STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6004428 B. WING 10/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET HILLSBORO REHAB & HCC HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE **TAG** DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint 2147366/IL138909 S9999 Final Observations S9999 Statement of Licensure Violations: Section 300.650c) Section 300.650d) Section 300.650e) Section 300.661 Section 300.810a) Section 300.1210b)d)3) Section 300.1210d)3) Section 300.1220b)4)6) Section 300.1230b)2)A)B)C) Section 300.1630a) Section 300.3240a)b) Section 300.3240b) Section 300.650 Personnel Policies Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file. The facility shall check the status of all applicants with the Health Care Worker Registry prior to hiring. All personnel shall have either training or experience, or both, in the job assigned to them. Attachment A Section 300.661 Health Care Worker Statement of Licensure Violations **Background Check** Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY OMPLETED	
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S9999	Worker Background	ge 1 ply with the Health Care d Check Act and the Health ground Check Code.	S9999		iii		
	shall be on duty all is services that meet to residents. As a mirrone staff member a all times. Section 300.1210 (Nursing and Personal Description of the research resident's complan. Adequate and care and personal description of the resident to meet the care needs of the resident to meet the care needs of the resident to mursing care shall infollowing and shall be seven-day-a-week be 3) Objective a resident's condition emotional changes, determining care refurther medical evaluate made by nursing staresident's medical resident's medical r	n numbers and qualifications hours of each day to provide the total needs of the nimum, there shall be at least wake, dressed, and on duty at General Requirements for nal Care I provide the necessary care in or maintain the highest , mental, and psychological sident, in accordance with a prehensive resident care properly supervised nursing eare shall be provided to each total nursing and personal esident. subsection (a), general acclude, at a minimum, the perfective on a 24-hour, passis: we observations of changes in an including mental and as a means for analyzing and quired and the need for uation and treatment shall be aff and recorded in the					

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING: _ B. WING IL6004428 10/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET HILLSBORO REHAB & HCC HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE **TAG** DATE DEFICIENCY) S9999 Continued From page 2 S9999 The DON shall supervise and oversee the nursing services of the facility, including: Recommending to the administrator the number and levels of nursing personnel to be employed, participating in their recruitment and selection and recommending termination of employment when necessary. Developing and maintaining nursing service objectives, standards of nursing practice, written policies and procedures, and written job descriptions for each level of nursing personnel. Section 300.1230 Direct Care Staffing b) For the purposes of this Section, the following definitions shall apply: "Skilled care" - skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. (Section 3-202.05(b-5) of the Act) Skilled nursing services are either nursing or therapy care services, furnished pursuant to physician orders, that require the skills of a licensed nurse to treat, manage, and observe a resident's condition and evaluate a resident's care. The skilled nursing services may be provided by a CNA, under the supervision of a licensed nurse to ensure the safety of the patient and to achieve the medically desired result. A resident in a skilled nursing facility is classified as receiving skilled care if: The resident is receiving care covered by Medicare under any arrangement allowed by Title XVIII of the Social Security Act; The resident is receiving care that would be covered by Medicare, but the resident has

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exhausted his or her Medicare benefits: or

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6004428 10/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET HILLSBORO REHAB & HCC HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)(EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 The resident is not Medicare eligible, but is receiving care that would be covered by Medicare if the resident were eligible. Section 300.1630 Administration of Medication a) All medications shall be administered only by personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Licensed practical nurses shall have successfully completed a course in pharmacology or have at least one year's full-time supervised experience in administering medications in a health care setting if their duties include administering medications to residents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) A facility employee or agent who becomes b) aware of abuse or neglect of a resident shall immediately report the matter to the Department and to the facility administrator. This Requirements were NOT MET as evidence by: Based on interview and record review, the facility failed to operationalize their abuse policy by failing to complete prescreening to ensure all licensed staff are licensed and have no disqualifying offense prior to hire and failed to ensure qualified Registered Nurses are hired.

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This failure resulted in V7, an unlicensed staff.

