

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001358	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/08/2020
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NAME OF PROVIDER OR SUPPLIER CHARLESTON REHAB & HEALTH CC	STREET ADDRESS, CITY, STATE, ZIP CODE 716 EIGHTEENTH STREET CHARLESTON, IL 61920
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S 000	<p>Initial Comments</p> <p>First Probationary Licensure Survey</p>	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>1 of 2</p> <p>300.610 a)</p> <p>300.686 d)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Drugs</p> <p>d) Residents who use antipsychotic drugs shall receive gradual dose reductions and behavior interventions, unless clinically contraindicated, in an effort to discontinue these drugs in accordance with Section 300.Appendix F.</p> <p>This regulation is not met as evidenced by:</p> <p>Based on interview and record review, the facility</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>failed to follow their Psychotropic Medication policy to ensure the physician was notified of a pharmacy recommendation for a gradual dose reduction for an antipsychotic medication for one of three residents (R1) reviewed for antipsychotic medications in the sample of 22 residents.</p> <p>The Psychotropic Medication Policy, revised 11/28/17, states, "Residents who use antipsychotic drugs shall receive gradual dose reductions and behavior interventions unless clinically contraindicated in an effort to discontinue the drugs" and "The consultant pharmacist will request medication reductions as decided on a monthly basis. Recommendations will be printed and sent to the physician in a timely manner."</p> <p>The 12/1/20 through 12/31/20 Physician Order Sheet (POS) documents R1 has diagnoses of Depression, Anxiety, and Psychotic Disorder. The 12/1/20 through 12/31/20 POS documents an order for R1 to have Ziprasidone (antipsychotic) 20 milligrams once daily.</p> <p>On 12/7/20 at 3:30 PM, V4, Licensed Practical Nurse, provided a copy of a Pharmacy Consultation Report, dated 9/15/20, for R1 which documents, "(R1) has received Ziprasidone 20 mg daily from 7/2019 for mood disorder." The Report documents a recommendation of, "Please attempt a gradual dose reduction to Ziprasidone 20 mg QOD (every other day) x 30 days, then discontinue, while concurrently monitoring for reemergence of target behaviors and/or withdrawal symptoms." The Report is signed and dated by V2, Director of Nurses, on 12/7/20. The Report is not signed by V12, Physician. V4 stated the Report should have been sent to R1's physician, but V4 does not know if the Report was</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>sent.</p> <p>On 12/8/20 at 9:45 AM, V2 stated monitoring psychotropic medications is a group effort between V2, V13, Assistant Director of Nurses, and the floor nurses. V2 stated whoever receives a faxed (sent by facsimile) recommendation from the pharmacy should fax the report to the physician. V2 stated sometime in the last few months there was a miscommunication with the pharmacy and the pharmacy stopped faxing their recommendations to the facility so R1's 9/15/20 report was not sent to the physician (V12) until 12/7/20. V2 stated as far as V2 knows no medication changes have been made for R1.</p> <p>On 12/8/20 at 11:10 AM, V11, Pharmacist, stated V11 sent R1's 9/15/20 Consultation Report to V2 and V1 Administrator by electronic mail on 9/15/20. V11 stated facility staff are responsible for sending the Consultation Report to the physician.</p> <p>(C)</p> <p>2 of 2</p> <p>300.696 a) 300.696 c)</p> <p>Section 300.696 Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>policies and procedures are followed.</p> <p>c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340):</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to disinfect a glucometer used for multiple residents (R2,R3,R4, R6,R10,R11,R12,R15,R16, R18,R19,R20,R21,R22), and failed to seat residents dining in a common area (R5,R12,R13,R14) at least six feet apart for 17 of 17 residents reviewed for infection control in the sample of 22 residents.</p> <p>1., R2's Physician's Order Sheet for December 2020 includes the following diagnoses: Type I Diabetes, Obesity, Stage 1V Pressure Ulcer Right Buttocks.