

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2021
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NAME OF PROVIDER OR SUPPLIER PARKVIEW HOME - FREEPORT	STREET ADDRESS, CITY, STATE, ZIP CODE 1234 SOUTH PARK BOULEVARD FREEPORT, IL 61032
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Annual Licensure Survey STATEMENT OF LICENSURE VIOLATIONS: 300.686e) 300.686f)2) Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Medications e) Except in the case of an emergency, psychotropic medication shall not be administered without the informed consent of the resident or the resident's surrogate decision maker. (Section 2-106.1(b) of the Act) Additional informed consent is required for reductions in dosage level or deletion of a specific medication, pursuant to subsection (f)(9). Informed consent is required for a medication administration program of sequentially increased doses or a combination of medications to establish the lowest effective dose that will achieve the desired therapeutic outcome, pursuant to subsection (f) (9). The most common side effects of the medications shall be described. f)2) Prior to initiating any detailed discussion designed to secure informed consent, a licensed health care professional shall inform the resident or the resident's surrogate decision maker that the resident's physician has prescribed a psychotropic medication for the resident, and that informed consent is required from the resident or the resident's surrogate decision maker before the resident may be given the medication.	S9999	Attachment A Statement of Licensure Violations	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on record review, and interview, the facility failed to obtain informed consents for psychotropic medications for 1 of 1 residents outside of the sample (R7) reviewed for unnecessary medications.</p> <p>1) R7's electronic face sheet printed on 9/29/21 showed R7 has diagnosis including but not limited to depression, Parkinson's disease, and hypertension.</p> <p>R7's September 2021 physician's orders showed R7 receives escitalopram 20mg effective 7/2/21 and Alprazolam 0.25mg effective 9/7/21.</p> <p>There were no consents available for the above medications in R7's medical records. Consents were requested for the above medications and were received with a date of 9/29/21.</p> <p>On 9/29/21 at 1:52 PM, V4 (Licensed Practical Nurse) stated, "Consents for psychotropic medications are obtained as soon as the medication is started. If a resident admits with the medication we still need consent because sometimes families and residents don't know the purpose of all of their medications."</p> <p>On 9/29/21 at 1:58 PM, V2 (Director of Nursing) stated, "Consents for psychotropic medications should be anytime a new psychotropic medication is started and if any dose is changed. Any new admissions that come in on a psychotropic medication still need consents signed. I'm not sure if there's really anything that could happen if we don't get consent before we start a medication, I just know we are supposed to do it."</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>The facility's policy undated titled, "Psychotropic Medication Policy and Procedure" showed, "Standards: 1. The facility will make every effort to comply with the state and federal regulations related to the use of psychopharmacological medications in the long term care facility to include regular review for continued need, appropriate dosage, side effects, risks and/or benefits ...7. Psychotropic medications include: antianxiety/hypnotic, anti-psychotic and antidepressant classes of drugs ...6. Obtain verbal/signed consents for psychotropic drug usage."</p> <p>(AW)</p> <p>300.696)a)</p> <p>Section 300.696 Infection Control a) Each facility shall establish and follow policies and procedures for investigating, controlling, and preventing infections in the facility. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code. Each facility shall monitor activities to ensure that these policies and procedures are followed.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure staff wore proper PPE (Personal Protective Equipment) while sitting at the health center nurse's station and failed to ensure residents kept surgical masks on while sitting in the common area in the health center.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>This has the potential to effect all 13 residents in the health center.</p> <p>The findings include:</p> <p>On 9/29/21 at 7:56 AM, R3 was sitting in a recliner in the common area in front of the nurses station in the health center. R3 did not have a surgical mask on and there wasn't a surgical mask near him. R8 was sitting in a wheelchair near R3's recliner. R8's mask covered her mouth but not her nose. V4 LPN (Licensed Practical Nurse) was sitting at the nurse's station in front of the common area.</p> <p>On 9/29/21 at 8:06 AM, V4 LPN stated residents are supposed to have masks on when sitting in the common area. V4 stood up from her chair at the nurse's station and walked over to get a surgical mask, walked over to R3 and put the surgical mask on his face. V4 then told V6 CNA (certified nursing assistant) and V8 to make sure the residents have masks and keep their masks up.</p> <p>On 9/29/21 at 1:33 PM, V2 DON (Director of Nursing) stated, "Residents are to wear their masks when they are outside of their rooms. It is to prevent the spread of Covid. Their immunization status doesn't matter; they need to wear their masks. We tell staff to encourage residents to wear mask and practice social distancing.</p> <p>On 9/29/21 at 1:50 PM, V9 RN (Registered Nurse) was sitting next to V4 LPN at the nurse's desk talking. V9's surgical mask was pulled down and her face shield sitting on top of her head.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>The facility's Covid-19: Use of Face Masks policy (4/2/21) showed, "All residents are encouraged to wear masks when out of their room, as tolerated. All facility employees are required to wear a mask at all times when in the facility, including break rooms and common areas. Employees who are giving direct resident care, or are in the area of the building where they will likely come in contact with a resident, will be required to wear a surgical mask to protect residents, other employees, and the environment from contamination."