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED B. WING IL6004428 10/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET HILLSBORO REHAB & HCC HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 being employed by the facility as a Registered Nurse (RN) for 10 days. During this time, V7, Unlicensed Staff, provided care to residents requiring medications administration (including narcotics/controlled substances), trach care, intravenous (IV) medications, diabetic monitoring and ongoing medical monitoring. This failure had the potential to affect all 92 residents in the facility while V7 was employed. Findings include: 1.V7's, Unlicensed Staff, Employment Eligibility Verification, Department of Homeland Security form, electronically signed by V7 on 4/10/20 documents her middle initial as "L" and the social security number on this form matches the number on V7's social security card. V7's personnel file contained two separate Health Care Worker Registry (HCWR) checks, both with the date of 4/10/20 at the bottom of the sheet. The first HCWR check documents V7's middle initial as "G" and documents she has an active professional license as an RN. The second HCWR check documents V7's middle initial as "L" and did not document any training and work history, waivers or certifications for anyone with that name. The HCWR check completed using V7's middle initial "L" matched the social security number on the card V7 provided during her orientation process. The Illinois Department of Financial and Professional Regulation printed Lookup Detail View for V7 using middle initial "G" dated 4/10/20 documents V7 license as a Registered

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Professional Nurse was first effective on 6/28/17, and current effective date was 3/13/18 with an expiration date of 9/30/20. Handwritten notes.

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6004428 B. WING 10/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET HILLSBORO REHAB & HCC HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 5 S9999 undated, on the bottom of this form documents the date of birth and social security number do not match the social security number provided by V7. On V7's Post-Employment Investigation Application Consent Form electronically signed by V7 on 4/9/20, V7 documented her date of birth as one date; however, on V7's Initial Background Screening Report, dated 4/13/20, documents V7's date of birth as a different date. This background screening documented results as "No reportable records found". V7's Background Screening Reports dated 5/4/20 and 5/8/20 both document correct date of birth. and results document, "Records found." These reports both document V7 has felony charges for forgery/make/ alter document, with offense date of 3/25/19. According to the report, the charge date is 4/5/19, and V7's next scheduled court date was 5/6/20. A second felony charge for forgery was listed with the offense date of 12/29/19, charge date of 1/21/20 and V7's next scheduled court date for that charge was listed as 6/18/20. V7's Employment Application, dated 3/21/20. contained questions related to criminal background which included the following: "Have you been convicted of a felony, misdemeanor, or local violation?; Are you currently under arrest or awaiting trial or hearing for a felony. misdemeanor or local ordinance violation?; Have you ever been terminated from employment due to an allegation of abuse, neglect or mistreatment of a dependent person?; Are you currently under investigation for, or has any state/federal agency. including professional licensing and/or certification board, ever made a finding that you

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	person, committed a property or violated care for your profes	or mistreated a dependent fraud, misappropriated a professional standard of sion?" V7 marked all of these and did not answer the					
	included one profes Certified Nursing As facility while V7 was the reference check documents, "Went t	deference Check Form sional reference from V8, esistant, who worked at the semployed. Under comments, from V8, dated 4/10/20 to EMT (Emergency Medical at (local community college) ther."					
	from a hospital V7 of employment applica documents, "Unable signed by V4, previo (DON). No follow up reference was docu	<i>iii</i>				©	
	dated 4/29/20, docu 4/10/20 and her term	aff, Payroll Termination Form, ments V7's hire date as nination date as 4/28/20. It Department" as RN.				:	
	by the facility docum following dates: 4/10	the time she was employed ent V7 worked on the 0/20, 4/13/20, 4/14/20, 17/20, 4/18/20, 4/19/20, d 4/23/20.					
	4/29/20, documents and documents V7 r Misconduct-Immedia	ective Action Form dated the date of offense, 4/25/20, eceived a Category 1 (Gross ate Discharge) for 320, ests, #23, making a false,					

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STATEMENT OF DEFICIENCIES (X1) PRO

