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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 330.710a) 330.911 330.1510 a)c)g) 330.1530b)f) 330.2000 Section 330.710 Resident Care Policies a) The facility shall have written policies and procedures which shall be formulated with the involvement of the administrator. These written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. They shall be in compliance with the Act and all rules promulgated thereunder. This REGULATION was not met as evidenced by: Based on observation, interview and record review, the facility failed to follow resident care policies regarding wound care treatment and medication administration. This applies to 2 residents (R102 and R110) observed for wound treatment and medication administration. The findings include: 1) On 1/21/15 at 11:20 AM, E7 (Wound Nurse) changed R102's bilateral lower legs dressing by	S9999		

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cleaning the legs with saline solution, applied Ammonium Lactate solution to both legs, administered Fibracol 10 - 90% dressing to 3 wound sites of the left lower leg, wrapped the legs with gauze roll and applied compression wrap.

R102's current POS (Physician Order Sheet) showed that the wound treatment is to be done daily and as needed.

The facility's "Level Of Care Assessment: General Level of Care Guidelines," showed, "Sheltered care residents may require personal care, such as limited assistance with meals, dressing, movement, bathing, or personal care needs but should not require total assistance or complex nursing care."

2) On 1/21/15 at 12:38 PM, E6 (Licensed Practical Nurse) prepared Phenytoin EX (anticonvulsant drug) 100 milligram (mgm) tablet by mouth for R111. E6 went to the Quebec household dining room and administered the medication without asking the resident's name or checking resident's identification. An unidentified CNA (Certified Nursing Assistant) serving the lunch meal said that R111 was in the bedroom and the resident who received the medication was R110. E6 administered the anticonvulsant medication to the wrong resident (R110).

Review of R110's record showed that the resident was admitted with diagnoses of Dementia, Major Depressive Disorder, Persistent Mental Disorder and Alzheimer's Disease. The record did not show that R110 was diagnosed with Convulsions and was not receiving Phenytoin.

The facility policy and procedure dated 11/18/14 entitled, "Medication Error Prevention I - Rights of

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Medication," required, "Procedure: Nursing staff will maintain the 8 Rights of Medication Administration: The Right Patient, The Right Drug, The Right Dose, The Right Route, The Right Time, The Right to Know information about the drug, The Right to Refuse the drug, The Right Documentation."

(C)

Section 330.911 Health Care Worker Background Check

A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955).

The REQUIREMENT is not met as evidenced by:

Based on interview and record review, the facility failed to implement its abuse policy and procedure by not conducting a pre-employment fingerprint screenings for 12 of 29 employees(E10, E15 - E25) whose personnel files were reviewed for criminal background checks.

This has a potential to affect all 49 residents residing in the facility

Findings include:

Review of E10's, E15's through E25's employee files showed that the facility did not ensure that these employees were finger printed within 10 days of starting employment as required by state licensure regulations and the facility's Abuse Prevention Policy. Out of these 12 employees, 7 were Certified Nursing assistants (CNA), 4 were

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S9999	Continued From page 3 Activity staff, and 1 was a receptionist. According to the facility's Abuse and Neglect Policy (undated) All employees will have a criminal background check and license/certification confirmation. The Wealshire and The Ponds will make a reasonable effort to uncover information about any past criminal prosecutions. The Wealshire and The Ponds will report any knowledge it has of actions by a court of law against an employee, which would indicate that they are unfit for service as a nurse aide, or other nursing center staff, to the nurse aide registry, licensing authorities or other mandated state agency. On 1/21/15 at 2:07 PM the facility's Human Resources Director (E26) stated that she had recently (7/2014) started in the position and that she was unaware that all unlicensed facility staff had to be finger printer within 10 days of starting employment with the facility. E26 stated that she received little training on how to submit new staff to the States Health Care Worker Registry, but believed that she was doing what was required by state regulations. (AW) Section 330.1510 a)c)g) Medication Policies a) Every facility shall adopt written policies and procedures for assisting residents in obtaining individually prescribed medication for self-administration and for disposing of medications prescribed by the attending physicians. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. 2) All medications taken by residents shall be ordered by the licensed prescriber directly from a pharmacy. If the facility has a licensed nurse who	S9999		

