

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/30/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FARGO HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1512 WEST FARGO CHICAGO, IL 60626</b>
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S 000	Initial Comments  Annual Licensure Survey	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations : 1 of 4</p> <p>300.696a)</p> <p>Section 300.696 Infection Control</p> <p>a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code</p> <p>This was not met as evidenced by:</p> <p>Based on observations, interviews, and records reviewed the facility failed to ensure staff sanitize tables before other resident (R12 and R15) eat in the same table, failed to prevent residents (R10) from sharing food off their meal trays (R13), failed to ensure contracted staff follow their policy in wearing Personal Protection Equipment (PPE) while working with a resident (R10) and failed to follow their policy to disinfect medical equipment between uses for two residents (R3, R4). These failures affected 6 residents reviewed for infection control.</p> <p>Finding include: 1. On 4/27/21 at 11:36 AM In the dining room R10 ate her meal, got up, and left the table. No one cleaned the table. R15 entered the dining room and sat down where R10 was, received her tray</p>	S9999	<p><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	(X0) DATE
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S9999	<p>Continued From page 1 and began eating.</p> <p>On 4/28/21 at 11:53 AM R11 got up from the dining room table where he was eating. No one wiped the table where R11 was eating. R12 sat down where R11 got up from and was served her meal tray and began eating.</p> <p>On 4/28/21 at 12:02 PM R14 got up from the dining room table after eating. R15 sat down where R14 was and was served and her tray and began eating.</p> <p>On 4/28/21 at 12:43 PM V5, Certified Nursing Assistant, said the dining room is open for meals. The first batch of people come in and then the tables are cleaned off before the next batch come in to sit down and eat. When the first group finishes the housekeeping staff will come in and clean the tables. The tables are cleaned for infection control purposes. If the table is not cleaned there is a potential risk for infections, like COVID.</p> <p>On 4/28/21 at 1:43 PM V4, Director of Nursing, said the tables in the dining room should be wiped in between resident groups coming in to eat. This is done to prevent the spread of infections, like COVID.</p> <p>The facility policy revised on 03/19 for General Housekeeping Procedures states 4. The meal times have been broken up into two shifts to allow for social distancing. In between shifts employees will disinfect the tables.</p> <p>2. On 4/27/21 at 10:45 AM observed V6, foot doctor, touching R10, in her room within 6 feet of her at bedside. When asked why she has no face shield or eyewear in place V6 responded: "Do I</p>	S9999		
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Continued From page 2  
need one today?"

On 4/27/21 at 1:46 PM V3, Infection Preventionist said care givers need to wear goggles or face shield and mask on all floors regardless of COVID status. The purpose of the PPE is because we suspect everyone has COVID. V3 said it does not matter if staff has been vaccinated when following PPE policy. V3 said all Physicians in the facility should wear goggles or face shield and a mask.

Review of the facility's undated policy states to ensure staff and contracted staff are following recommendations and guidelines set forth set forth as it relates to PPE in non COVID positive or Person Under Investigation's rooms and units. In accordance with state, local and federal recommendations the following will be followed. Eye protection must be worn at all times while providing care.

(B)

2 of 4  
300.1210b)1  
300.1210b)4)  
300.1210d)4)A)  
300.1210d)4)B)

Section 300.1210 General Requirements for Nursing and Personal Care  
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. Restorative