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3)	VALDATE CARE	
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misleading or incomplete statement on the job		
application, and #30, Practicing with an invalid		
professional license. The form documents,	22.7	
"Employee falsified nurse license. Under "Action",		
the form documents: Termination of employment		
(not eligible for rehire).		
On 10/7/21 at 12:50 PM V3, Accounts		
Payable/Payroll Manager, stated V7 had come	1	
and interviewed in the evening of April 9, 2020.		
and V3 was told the next day she was coming in		
to do her paperwork and do computer training		
with V4, previous DON, and starting that next day		
on midnights. V3 stated she completed V7's		
background checks that morning (4/10/20) which		
included the IDPH Registry, Sex Offender Check,		
Nursing License look-up, individual counties		
"wanted" searches, and OIG (Office of Inspector	1	
General). V3 stated she asked V7 for copies of		
her driver's license and social security card and		
she noticed the middle name was different than	1	
the middle name on her license look up. V3	1	
stated V7 told her she had two middle names,		
and that she had a different social security card at		
home and would bring it in the next time she		
came to the facility. V3 stated she also	l l	
questioned V7's nursing license because it came		
from Chicago, but stated she realizes some people do go away for school, so it was a		
possibility that is what V7 did. V3 stated V7 never		
brought in her other social security card even	1	
though V3 told her everything had to match. She	20	
stated she brought the discrepancy to V4's		
Previous DON) attention and V4 said that it would		
be fine and basically took V7 on good faith that		
she had the other social security card and would	1/2	
bring it in. V4 had her start working the next		
night. V3 stated she wrote on the bottom of the		
checklist she gives to the administrator that V7		
still needed to bring in her social security card.		

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED IL6004428 B. WING 10/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET HILLSBORO REHAB & HCC HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 8 S9999 The administrator signed off on it, even though they did not have the social security card in question. She stated V7's different paperwork had two different middle names on them and that was a concern. V3 stated it should all match. V3 stated since the incident and the QAPI following it, now if something doesn't match in the hiring paperwork, that person cannot start working. She stated it's still the same process, but now they are not making any exceptions. V3 stated she has since heard V7 has two additional cases out in another county. V3 stated after this incident, they did an audit of all other employee's background checks and did not find any other problems. She stated V7 never worked without other nurses in the facility. She stated usually new staff nurses train with someone for three or four days, or until they are comfortable. On 10/8/21 at 10:17 AM V3 clarified that she did background checks on V7 on the first day she came in for orientation on 4/10/21 and there were questions on that day regarding V7's paperwork and having two different middle names on some of the forms. V3 informed the DON and Administrator of things not matching, and V7's claim to have a different social security card that she stated she would bring in. Administrator signed off on the checklist for V7's background check and she was allowed to start working, even though she never brought in the other social security card. On 10/8/21 at 9:00 AM V5, Corporate Nurse, stated, after the fact, the facility did discover several mistakes had been made regarding hiring V7. V5 stated the problem had to do with V7 having the wrong middle initial, and stated V4,

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previous DON, had told her some of the nurses had brought concerns to her about V7's skills. V4

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6004428 10/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1300 EAST TREMONT STREET** HILLSBORO REHAB & HCC HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 9 had said she was going to increase V7's time to shadow other nurses, and possibly bring her to a different shift for additional training. V5 stated V4 had reported to her that she (V4) had a meeting with all the midnight nurses and checked the registry with them in the room and pulled up V7 on the nurse registry. V5 stated she was not trying to make excuses, but she herself would probably not know everyone's middle name. 2. R1's Face Sheet documents she was admitted to the facility on 3/27/20 with diagnoses to include Acute Kidney Failure, Acute Hematogenous Osteomyelitis of Right Foot and Ankle, and Atherosclerosis of Native Arteries of Extremities with Gangrene in Right Leg. R1's Physician Orders dated 4/1/20 to 4/30/20 document R1 received intravenous (IV) antibiotics via a Peripherally Inserted Central Catheter (PICC line-long tube that's inserted through a vein in persons arm and passed through to the larger veins near your heart). During the time V7. Unlicensed Staff, was employed at the facility as an RN, R1's Physician Orders also documented R1 received wet to dry dressing changes to her right heel wound every day and night shift. On 10/7/21 at 2:31 PM V10. Licensed Practical Nurse (LPN) stated she was aware of V7, an unlicensed staff, working at the facility and stated she was terminated because of her (V7). V10 stated she worked with V7 during the time she worked at the facility and V7 did trach care, passed medications, performed wound care and accessed a PICC line and ran a CADD

