

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012165	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/21/2019
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NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF PEORIA	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST NORTHMOOR ROAD PEORIA, IL 61614
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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
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violation: 1 of 1 violation</p> <p>300.1210a)b)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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 is NOT met as evidenced by:</p>	S9999	<p>Attachment A</p> <p>Statement of Licensure Violations</p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/07/19
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S9999	<p>Continued From page 1</p> <p>Based on interview, observation and record review, the facility failed to ensure an indwelling urinary catheter drainage bag remained below the level of the bladder for one of two residents (R102) reviewed for indwelling urinary catheters in the sample of three.</p> <p>Findings include:</p> <p>The facility's Urinary Indwelling Catheter Maintenance policy (revised 11/98) documents the following: "Always maintain gravity drainage. Hang bag below level of bladder at all times and avoid clamping catheter as reflux of urine and bladder distention predisposes resident to infection."</p> <p>R102's Indwelling Catheter Care Plan documents the following intervention, "Change tubing, drain bag and catheter, and irrigate catheter per protocol or as ordered. Position drainage bag/cover to prevent the bag from touching the floor. Do not raise the bag/tubing above the level of the bladder. Anchor catheter to the resident's thigh/abdomen. If leg bag is used, switch to drain bag when resident lies down. Hang the drain bag on bed frame, not on the side rail."</p> <p>On 02/20/19 at 10:00 AM, R102 was lying in bed covered with a blanket. An indwelling urinary catheter drainage bag was secured to the lower aspect of R102 ' s bed. V6 and V7 (Certified Nursing Assistants) entered R102 ' s room to provide indwelling catheter care. V7 removed R102 ' s urinary drainage bag from the dignity bag hanging on the right side of R102's bed, lifted and held the drainage bag above the level of R102 ' s bladder, then placed the drainage bag back into the dignity bag secured to the lower</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>aspect of R102 ' s bed. V6 and V7 provided perineal care and indwelling urinary catheter care to R102. V7 then lifted and held R102 ' s indwelling urinary catheter drainage bag above the level of R102 ' s bladder, and handed the drainage bag across R102 ' s bed to V6, who secured it to the lower aspect of the left side of R102 ' s bed. V6 and V7 then rolled R102 onto his left side, while V7 provided peri-anal care. Once R102's care was completed, R102 was rolled and repositioned on his back, V6 then lifted and held R102 ' s urinary bag above the level of R102 ' s bladder, and handed the drainage bag over R102 ' s bed to V7, who then placed the drainage bag back into the dignity bag secured to the lower aspect of the right side of R102 ' s bed.</p> <p>On 02/20/19 at 10:22 AM, V6 (Certified Nursing Assistant) verified lifting and holding R102 ' s indwelling urinary catheter drainage bag above the level of R102 ' s bladder during indwelling urinary catheter care and perineal care.</p> <p>On 02/20/19 at 10:24 AM, V7 (Certified Nursing Assistant) verified lifting and holding R102 ' s indwelling urinary catheter drainage bag above the level of R102 ' s bladder during indwelling urinary catheter care and perineal care. "I was told not to set the catheter (drainage) bag on the bed."</p> <p>(B)</p>	S9999		