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supervises the medication regimen of the residents, the nurse may transmit the licensed prescriber's orders to the pharmacy.
c) Drug and Pharmacy Restrictions

1) No facility shall stock drugs.

g) All medications having an expiration date that has passed, and all medications of residents who have died shall be disposed of in accordance with the written policies and procedures established by the facility in accordance with Section 330.1510. Medications shall be transferred with a resident, upon order of the physician, when a resident transfers to another facility. All discontinued medications, with the exception of those products regulated and defined as controlled substances under Section 802 of the federal Controlled Substances Act (21 USC 802), shall be returned to the dispensing pharmacy. Disposition shall be noted in the resident's record.

These REQUIREMENTS were not met as evidenced by:

A) Based on observation, interview, and record review, the facility failed to ensure that all medications taken by facility residents had an order written by a licensed physician.

This applies to one (R105) resident reviewed for self- administration of medications in a sample of five.

The findings include:

R105 is a 79 year old resident admitted to the facility on 8/19/10. Admitting diagnoses include paralysis agitans, hypertension, hyperlipidemia, coronary atherosleurosis, cerebrovascular

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disease, depressive disorder, diabetes, and rheumatoid arthritis.

On 1/20/15 at 10:07 AM an initial tour of the facility was conducted. The facility's Assistant Director of nursing (E4) was present during the tour. During the tour several medications were found in R105's bathroom medicine cabinet including a bottle of Bismuth subsalicylate, a package of diphenhydramine 25 milligram (mg) tablets, a package of loperamide 2 mg tablets, a package of antacid tablets, and caladryl anti-itch lotion.

Review of R105's active physician order sheets (POS) for 1/1/15 through 1/21/15 shows that there were no orders written by R105's physician for any of the medications listed above. There was also no order written for R105 to self-administer his own medication. R105's POS stated, "please make sure resident takes his medications in front of nurse-every shift everyday". In addition R105's medication administration record (MAR) also did not include these medications.

According to the facility's Medication Self-Administration Policy and Procedure (undated), residents who reside in an apartment of The Ponds and desires to self-administer medication are permitted to do so if the community's interdisciplinary team has determined that the practice would be safe for the resident and other residents of the community. The interdisciplinary team determines the resident's ability to self-administer medications by means of "The Ponds Self-Medication Evaluation" form conducted by a nurse on admission, and there after on a quarterly basis. If the

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interdisciplinary team determines on the basis of "The Ponds Self-Medication Evaluation" that the resident is no longer capable of safely self-medicating the resident will then be included in the Quebec community Med pass

R105 resides on the second floor of the facility. His last evaluation for self- administration for medication was conducted on 11/20/10.

On 1/21/14 at 3:24 PM, the facility's Director of Nursing (E3) stated that there is no self-administration of medication allowed on the second floor due to the cognitive condition of the residents that reside there. E3 stated that R105's son brings in the medication without the approval of the facility. E3 stated that although this is true she has never spoken with R105's son about this issue.

B) Based on observation, interview and record review, the facility failed to ensure that there were no stock medications available.

This is for two of four medication rooms in the facility and has the potential to affect 24 residents residing in the two units (Madrid and Brussels) of the facility.

The findings include:

During the environmental tour on 01/21/15 between the hours of 10:00 A.M. to 11:00 A.M., with E12(Maintenance Director) and E13(Environmental Director), there were multiple containers of open stock medications in Madrid Unit Wing medication room. The open stock medications were:

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S9999	Continued From page 7 1) Three bottles of 100 tablets each of Aspirin 2) One bottle of 100 tablets of Stool Softener 3) One bottle of 100 tablets of Senna medication 4) One bottle of 100 tablets of Ibuprofen 200 mg. 5) One bottle of 100 tablets of Tylenol 325 mg. 6) One bottle of 100 tablets of Tylenol 500 mg. E9(Licensed Practical Nurse) was present during this observation. E9 stated that these are open stock medications being used for the residents if needed. The Brussel's Unit medication room has the following open stock medications: 1) Two bottles of 100 tablets each of Senna medication 2) One bottle of 100 tablets of Vitamin C 3) One bottle of 100 tablets of Multivitamin tablets 4) Three bottles of 100 tablets of Stool Softener E6(Licensed Practical Nurse) was present during this observation. E6 stated that these medications were open house stock. During the daily status meeting on 1/21/2015 at 4:00 P.M., E3 (Director of Nursing) stated that the the facility store some medications and use as house stock that are being use for residents when needed. C) Based on observation, interview and record review, the facility failed to dispose and return to pharmacy the residents's discontinued medications in a timely manner. This applies to three out of five residents in the sample(R101, R102, R105) reviewed for medications and four in the supplemental sample(R106,107,108,109). The findings include:	S9999		

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S9999	Continued From page 8 During the environmental tour on 01/21/15 between the hours of 10:00 A.M. to 11:00 A.M., with E12(Maintenance Director) and E13(Environmental Director), there were multiple bingo medication cards placed on the countertop inside the medication room ((Brussels Unit). These medications were: 1) R102's three tablets of Metolazone 5 mg. that was discontinued on 9/30/2014. 2) R102's 28 tablets of Desyryl 50 mg. that was discontinued on 10/14/2014. 3) R101's 39 tablets of Entacapone 200 mg. that was discontinued on 1/9/2015. 4) R105's 16 tablets of Paxil 20 mg. that was discontinued on 12/1/2014. 5) R106's 10 tablets of Lipitor 20 mg. discontinued on 12/18/2014. 6) R106's 20 tablets of Voltaren 75 mg. that was discontinued on 12/18/2014. 7) R107's 26 tablets of Namenda 10 mg. that was discontinued on 10/4/2014. 8) R108's 2 capsules of Keflex 500 mg. discontinued on 1/13/2015. 9) R109's 30 tablets of Seroquel 25 mg. that was discontinued on 12/19/2014. E6 (Licensed Practical Nurse) was present during this observation. E6 stated that these discontinued medications were supposed to have been returned to pharmacy for proper disposal. Review of the facility's undated policy for "Storage and Disposition of Medications" documents that all discontinued medications other than controlled substances will be immediately be returned to the pharmacy. (C) Section 330.1530b)f) Labeling and Storage of Medications	S9999		

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b) The key to the medicine area shall be responsibility of, and in the possession of, the staff persons responsible for overseeing the self administration of medications by resident.
f) The label of each individual medication container filled by a pharmacist shall clearly indicate the resident's full name; licensed prescriber's name; prescription number, name, strength and quantity of drug, date of issue, expiration date of all time-related drugs; name,address, and telephone number of pharmacy issuing the drug; and the initials of pharmacy of the pharmacist filling the prescription.

These REQUIREMENTS were not met as evidenced by:

A) Based on observation, interview and record review, the facility failed to ensure that only authorized personnel have access to medications inside the medication room.

This is for four of four medication rooms in the facility and has the potential to affect all 49 residents residing in the facility.

The findings include:

During the environmental tour on 01/21/15 between the hours of 10:00 A.M. to 11:00 A.M., with E12(Maintenance Director) and E13(Environmental Director), the following were observed :
1) E8 (CNA; Certified Nurse Assistant) has the key to access and was able to open the medication room on the first floor.
2) E10 (CNA) has the key to access and open the medication room on the second floor (Madrid Unit Wing Station). E10 stated during the tour that

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other resident equipment supply were kept in the medication room such as razor blade, hygiene supplies and that was why the CNA has the key to access to open the medication room. Inside the medication room, multiple resident medications were stored on unlocked cabinets and unlocked refrigerator. These medications were accessible to anyone who enters the medication room. E9 (Licensed Practical Nurse) was present during this observation.
3) E11(CNA) has a key to access the medication room on the second floor (Brussels Unit Wing Station). E11 stated that the key was a master key to open all resident's rooms including the medication rooms. During this time of observation, there were multiple medications that were placed in the unlocked cabinets and refrigerator. There were multiple vials of insulin inside the refrigerator. E6 (Licensed Practical Nurse) was present during this observation.

