistants (CNAs) proceeded to assist R10 to get up in preparation for a shower and in the process removed two incontinence briefs. Both briefs were saturated with urine and R10 had an overpowering urine odor. V6 said she has not changed R10 yet this morning, then said, "I'm sorry." V6 said her shift started at 7:00 AM.</li> </ol> <p>On 6/18/24 at 10:05 AM, V8, CNA, said the residents need to be changed at least every two hours.</p> <p>On 6/18/24 at 11:06 AM, V2, Director of Nursing (DON), said residents should not have two briefs on and should be changed at least every two hours.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R10's Minimum Data Set dated 4/19/24 shows R10 is frequently incontinent of urine and is dependent on staff for toileting hygiene. R10's current care plan provided by the facility shows R10 will be checked and changed every two to three hours and as needed and her skin will be kept clean and dry.</p> <p>2. On 6/17/24 at 11:18 AM, R4 said her roommate [R3] wasn't changed during the night shift by [V3] CNA.</p> <p>On 6/18/24 at 10:08 AM, V3 CNA said he worked the 11:00 PM - 7:00 AM shift Sunday (6/16/24) into Monday (6/17/24). V3 said he was assigned to [R3's] room during that shift. V3 said he didn't change [R3] during the shift. V3 said he knew [R3] was wet but didn't get a chance to change her because she's a two person assist. V3 said [R3] is incontinent of urine. V3 said [R3] soaks through her brief and the bed needs to be changed. V3 said incontinent residents should be changed every two hours.</p> <p>On 6/18/24 at 11:07 AM, V2 said incontinent residents should be changed every two hours or as needed. V2 said if a staff member knows a resident is wet, they should be changed within 10-15 mins.</p> <p>R3's current care plan states [R3] has bowel incontinence. . . with goals of [R3] will be clean and dry. . . interventions including check resident every two hours and as needed, and assist with toileting as needed. . .</p> <p>R3's Bladder and Bowel Incontinence task charting shows on 6/16/24 at 11:24 PM the resident received incontinence care with no</p>	S9999		

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S9999	Continued From page 4  additional documentation until 2:51 PM on 6/17/24.  The facility's Incontinence Care policy dated 1/2024, states incontinence care is provided to keep residents as dry, comfortable and odor free as possible.  (B)	S9999		