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(Continuous Ambulatory Delivery Device-a device which is used to deliver measured medications therapy while allowing patients to stay mobile) pump. V10 stated when V7 had to access a

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	resident's PICC line V7 sat on the reside to do it on the interr she called V4, Directime, and voiced co what she was doing (V7) with it. V10 state PICC lines and CAI scope if practice. V that night and help eventually did it. V1 that caused her to work included V7 marcotic pain medic V10 stated V7 asked V10 told her it is an where to find it, and box". V7 asked, "Wanother time V7 ask means and V10 had antibiotic. V10 state she showed her how The next day V7, where we will be sate of the call	e and hook up her CAD pump, ent's bed and looked up how het on the phone. V10 stated ctor of Nurses/DON, at the incerns that V7 did not know it. V4 told her to just help her ated she refused because DD pumps are outside of her 10 stated V4 did not come in V7 with the IV, but V7 of stated other things V7 did wonder if V7 was really a not knowing what Norco (a ation) is or where to find it. If the what Norco was, and harcotic, and then V7 asked to V10 told her in the "narchat's a narc box?" V10 stated ked her what ABT (antibiotic) if to tell her it referred to an it while she was training V7, we to do tracheostomy care, hen doing trach care on the did not know how to remove				
	from pulling out the V10 stated V7 did n (oxygen) cannula. V concerned, and she registry and could n stated she was not about V7. V10 state asking questions abbecause she just dipatient care. Severabout their concerns wrong with V7 not k management accus being discourteous	cannula without unlocking it. ot know how to change an O2 /10 stated she was looked V7 up on the nurse of find V7 on the list. V10 the only one with concerns d other nurses were also out V7 really being a nurse dn't know anything about ral staff went to management is that there was something nowing what she is doing, and ed the complaining staff of to V7. V10 stated that what the time. The Director of				

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STATE FORM

PRINTED: 12/15/2021 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING IL6004428 10/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET HILLSBORO REHAB & HCC HILLSBORO, IL 62049 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 11 Nurses called her and fired V10 over the phone. 3. R2's Face Sheet documents he was admitted to the facility on 12/19/19 with the diagnoses to include Chronic Obstructive Pulmonary Disease (COPD) with Acute Exacerbation. R2's Medication Administration dated 4/1/20 to 4/30/20 documents V7, unlicensed staff. administered medications and breathing treatments to R2 while she was working in the facility as an RN. R2's medications administered by V7 include breathing treatments and narcotic medications. R2's Progress Notes dated 4/24/20 at 12:55 AM document V7 administered Ipratropium-Albuterol nebulizer treatment to R2 for complaints of shortness of breath and documented his oxygen level was 85%. At 2:36 AM, an hour and a half later. V7 assessed R2's response to his nebulizer treatment as "ineffective" and documented his O2 (oxygen) level was at 82%. At 2:59 AM, V7 documented, "Resident presented with bilateral rhonchi/wheezing, decreasing O2 levels, SOB (shortness of breath), cough, chest pain. (Doctor) was contacted. (R2) was transferred to (local hospital). " On 10/7/21 at 2:52 PM V12, LPN, stated she had

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trained V7 on the first night she worked. V12 stated she had concerns regarding V7 right away because V7 showed her a video on her phone of a news story about V7 being arrested, V7 asked her if V12 thought the facility got her background check done yet, because she was working and had a pending felony charge. V12 stated V12 felt it was odd that someone would show other people she didn't really show, that kind of video about themselves. V12 stated while she was

