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 IL6006498 01/27/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH 34TH STREET NATURE TRAIL HEALTH CARE CENTER **MOUNT VERNON, IL 62864** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD) BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPIRIATE TAG TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation 2150486/IL130408 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)2) 300.1220b)2) 300.3240a) Section 300.610 Resident Care Policies 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.

Illinois Department of Public Health

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

Section 300.1210 General Requirements for

b)The facility shall provide the necessary care

and services to attain or maintain the highest

Nursing and Personal Care

TITLE

Affachment A

Statement of Licensure Violations

(X6) DATE

PRINTED: 03/18/2021 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 IL6006498 01/27/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1001 SOUTH 34TH STREET** NATURE TRAIL HEALTH CARE CENTER **MOUNT VERNON, IL 62864** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 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. 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: 2)All treatments and procedures shall be administered as ordered by the physician. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status. sensory and physical impairments, nutritional status and requirements, psychosocial status. discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. 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)

These requirements were not met evidenceed by:

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ C B. WING 01/27/2021 IL6006498 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1001 SOUTH 34TH STREET NATURE TRAIL HEALTH CARE CENTER MOUNT VERNON, IL 62864 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 Based on record review, observation, and interview, the facility failed to follow a providers orders to begin ear irrigation and to bring the resident as scheduled for follow up treatment for one (R2) of three residents reviewed for following providers orders in the sample of four. This failure resulted in R2's impacted cerumen causing eardrum perforation and infection, and a delay in R2 being evaluated for hearing aids. Findings include: R2's Office Visit Provider Progress Notes documented: 12/18/20: "Bilateral ear canals impacted with cerumen. Unable to see Tympanic Membrane(s)...Start Debrox 2 drops to each ear twice daily for 7 days." 01/07/21: " (R2) presents to have ears flushed, was here 3 weeks ago for the same thing, and was ordered Debrox and was supposed to return in 1 week. Right ear completely impacted, left ear has a minimal amount of cerumen.Instructions: Docusate Sodjum(DS) 5 drops into both ears nightly, return in 7 days for ear flushing." 01/22/21: "Ear irrigation was performed on bilateral ears. Exam: Right ear: Tympanic Membrane is perforated, large amount of purulent drainage noted in canal. Left ear: Tympanic membrane is erythematous and bulging. Impression: Acute Otitis Media of right ear with (eardrum) perforation. Start Bactrim 800-160 micrograms one tablet twice daily(for infection)." R2's December 2020 Medication Administration Record(MAR) documented an order for Debrox two drops in both ears twice daily for 7 days duration with a start date of 12/29/20, not 12-18-2020 when the order was obtained. R2's January 2021 MAR documented an order for

Illinois Department of Public Health

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 IL6006498 01/27/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1001 SOUTH 34TH STREET NATURE TRAIL HEALTH CARE CENTER MOUNT VERNON, IL 62864** 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 TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 Docusate Sodium(DS) 50 milligrams per 15 milliliters, apply 5 drops in both ears at bedtime for 7 days duration, with a start date of 01/14/2021, not 01/07/2021 when the order was obtained. On 01/26/21 at 10:05am, V6. Nurse Practitioner. stated R2 was seen for initial visit on 12/18/20. V6 stated R2's presenting complaint was impacted cerumen in both ears. V6 stated that R2 stated she had seen an audiologist to be fitted with new hearing aids but was told the exam could not be done until impacted cerumen in both ears was removed. V6 stated both R2's ears were severely impacted with cerumen. V6 stated R2 was ordered Debrox instill 2 drops in each ear twice daily for 7 days, to start immediately, and for R2 to return to the clinic in one week.V6 stated R2 did not return until 01/07/21, and R2 was noted to have no thinning of cerumen in either ear. V6 stated R2 was then ordered a stronger agent. Docusate Sodium(DS) liquid 50 milligrams per 15 milliliters, give 5 drops in each ear at bedtime for 7 days, to start immediately, and return to the clinic in 7 days. V6 stated R2 did not return until 1/22/21, and again there had been no improvment to either ear. V6 stated she had to manually remove the hardened cerumen. V6 stated when the right ear canal was cleared, she noted the eardrum was perforated and there was an excessive amount of purulent drainage indicative of infection. V6 stated it is her professional opinion that the cerumen caused pressure on the eardrum, causing it to rupture. setting up an inflammatory infectious process. V6 stated the left ear showed evidence of the cerumen causing pressure on the eardrum and it was bulging and reddened but not perforated. V6 stated she prescribed Bactrim 800-160