</p> <p>The facility's Covid-19: Resident Requirements for Distancing and Activities policy (11/2/20) showed, "All residents have been assessed for their ability to understand and maintain social distancing. If unable to maintain at least 6 feet distance between themselves and others, they need to wear a mask when they are out of their rooms."</p> <p>The Resident Roster dated 9/28/21 showed there are 13 residents in the health center. (C)</p> <p>300.1210d)4)B)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care 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: 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: B) Each resident shall have at least one complete bath and hair wash weekly and as many additional baths and hair washes as necessary for satisfactory personal hygiene.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on Observation, Interview and Record Review the facility failed to ensure a resident received showers/baths as necessary for satisfactory personal hygiene for 1 of 5 residents (R2) reviewed for activities of daily living in the sample of five.</p> <p>The findings include:</p> <p>On 9/28/21 at 10:35 AM, R2 was sitting in a recliner in her room and her hair appeared greasy. R2 stated, "I used to get showers three times per week on Monday, Wednesday and Friday. I enjoyed my showers on Monday, Wednesday and Friday. I asked about it and they said they are short of help. Sometimes I get a shower once a week and sometimes not even that. It doesn't make me feel good at all. I really miss my showers. I feel unclean and dirty.</p> <p>On 9/28/21 at 1:20 PM, V7 CNA (certified nursing assistant) and V8 CNA stated, "We have a list of showers for scheduled people and scheduled days. There is another CNA that does baths/showers. She has bath sheets that the nurse signs and checks off. We write down on our report sheets and then chart in the ADL (activity of daily living) flow record. We will ask the CNA that does baths/showers how much help they needed. If we gave the shower then we fill out the bath sheet and it goes to the nurse working the floor. Residents get showered depending on how much they want to get showered. Some want one time per week and some residents want 2-3 times per week.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>On 9/29/21 at 9:03 AM, V4 LPN (Licensed Practical Nurse) stated the bath CNA brings the shower sheets for her to review. V4 stated the residents are pretty cooperative with showers in the health center and they don't have refusals for baths/showers. V4 stated the CNA's know what day to give residents a shower because it is on the shower/bath list. V4 stated R2 is scheduled for showers on Monday, Wednesday and Fridays. V4 showed the bath/shower list (no date) and it showed R2 was scheduled for showers on Monday, Wednesday and Friday.</p> <p>On 9/29/21 at 9:30 AM, V4 gave all of the skin assessment sheets for August and September 2021. V4 stated the skin assessment sheets are what the CNA's document showers/baths on.</p> <p>The Skin Assessments sheets for R2 showed she received one bath/shower for the weeks of 8/1/21 - 8/7/21; 8/8/21 - 8/14/21; 8/29/21 - 9/4/21; There were no additional Skin Assessment Sheets for R2 after 9/15/21.</p> <p>The ADL flowsheets for R2 showed for the month of September 2021 showed she was bathed on 9/15/21 and 9/22/21; the rest of the days of the month were coded with an "8 - activity did not occur."</p> <p>On 9/29/21 at 8:50 AM, V5 RN (Registered Nurse) stated if there is an "8" documented on the ADL flow record then it means that the activity did not occur.</p> <p>On 9/29/21 at 3:00 PM, V2 DON (Director of Nursing) stated, "With staff so short we have to pull the shower aide and showers are not getting done as often as the residents want."</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>The Summary Sheet (no date) for R2 showed she has diagnoses including Depression, Osteoarthritis, Osteopenia, Incontinence Congestive Heart Failure, and Obesity.</p> <p>The facility's MDS (Minimum Data Set) version 2.0 dated 7/13/21 for R2 showed no memory impairment; extensive assistance needed for personal hygiene and bathing.</p> <p>R2's Care Plan dated 7/14/21 showed she has mixed incontinence and that she is incontinent of stool at times.</p> <p>On 9/29/21 the facility's policy for activities of daily living including the frequency of showers was requested and never received. (C)</p> <p>300.1630a)3)</p> <p>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. 3) Self-administration of medication shall be permitted only upon the written order of the licensed prescriber.</p> <p>This REQUIREMENT was not met as evidenced by:</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>Based on Observation, Interview and Record Review the facility failed to ensure a resident didn't self administer medications and failed to have a written order for self administration of medications for 1 resident outside of the sample (R6) reviewed for medication administration.</p> <p>The findings include:</p> <p>On 9/28/21 at 12:49 PM, V4 LPN (Licensed Practical Nurse) was observed during medication administration and she put three medications in a medication cup for R6. The medications were Hydralazine, Ferrous Sulfate, and Potassium Chloride. V4 put the medication cup on his tray table and left the room. V4 stated R6 was assessed as okay to self administer medications and that a doctor signs a form and it is entered as an order. V4 went to R6's medical record and reviewed the documents in his chart. V4 stated R6 did not have an order to self administer medications and she could not find any form that the doctor signed for self administration of medications.</p> <p>R6's Care Plan dated 7/26/21 did not show a plan in place for self administration of medications.</p> <p>On 9/29/21 at 1:33 PM, V2 DON (Director of Nursing) stated, "We don't encourage self administration of medications. We had an inservice in June 2021 and told the nurses they should make sure all residents take their medications. We went out that if they sign it out on the MAR (Medication Administration Record) that the resident took the medication then they need to watch the medication being taken. There isn't a policy for self administration of medications because we don't do that here."</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>The MDS (Minimum Data Set) 2.0 version dated 8/10/21 for R6 showed a short term memory problem.</p> <p>R6's Hospital History and Physical dated 9/9/21 showed diagnoses including Dyspnea, Chronic Kidney Disease, Bifasicular Heart Block, Congestive Heart Failure, Hypertension and Atrial Fibrillation.</p> <p>(AW)</p>	S9999		