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
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S 3333	training V7, V7 askeeither by hands-one stated she would just that's all she did wawent to V4, DON, so about V7, including change people who goggling how to run stated besides it be didn't know what she was an incident who was having an exact (oxygen saturation I didn't respond to whe needed to be senurse, V11, LPN, hat to send the patient of V11 called her and I on, and to ask about stated she was the paperwork to send she was very scary that though it was obvious basics of what she viol, LPN and V11, going to the sheriff a V7 because they was	ed her how V12 best learns, or by watching. V12 stated V7 st watch, and V12 stated st watch, and V12 stated st watch. V12 stated she everal times with concerns that she did not know how to were incontinent. V7 was an IV with a PICC line. V12 ing scary that V7 just really e was doing overall, there en a resident (R2) with COPD cerbation and his SPO2 evel) was dropping. V7 just nat was going on with him and int out. V12 stated another ad to intervene and tell V7 how out to the hospital. V12 stated et her know what was going it what forms to use. V12 nurse who usually did the someone out. V12 stated, the d to the DON and ADON (V4 know what happened. V4 them seriously. V12 stated it V7 was allowed to work, even us she did not know the was doing. V12 stated that LPN ended up quitting and about their concerns regarding anted to protect the residents.	33333			
	include Heart Failure	documents his diagnoses to e, Tracheostomy Care, pe 2, and Sleep Apnea.				
	dated 4/1/20 to 4/30 administered the following dates:	ministration Record (MAR) 1/20 documents V7 lowing medications on the n (treatment for high				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE	SURVEY
W 000000				С		
		IL6004428	B. WING		10/1	14/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
HILLSBO	ORO REHAB & HCC		T TREMONT RO, IL 6204			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	(antidepressant/sec Chloride 60 mEq (merve pain medical (anticonvulsant/ner Ambien (sedative) mg 4/18/20: Trazadone Hydrocodone-Aceta pain)5/325 mg ii, 4/19/20: Atorvastati Suspension (steroid Trazodone 100 mg Pregabalin 150 mg Ambien 10 mg, Fer 4/21/20: Trazadone Hydrocodone-Aceta 4/23/20: Atorvastati Suspension 0.25mg mg , Potassium Chlmg , Gabapentin 30 Ferrous Sulfate 325 Insulin Glargine 49 (subcutaneous/inject R3's Physician Ordedocuments the order Solution (Insulin Asysubcutaneously (Scalso documents the Solution (Insulin Asy	grams (mg), Trazodone dative) 100 mg, Potassium nilliequivalents), Pregabalin tions) 150 mg, Gabapentin ve Pain medications) 300 mg, 10 mg, Ferrous Sulfate 325 100 mg, Ambien 10 mg, aminophen (narcotic to treat n 40 mg, Budesonide d) 0.25mg/2ml via trach, , Potassium Chloride 60 mEq, , Gabapentin 300 mg, rrous Sulfate 325 mg 100 mg, aminophen 5/325 mg ii n 40 mg, Budesonide g/2ml via trach, Trazodone 100 loride 60 mEq, Pregabalin 150 00 mg, Ambien 10 mg, 5 mg, Lasix (diuretic) 80 mg, u (units) SQ ction given in the fatty tissue).	\$9999			
		dminister R3's scheduled				

(X2) MULTIPLE CONSTRUCTION

PRINTED: 12/15/2021 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6004428 10/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1300 EAST TREMONT STREET** HILLSBORO REHAB & HCC HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 Continued From page 14 S9999 dose or s/s dose of Novolog, but instead documented a "6" for med not given. R3's Progress Notes dated 4/23/20 at 5:34 PM document this medication (Novolog) was not available when V7 was to give it at 4:00 PM, but it was documented as given on R3's MAR for the previous dose at 11:00 AM on the same day, and for the next dose at 7:00 AM the next morning. There was no documentation regarding why the medication was not available or that the MD was notified. The next accucheck for R3 was documented on his MAR on 4/24/20 at 7:00 AM the next morning with the result of 381. 5. R4's Face documents his diagnoses to include Diabetes Mellitus Type 2, Dementia with Behavior Disturbance, Hypertension and anxiety. R4's Physician Orders document the order dated 3/1/18: Admit to Skilled Nursing Facility; I hear by certify this resident continues to require 24-hour nursing care in a skilled nursing facility. Review of R4's Medication Administration Report dated 4/1/20 to 4/30/20 documents V7, an unlicensed staff administered the following medications to R4 on these dates. 4/18/20: Tramadol (narcotic) 50 mg at 2:33 AM 4/20/20: Ativan (sedative/controlled substance) 0.5 mg at 8:00 PM