</p> <p>On 12/7/20 at 11:40AM, V8, Licensed Practical Nurse (LPN), stated, "(R2) is on contact isolation for a Urinary Tract Infection." An isolation cart is observed outside R2's door and isolation linen and garbage containers are present in R2's Room. V8 took a glucometer out of the medication cart. V8 went into R2's room with the glucometer to obtain R2's blood glucose reading. V8 placed the glucometer on R2's bedside table and obtained the reading. V8 placed the glucometer on the medication cart in the hall and did not wipe or clean it.</p> <p>On 12/7/20 at 11:45AM, V8 took the same</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>glucometer she used for R2 into R10's room to obtain a blood glucose reading for R10. V8 did not wipe or clean the glucometer prior to going into R10's room. V8 placed the glucometer on R10's bedside table and obtained the glucose reading for R10. An isolation cart is observed outside R10's door and isolation linen and garbage containers are present in R10's Room. V8 stated, "(R10) is on contact isolation because of Methicillin Resistant Staphylococcus Aureus in her wound."</p> <p>On 12/7/20 at 11:40AM, V8 took the glucometer to the hall where she placed it on the medication cart. V8 briefly wiped the glucometer with a disposable bleach wipe. V8 stated, "I leave (the wipe) on the glucometer 30 seconds to a minute." The package V8 took the wipe from states "Bactericidal, Fungicidal, Tuberculocidal, Viricidal in 4 minutes." V8 continued down the hall and obtained blood glucose readings in the resident rooms for R11 and R18. V8 briefly wiped the same glucometer after testing R11 and R18 but failed to allow the wipe to sit for the manufacturer's required four-minute kill time after either reading.</p> <p>On 12/7/20 at 12:00PM, V8 stated, "We use the same glucometer for every resident who needs a (blood glucose) check on the North West Hall. V4, Licensed Practical Nurse (LPN), provided a list of residents on the Northwest hall who require regularly scheduled blood glucose readings. In addition (R3,R4,R6, R12,R15,R16,R19,R20,R21 and R22) all reside on Northwest hall and have regularly scheduled blood glucose readings.</p> <p>On 12/8/20 at 2:00PM V2, Director of Nursing (DON), stated, "We use the same (glucometer) for all residents on a common hall.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>The facility's policy "Cleaning and Disinfecting of Glucometer", updated 12/7/18, states "Policy: The blood glucose meters will be cleaned between each resident test to avoid cross contamination issues. Procedure: 1. Cleaning and disinfecting with a bleach disposable wipe will be completed each time the blood glucose meter is used with a premoistened towelette. 2. Using gloved hands unfold the wipe. 3. Follow manufacturer's recommendations for use."</p> <p>2. R5's Care Plan, updated 9/25/20, includes the problems "Impaired Cognition" and "Self-Care Deficit. R12's Care Plan updated 8/24/20 includes the problems "Impaired Cognition" and "Difficulty Chewing or swallowing." R13's Care Plan updated 10/20/20 includes the problem "Impaired Cognition" and "Self-Care Deficit." R14's Care Plan, updated 10/20/20, includes the problems "Hospice to assist in providing physical care due to diagnosis of Parkinson's" and "Requires assistance from staff to complete quality ADLS (Activities of Daily Living)."</p> <p>On 12/7/20 at 12:15 PM, lunch trays were served to R5, R12, R13, and R14. R5, R12, R13, and R14 were seated at a small folding table in the hallway within approximately one to one- and one-half feet of each other and R12, R13 and R14 were not wearing masks. V5, Certified Nurse's Aide (CNA), then pulled R5's mask down and encouraged R5 to eat.</p> <p>On 12/7/20 at 12:20 PM, V5 confirmed R5, R12, R13 and R14 are seated close to each other. V5 stated, "That is how we have done it (seated residents for meals) since COVID started."</p> <p>The facility's policy "Covid-19 Control Measures"</p>	S9999		
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S9999	Continued From page 6 (undated) states "Communal dining can occur for Phase 2 & 3. Facility must ensure that residents are kept at least 6 feet apart during the meal and at 25% capacity for Phase." (B)	S9999		