During the daily status meeting on 1/21/2015 at 4:00 P.M., E3 (Director of Nursing) stated that the "master key that CNA's have can open the medication rooms." E4 (Assistant Director Of Nurses) who was also present during the daily meeting stated that she was not aware that the master key that CNA has, can open the medication rooms. E3 and E4 both stated that nurses were only the authorized staff to access the medication rooms.

Review of facility's policy for "Storage and Disposition of Medications" documents....."2) The key to the medicine cabinet, medication room and or medication cart will be the responsibility of, an in possession of, only those persons licensed to administer medication. Non-licensed personnel shall not have access to these keys."

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B) Based on observation, interview and record review, the facility failed to label family supplied medications with the resident's name, dosage and frequency.

This applies to 2 of 6 residents (R109 and R112) observed during medication administration.

The findings include:

On 1/21/15 at 9:05 AM, E6 (LPN - Licensed Practical Nurse) prepared R109's medications for 9:00 AM dose which include: ASA (Aspirin) 325 mgm (milligram) orally, Ferrous Gluconate (Iron supplement) 1 tablet and Multivitamin 1 tablet. All these medications were supplied by the family which were not labeled with resident's name, the dosage and frequency to be given.

On 1/21/15 at 9:20 AM, E6 prepared R112's medications which include: ASA 325 mgm, Artificial Tears 1 drop to each eye. These family supplied medications were not labeled with the resident's name, dosage and how often the medication should be given.

E6 stated that when family supplies the medications, she just write the resident's name directly in the container.

The facility policy dated 7/23/96 entitled, "Labeling," required, "It is the policy of The Wealshire not to administer any medications unless properly labeled. Label are issued by the consultant pharmacy..."

(AW)

Section 330.2000 Food Handling Sanitation

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Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 700).

Based on observation and interview, the facility failed to ensure the high temperature dish machine maintained sanitation at the correct temperature and . The facility also failed to ensure staff washed their hands during meal service.

This applies to 49 of 49 residents in the facility.

The findings include:

1. On 01/20/2015 at 10:00am while the high temperature dish machine was being utilized, a temperature test strip was placed on a pan and ran through the machine. The tip of the test strips were a gray in color prior to being placed in the dish machine. After running the dish machine the test strip did not change color from the strip taken from the original strip container. E5 (Dietary Supervisor) stated the strip should turn black. E5 said the test strip which was placed in the machine looked similar, but it was slightly darker than the original test strip in the container. When asked how the facility determined if the dish machine maintained sanitation at the correct temperature, E5 said the facility would record the temperature. E5 stated the temperature control logs documented the temperature of the reading on the outside of the dish machine.

On 01/21/2015 at 1:35pm E5 said new strips were brought out by the maintenance company of the high temperature dish. The test strips tips in the new container were white.

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S9999	Continued From page 13 On 01/22/2015 at 9:00am E5 stated the dish machines temperature strips the facility was using did not have an expiration date on the container. The facilities undated machine warewashing standard operating procedure document showed a thermal strip should be run through the maching intertwined in a fork once at each meal period. On 01/22/2015 at 12:15pm Z1 (Assistant Solutions Specialist) stated the "T-strips" being used by the facility to check the dish machine rinse water temperature should turn black. Z1 stated the facility had been using the strips incorrectly. He explained the strips are not meant to be run through the cycle because they can only be subject to water for a certain time or they won't change a darker color once they are exposed. Z1 said the correct way to use the temperature strips was to dip the strip into the water of the dish machines scrap tray for 5-10 seconds after the rinse cycle was completed. 2. On 01/20/2015 at 1:20pm during lunch in the Brussels dining room E10 and E14 (Certified Nursing Assistants) served plates of food to eight residents. After serving a resident a plate of food, E10 removed his gloves and donned a new pair of gloves from his pocket without washing his hands. E14 carried two plates of food stacked on top of each other, with another plate in between and a third plate of food resting on the same arm near her elbow with gloved hands. E14 then removed her gloves and donned a new pair of gloves from her pocket without washing her hands. (C)	S9999		