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300 mg, Ibuprofen 400 mg

300 mg, Ibuprofen 400 mg, 4/23/20: Ibuprofen 400 mg

4/21/20: Lantus (Insulin) 25 units Subcutaneously (SQ), Lipitor 20 mg, Metformin (anti-diabetic medication) 500 mg, Ativan 0.5 mg, Gabapentin

4/22/20: Lantus 25 mg SQ, Lipitor 20 mg. Metformin 500 mg, Ativan 0.5 mg, Gabapentin,

STATE FORM

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING IL6004428 10/14/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1300 EAST TREMONT STREET **HILLSBORO REHAB & HCC** HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** COMPLETE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE **TAG** TAG **DEFICIENCY**) S9999 S9999 Continued From page 15 4/24/20: Lantus 25 u SQ, Lipitor 20 mg, Metformin 500 mg, Ativan 0.5 mg R4's MAR included the order: Orthostatic Blood Pressure Q (every) Shift x 3 days with a start date of 4/17/20 and end date of 4/20/21. On 4/17/20, V7 only took R4's blood pressure while he was standing but did not take R4's blood pressure when he was sitting or lying as required for orthostatic blood pressures. The facility's policy, "Abuse, Prevention and Prohibition Policy, dated 2021 documents, "Screening: The facility will not knowingly employ individuals who have been found quilty of abusing, neglecting or mistreating resident or misappropriating their properties. A person at a supervisory level will interview potential employees, all employees will have criminal background checks, state and federal required checks, employment reference checks (previous and current), and license/certification confirmation. The facility will make reasonable efforts to uncover information about any past criminal prosecutions. The facility 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 facility staff, to the nurse aide registry, licensing authorities or other mandated state agencies." The facility's policy, "Overview of Recruitment and Selection Process" effective September 1, 2013, documents, under "Policy Interpretation and Implementation": A conditional offer of employment is simply an offer of employment to a qualified candidate contingent upon successful completion of checks/screenings conducted by

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the facility on all employment candidates.

"Post-Offer Employment Checklist: the facility will

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING 1L6004428 10/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET **HILLSBORO REHAB & HCC** HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 16 S9999 use the Post-Offer Employment Checklist to ensure all checks/screenings are completed on the candidate. The list of checks/screenings contained on the checklist encompasses those required by law and facility policy. "Administrator's Approval for Employment": Before a candidate is able to start employment at the facility, the Administrator must review the Post-Offer Employment Checklist and all supporting documents to ensure the candidate has satisfied all requirements for employment. Approval is documented on the checklist and employment application. " The Illinois Administrative Code Title 68: Professions and Occupations, Chapter VII: Department of Financial and Professional Regulations; Subchapter B: Professions and Occupations; Section 1300.350 Standards of Professional Conduct for Registered Professional Nurses document the following: Section 1300.350 Standards of Professional Conduct for Registered Professional Nurses a) The RN shall: 1) Practice in accordance with the ACT and this part; 2) Uphold federal and State regulations regarding controlled substances and alcohol: 3) Practice nursing only when in functional physical and mental health; 4) Be accountable for his or her own nursing actions and competencies; 5) Practice or offer to practice only within the scope permitted by law and within the licensee's own educational preparations and competencies. Review of the facility's census reports dated 4/10/20 through 4/25/20 document the average daily census was 92.

(A)