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S9999	<p>Continued From page 3</p> <p>measures shall include, at a minimum, the following procedures:</p> <p>1) The licensed nurse in charge of the restorative/rehabilitative nursing program shall have successfully completed a course or other training program that includes at least 60 hours of classroom/lab training in restorative/rehabilitative nursing as evidenced by a transcript, certificate, diploma, or other written documentation from an accredited school or recognized accrediting agency such as a State or National organization of nurses or a State licensing authority. Such training shall address each of the measures outlined in subsections (b)(2) through (5) of this Section. This person may be the Director of Nursing, Assistant Director of Nursing or another nurse designated by the Director of Nursing to be in charge of the restorative/rehabilitative nursing program.</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>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</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.</p> <p>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> <p>This requirement was not met as evidenced by:</p> <p>Based on interview and records reviewed the facility failed to have a restorative nurse that completed training from an accredited school or recognized accrediting agency and has no written documentation of training. This failure has the potential to affect 72 residents on restorative programs in the facility.</p> <p>Findings include:</p> <p>On 4/28/21 at 12:45 PM V4, Director of Nursing (DON), said she is in charge of the restorative programs in the facility. V4 said she was trained by another DON at another facility. V4 said I don't have a certificate and did not go to special class. I have been here for 8 months. I have done all of the restorative assessments, evaluations, and reassessments.</p> <p>On 4/29/21 V4 provided surveyor with a list of all residents in the facility on a current restorative program. 1st floor has 20 residents; 2nd floor has 27 residents; and 3rd floor has 25 residents. At total of 72 residents are on restorative programs.</p> <p>On 4/29/21 at 12:50 PM V1, Administrator, said we do not have a Restorative Nurse Job description.</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>Review of the Director of Nursing Duties and Responsibilities dated Revised 01/05 states #19. Will oversee the restorative Department at the facility.</p> <p>Based on observations, interviews and records review facility failed to follow the care plan for grooming for one resident (R9) of one resident reviewed for grooming in a total sample of 16 residents.</p> <p>Findings include:</p> <p>On 04/27/2021 12:29 PM R9 was observed in the third floor dining room with uncombed and greasy hair. R9's hair appears oily and messy as if not washed for over a week. On 04/28/2021 9:59 AM R9 was observed by the 3rd floor nursing station with greasy/oily uncombed hair.</p> <p>Per interview on 04/28/2021 10:04 V2 (Licensed Practical Nurse/LPN) stated, "Yes R9 has greasy uncombed hair. I am not sure why his hair is greasy because R9 takes his showers. I will call the C.N.A and ask for R9's shower schedule."</p> <p>Per interview on 04/28/2021 10:08 AM V5 (LPN) stated, "R9 has greasy hair but he has scheduled showers 3 times per week. On Mondays during 7-3 shift, on Wednesday during 3-11 shift and on Friday during 11-7 shift. The resident takes showers but he closes the door and does not want anyone inside the shower room with him. He showers himself and refuses to let the CNA inside so it's hard to monitor if the resident washes his hair or not. When I work on a day that R9 has a scheduled shower, I tell R9 before he starts his shower that if he does not wash his hair then I will have to wash it for him. That always works. If I say that to him before the start of his shower then</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>he will do it and he will wash it correctly. That's what the C.N.As have to do because R9 hates to wash his hair, so monitoring R9's hair is important. I stand outside the door and I inspect if he washes the hair correctly. I stand right outside the door when the resident showers and after the resident is done showering I inspect the hair, if the resident did not wash his hair, I will then assist him and wash his hair for him."</p> <p>Per interview on 04/28/2021 11:36 AM V4 (Restorative RN/DON) stated, "He has to be assisted. It is listed in R9's care plan that he has to be assisted with hair washing. He supposed to be one person assist but what he does is refuse anybody in the shower room with him. I told the CNAs that they must inspect his hair. R9 hates washing his hair. Often times during a shower, R9 will not wash his hair. I instructed the CNAs to pay attention to the resident's hair and check if R9 actually washed his hair. If he does not wash his hair, the CNAs are supposed to ask the resident to return to the shower and assist R9 with washing his hair. So the resident has oily hair because the CNA failed to check the resident's hair on his shower day Monday. The CNA failed to check his hair when he came out of the shower."</p> <p>According to the 3rd Floor Shower Schedule R9 has scheduled showers on Monday (7-3 shift), Wednesday (3-11 shift) and Friday (11-7 shift).</p> <p>According to R9's Functional Status Assessment (dated 03/02/2021) the resident requires physical help for bathing.</p> <p>According to R9's Care Plan (dated 06/10/2020) documents the resident has been observed to need assistance in performing some portion of</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>his/her Activities of Daily Living (ADL). Resident demonstrate the following areas of deficit: poor focus on dressing/grooming due to chronic mental illness and diagnosis of ADHD. Resident is on grooming program due to self-care deficit, after showers he would be assisted in combing hair, applying lotion on his body and hands and ensuring nails are clean.</p> <p>(B) 3 of 4 300.1410a)</p> <p>Section 300.1410 Activity Program</p> <p>a)The facility shall provide an ongoing program of activities to meet the interests and preferences and the physical, mental and psychosocial well-being of each resident, in accordance with the resident's comprehensive assessment. The activities shall be coordinated with other services and programs to make use of both community and facility resources and to benefit the residents.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observations, record review and interviews, facility failed to identify resident's leisure preferences and failed to provide leisure activities for one resident (R7) out of one resident reviewed for activities in a total sample of 16.