Illinois Department of Public Health

micrograms one tablet twice daily for the

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: С B. WING IL6006498 01/27/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH 34TH STREET NATURE TRAIL HEALTH CARE CENTER **MOUNT VERNON, IL 62864** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTIO IN (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD) BE COMPLETE PRÉFIX PREFIX CROSS-REFERENCED TO THE APPROPIRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **TAG DEFICIENCY**) S9999 Continued From page 4 S9999 infection, and to follow up with R2's GP(General Practitioner). V6 stated R2's inflammation and infection will need to be resolved before she can be evaluated for new hearing aids. On 01/26/21 at 11:45am, V2, Director of Nurses, stated when V9, Transporter/Certified Nursing Assistant, returned from R2's appointments on 12/18/20 and 01/07/21, V9 gave written instructions and orders to V8, Licensed Practical Nurse. V2 stated on 12/18/20, V8 did not input orders into the computer system so the Debrox was not started until the error was noted on 12/29/20, at which time the Debrox was started. V2 stated on 01/07/21, V8 again did not input the orders for DS. V2 stated the error was not caught until 01/14/21 at which time the DS was obtained over the counter and immediately started. V2 stated V8 has since quit. V2 stated if R2 was not taken for return visits with V6 in a timely manner. it was an error on V9's part as she is solely responsible for scheduling visits. V7, Pharmacist, stated they received the order for DS on 01/07/21 and called V6's office to confirm it as they were unfamiliar with otic use of this drug\_ V6 confirmed the order, they ordered the medication, and received it on 01/08/21. They notified the facility that day that the medication was in, but had been flagged as not approved for payment by the facility's corporation. V7 stated this occurs when it is possible that the medication might be cheaper to purchase elsewhere, in this case, over the counter. V7 stated they heard nothing back until 01/14/21, when V2 called and stated they obtained the medication over the coura ter.

On 0 1/26/21 at 10:30am, R2 was interviewed in her room. R2 was alert to person and place but

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: \_ С B. WING IL6006498 01/27/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1001 SOUTH 34TH STREET NATURE TRAIL HEALTH CARE CENTER** MOUNT VERNON, IL 62864 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 5 S9999 not time. R2 was observed to require the use of a communication board for all communication and could not hear the surveyor at all. R2 stated she has hearing aids but does not wear them because they don't help. R2 stated she is going to be fitted for new hearing aids when her ear infection clears up. R2 stated she is not sure when that will be. On 01/27/21 at 10:10am. V9 stated she took R2 to be fitted for new hearing aids on 12/08/20 and was told by the audiologist that R2 had an accumulation of ear wax in both ears and this would need to be removed before they could test her hearing. V9 stated various providers to provide this were contacted, all of whom were scheduled several weeks out. V9 stated V6's practice was identified as being a walk in clinic with immediate availability, so she took R2 there. and her initial visit was on 12/18/20. V9 stated when she brought R2 back from the above referenced appointments, she gave the written instructions to whomever was charge nurse on that hall that day, V9 stated she can't remember who the staff members were. V9 stated she is told by nursing staff when residents need appointments, and in this case was told R2 needed to go back after each medication had been administered for seven days. V9 stated her responsibility is to transport residents and sort out scheduling issues but it is the responsibility of nursing staff to determine who needs to be seen and how soon they need to be seen. V9 stated she cannot remember in either instance which nurse instructed her to take R2 for follow up. R2's Minimum Data Set(MDS) dated 01/14/21 documented that R2 has moderate difficulty with hearing and requires the use of hearing aids. The same MDS documented that R2 felt down.

PRINTED: 03/18/2021 FORM APPROVED

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 IL6006498 01/27/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH 34TH STREET NATURE TRAIL HEALTH CARE CENTER **MOUNT VERNON, IL 62864** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (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 TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 depressed, or hopeless from 7 to 11 days of the previous two week reporting period. R2's Care Plan dated 01/22/21 documented problem areas of difficulty hearing in noisy settings, depression, and little to no activity involvement. According to the National Institute of Health, 08/14/19, "Depression in elderly patients with hearing loss: Current perspectives", @www.ncbi.nim.nih.gov, 'Hearing loss in older adulthood negatively impacts the quality of life and is associated with unipolar depression among older adults'." The facility's Physicians Orders Policy with a revision date of November 2017 documented, "Physicians orders are obtained to provide clear direction regarding the care of the resident. Orders given by a physician or state permitted healthcare professional must be accepted by a licensed nurse and documented in the residents medical record...After noting the order, the receiving nurse enters it into the electronic health record and ensures it is active." "B" Illinois Department of Public Health

Illinois Department of Public Health