

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/05/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  LEBANON CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 NORTH ALTON LEBANON, IL 62254
---	--

(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>Complaint Investigation: 2146870/IL138315</p> <p>Final Observations</p> <p>Statement of Licensure Violations: 300.610 c) 2) 300.1210 a) 300.1210 b) 4) 300.1210 d) 4) A)</p> <p>Section 300.610 Resident Care Policies c) The written policies shall include, at a minimum the following provisions: 2) Resident care services, including physician services, emergency services, personal care and nursing services, restorative services, activity services, pharmaceutical services, dietary services, social services, clinical records, dental services, and diagnostic services (including laboratory and x-ray);</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care 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</p>	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/05/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  LEBANON CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 NORTH ALTON LEBANON, IL 62254
---	--

(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
S9999	<p>Continued From page 1</p> <p>the active participation of the resident and the resident's guardian or representative, as applicable.</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>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 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>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>4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:</p> <p>A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 10/05/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  LEBANON CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 NORTH ALTON LEBANON, IL 62254
---	--

(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
S9999	<p>Continued From page 2</p> <p>Based on observation, interview, and record review the Facility failed provide service/treatment for a resident with a prosthetic eye to ensure highest practicable physical well-being for one of one resident (R4) reviewed for quality of care in the sample of 7. This failure resulted in R4's developing an infection in his left eye socket.</p> <p>Finding includes:</p> <p>R4's Physician Order Sheet (POS) for September 2021 document a diagnosis of dementia, and glass eye. R4's POS does not document any orders for cleaning and/or maintaining R4's glass eye.</p> <p>R4's Minimum Data Set (MDS) dated 7/25/2021 document R4 was an extensive assist of one-person physical assist for personal hygiene, including combing hair, brushing teeth, shaving, washing/drying face and hands. R4's MDS also documents R4 has impaired vision and was severely impaired for cognition.</p> <p>On 9/23/2021 at 10:20 AM, R4 was laying in the bed. R4 has a glass prosthetic eye in the left eye orbit. R4's left prosthetic eye was dirty with what appeared as a film covering his eye.</p> <p>On 9/23/2021 at 11:05 AM, V4 (Licensed Practical Nurse/LPN) stated, "There was no order to clean (R4's) glass eye. (R4) use to clean it himself with water but he can't do it anymore, so we do it for him."</p> <p>On 9/29/2021 at 9:03 AM, R4 was in his room laying on the bed. (R4) is unable to answer any questions in English as R4 is Spanish speaking. Surveyor asked resident questions in Spanish and when asked in Spanish R4 was able to reply.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001044</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/05/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LEBANON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1201 NORTH ALTON LEBANON, IL 62254</b>
--	--

(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
S9999	<p>Continued From page 3</p> <p>R4 has a glass prosthetic eye on his left side which appears to have a slimy build up around the opening of the eye.</p> <p>On 9/29/2021 at 9:04 AM, R4 stated in Spanish, "My wife (R3) was no longer together. Moved wife a few months ago. Wife here in facility in otra habitacion (other room)." R4's wife was not in the same room with R4. R4 stated his wife use to clean and care for his left eye.</p> <p>On 9/29/2021 at 2:01 PM, V9 (R3's and R4's daughter) stated, "My mom has taken care of my dad her whole life and now her health is declining, and it has been hard. It breaks my heart. I do not think they are even caring for my dad's glass eye. Nobody seems to know anything when I ask questions. I know with COVID it has been tough, but I know he is supposed to have help with cleaning the eye and the specialist to exam the glass eye at least once a year and I am not sure they are even doing that. On top of that he had an infection in that eye, and I wonder if they are doing what they are supposed to be doing with it."</p> <p>On 9/29/2021 at 2:23 PM, V12 (agency Certified Nursing Assistant) stated, "(R4) takes his own eye out. I gave him a washcloth and he washes his face and cleans his own eye with the washcloth. He usually uses the same washcloth for his face and eye. He will wash his face, take out his eye, and then clean his eyeball with the washcloth."</p> <p>R4's July 2021 POS document Ciprofloxacin (antibiotic), 2 left eye drops four times a day for seven days.</p> <p>R4's Progress Notes dated 7/18/2021 at 10:30 AM, "Resident remains on Med A with skilled</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001044</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/05/2021</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>LEBANON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1201 NORTH ALTON LEBANON, IL 62254</b>
--	--

(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
S9999	<p>Continued From page 4</p> <p>therapy, Resident is also on ABT (antibiotic therapy) eye drops. Left eye does have scant amount of green drainage."</p> <p>R4's Progress Notes dated 7/25/2021 at 1:00 AM, "Resident remains on follow up related to eye infection."</p> <p>R4's Medication Administration Record document 7/14/2021 to 7/20/2021 Ciprofloxacin 2, left eye drops 4 times a day for 7 days.</p> <p>R4's Care Plan does not document any care or interventions the facility is doing to address R4's glass eye. R4's Care Plan does not address R4's glass eye.</p> <p>On 10/1/2021 at 3:30 PM, V2 (Director of Nursing/DON) stated, "I would expect (R4's) glass eye to be addressed in the Care and the Physician Orders. Honestly, I am not even sure what the proper care would even be for a glass eye I could not say without asking the Physician."</p> <p>On 10/1/2021 at 4:50 PM, V14 (Social Service) stated there were currently no eye vision contractors coming into the facility and they were in the process of trying to obtain one. V4 stated R4 did not currently have any appointments with any eye doctors.</p> <p>On 10/2/2021 at 11:01 AM, V15 (Optometrist) stated, "Any resident with a glass eye should clean the eye daily with saline solution and check for protein deposits. Protein deposits will give the prosthesis a dull appearance. Hands should be clean before handling the prosthetic eye. Once a year they need to go to see the Ocularist to make sure everything is good with the prosthetic. If hands are not clean this could easily lead to an</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001044</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/05/2021</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>LEBANON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1201 NORTH ALTON LEBANON, IL 62254</b>
--	--

(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
S9999	<p>Continued From page 5</p> <p>infection in the eye."</p> <p>On 10/5/2021 at 1:21 PM, V2 stated there was no policy related to glass eye care.</p> <p style="text-align: center;">"B"</p>	S9999		