</p> <p>Findings include:</p> <p>During observation conducted between 09:00 AM to 11:50 AM on 04/27 to 04/29/21, R7 was observed laying in bed doing nothing. TV attached to the wall, out of R7's reach, turned off. No books, magazines, coloring books or any other type of leisure activity noticed in R7's room.</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>On interview R7 states "I would like to watch TV." R7 denies doing any type of activity.</p> <p>On 04/28/21 at 11:38 am V9 (Activity Aide) states "For the resident who can't leave the room, we give them music radio, and we talk about TV's shows they like. Sometimes they refuse to talk. At the time I did the assessment for R7 there was no TV there. We tell the maintenance what kind TV shows the resident wants to watch, so they can set up the channels for the resident."</p> <p>On 04/29/21 at 09:54 am V7 (Maintenance Director) states "On R7's room the TV is attached in the wall with an arm, but it can get out of the wall, and be place on top of a stand and put it in front of the resident's bed, so it would be comfortable for the resident watch TV from bed. Most of the time the Director of Nursing (DON) calls me and tell me what they need for the resident and we can work from there. I haven't been informed about R7's TV. Neither, the DON or the resident has not requested anything about the TV."</p> <p>On 04/29/21 AM 10:15 am V4 (Director of Nursing - DON) states "When we receive a new resident the admission nurse let me know about it and I call the maintenance to informing them about the new admission. If the resident needs to be isolated we request the PPE cart, if the resident needs oxygen we ask for the concentrator and tubing. We tell them if the resident needs a TV. I did not call the maintenance about R7'S TV. Right now I'm trying to figure out how the TV is set up for her. If the person can't watch TV while laying bed, we need to adjust the TV so the person can watch it. The resident is already on isolation, which can make her uncomfortable. Watching TV helps also get</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>your mind distract and not thinking about when I can get out of this room. Watching TV would be therapeutic, and also make them comfortable, as if they belong in and not keeping asking when they can get out of their rooms. The admission person should have assessed the residents' position to adjust the TV position. The nurse who did the admission is supposed to verify all things the residents needs including the TV access. R7 needs assistance to get out of the bed. She can't transfer by herself."</p> <p>On 04/29/21 at 12:35 PM V8 (Activity Director) states "I didn't do R7's assessment. V9 (Activity Aide) did. V9 was supposed to ask those question (showed a list of questions) and access the resident's leisure preferences. She's supposed to mark those box with resident leisure preference in the initial assessment (electronic form). We are supposed to write in the progress notes saying what it has been done regarding activities. I don't know R7's preferences. We should know R7's preferences by today. The expectation is to assess resident's preferences in 24 hours post admission. R7 is on isolation, the goal is to bring activities to her room. If she prefers watches TV, we'll help her to find the channels she likes."</p> <p>R7's activity assessment completed on 4/25/21 does not documents R7 leisure preferences.</p> <p>R7's Care plan interventions reads: Provide needed supplies for preferred leisure activities as needed; Evaluate likes, dislikes, preferences and routines for leisure activities.</p> <p>Facility policy titled Activity Department Program Policy, under procedure, reads: The Activity Department shall provide a structured series of</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>meaningful programming. It shall be based upon the identified needs and interests of each resident and provide opportunities for residents to gain new leisure skills. The resident population shall be invited to take an active role in the planning, participation and evaluation of all therapeutic recreation programs.</p> <p>(C)</p> <p>4 of 4 300.1620a) Section 300.1620 Compliance with Licensed Prescriber's Orders</p> <p>a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observations, interviews and records review, the facility failed to follow physician's orders regarding medication administration for 1 resident (R16) of 12 reviewed for medication administration.</p> <p>Findings include:</p> <p>On 04/27/2021 11:32 am during a medication administration observation, V2 (Licensed Practical Nurse- LPN) squeezed a bottle of</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>Brimonidine 0.2 % eye drop medication into R16's right eye, failing to dispense the eye drop medication. R16 notified V2 immediately after failed eye drop administration twice. R16 stated, "You didn't put the eye drop in my eye, nothing went inside my eye. Nothing came out. Can you try again because I did not feel anything and usually the eye drops burn. V2 dismissed R16's concern in regards to the failed eye drop administration to the right eye and proceeded to administer the eye drop medication into the left eye. R16 stated, "Now the left eye got the eye drop I can feel the burn, but you did not give me the eye drop in the right eye, can you please try again."</p> <p>On 04/27/2021 11:41 am V2 (LPN) stated, "I thought I administered the eye drop in the right eye. I thought that the eye drop went into R16's eye. When R16 said that I failed to dispense the eye drop into the right eye I told the resident that yes I gave the eye drop but the resident insisted that the eye drop never went into the right eye. R16 is alert and oriented so when he said the eye drop didn't go in I administered the eye drop to the right eye again per R16's request. I honestly did not notice that I failed to dispense the eye drop."</p> <p>Per physician's orders (dated 04/23/2021) R16 has an order for Brimonidine 0.2 % eye drops: Instill 1 drop by ophthalmic route in each eye 3 times per day.</p> <p>Per facility policy titled, Specific Medication Administration Procedures: Eye Drop Administration (dated July, 2018): (F) Hold inverted medication bottle between the thumb and index finger, and press gently to instill prescribed number of drops into "pouch" near</p>	S9999		
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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/30/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FARGO HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1512 WEST FARGO CHICAGO, IL 60626</b>
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(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
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S9999	Continued From page 12 outer corner of eye.  (AW)	S9999		
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