

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/25/2022
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NAME OF PROVIDER OR SUPPLIER LEBANON TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 221 EAST THIRD STREET LEBANON, IL 62254
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Z 000	COMMENTS 2nd Follow Up to Complaint Survey 2145520/IL136663	Z 000		
Z9999	FINDINGS Statement of Licensure Violations: 350.510 a) 350.1440 a) 350.760 a) 350.2210 g) Section 350.510 Administrator a) There shall be an administrator licensed under the Nursing Home Administrators Licensing and Disciplinary Act (Ill. Rev. Stat. 1987, ch. 111, par. 3651 et seq.) full-time for each licensed facility. The licensee will report any change in administrator to the Department, within five days. Section 350.1440 Labeling and Storage of Medications a) All medications for all residents shall be properly labeled and stored at or near the nurses' station in a locked cabinet, in a locked medication room, or in one or more locked mobile medication carts of satisfactory design for such storage. Section 350.760 Infection Control 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 (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.	Z9999	Attachment A Statement of Licensure Violations	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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Z9999	<p>Continued From page 1</p> <p>Section 350.2210 Furnishings g) Each living room for residents' use shall be provided with an adequate number of reading lamps, tables, and chairs or settees. These furnishings shall be well constructed and of satisfactory design for the residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to:</p> <ol style="list-style-type: none"> 1) have an appointed administrator with a valid Illinois license for the facility, affecting all 14 individuals residing at the facility (R1-R14). 2) implement their Medication Storage Policy, potentially affecting 14 individuals residing at the facility (R1-R14), 3) implement their COVID Policy, potentially affecting 14 individuals residing at the facility (R1-R14), 4) develop their Furniture Repair Policy, potentially affecting 14 individuals residing at the facility (R1-R14). <p>Findings include:</p> <p>Facility Roster undated identifies R1, R3-R12 as individuals who function within the Mild Range for Individuals with Intellectual Disabilities; R13 as an individual who function within the Moderate Range for Individuals with Intellectual Disabilities; R2 and R14 as individuals who function within the Severe Range for Individuals with Intellectual Disabilities.</p> <p>1) Section 350.510 documents, "Administrator: a) There shall be an administrator licensed under</p>	Z9999		

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Z9999	<p>Continued From page 2</p> <p>the Nursing Home Administrators Licensing and Disciplinary Act (Ill. Rev. Stat. 1987, ch. 111, par. 3651 et seq.) full-time for each licensed facility. The licensee will report any change in administrator to the Department, within five days."</p> <p>On 3/16/22 at 5:51 am, E7 (Qualified Intellectual Disabilities Professional/QIDP) Temporary Administrator License was hung at the facility. E7's Temporary Administrator License identifies another facility in Springfield on the license.</p> <p>On 3/16/22 at 7:10 am, E4 (Direct Support Person/DSP) was asked how long has she worked at the facility. E4 stated, "Since 2/22." E4 was asked who the facility Administrator was. E4 stated, "E7."</p> <p>On 3/16/22 at 7:32 am, E1 (Program Specialist) was asked who the facility Administrator was. E1 stated, "E2 (Staff Development)." E1 was asked to produce proof of E2's Administrator License.</p> <p>E2 Temporary Administrator License identifies another facility in Springfield on the license and expired 11/6/21.</p> <p>On 3/16/22 at 10:48 am, Z1 (Illinois Department of Financial and Professional Regulations/IDFPR-Office Coordinator) was asked if E2 has filed paperwork to obtain a Temporary Administrator License. Z1 stated, "No." Z1 further stated, "E2's Temporary Administrator License has a facility in Springfield on it and it's expired." Z1 was asked who is the named Administrator for the facility. Z1 stated, "Z3 (Previous Administrator) is named as the Administrator for the facility, however her license is expired as well."</p>	Z9999		

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Z9999	<p>Continued From page 3</p> <p>On 3/21/22 at 9:02 am, E2 emailed surveyor a copy of a CA-NHA form requesting a Temporary Administrator with a final signed date of 3/17/22. E2 also emailed a receipt to IDFPR dated 3/18/22.</p> <p>On 3/21/22 at 1:52 pm, E2 was asked if her request for her Temporary Administrator License was sent off on 3/18/22. E2 stated, "Yes, but I got an extension to February." E2 was asked who she spoke with. E2 stated, "I don't know who I talked to, it was someone at IDFPR."</p> <p>On 3/22/22 at 9:35 am, Z2 (IDFPR-Public Service Administrator) was asked if E2 got an extension on her Temporary Administrator License. Z2 stated, "No, it expired 11/21."</p> <p>2) Facility Medication Storage Policy 5.302 dated 7/1/16 includes, "The facility shall provide for the storage of medications in accordance with prevailing standards. Procedure: 1. The Health Service Director shall ensure that all medications administered by the facility staff are: A) Stored under lock and key and otherwise secured as required by federal and stated regulations."</p> <p>On 3/16/22 at 5:57 am, E4 (Direct Support Person/DSP) walked out of the medication room and out of site of the medication room. Surveyor was able to open medication room door. R1 and R8 were sitting at the dining room table in front of the medication room. No staff present.</p> <p>On 3/16/22 at 6:10 am, E4 walked out of medication room and out of site of the medication room. Surveyor was able to open medication room door. R1 and R6 were in the dining room in front of the medication room. No staff present.</p>	Z9999		
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Z9999	<p>Continued From page 4</p> <p>On 3/16/22 at 6:13 am, R6 opened up medication room door, no staff were present inside the medication room, looked in and then walked over to the table in front of the medication room and sat down.</p> <p>On 3/16/22 at 6:23 am, E4 walked out of the medication room and out of site of the medication room. Surveyor was able to open medication room door where a Synthroid 50 mcg was sitting on top of the medication cart. R3, R6, and R7 were sitting in the living room on the boy's side.</p> <p>3) The facility policy (12.404) During the implementation of the pandemic management plan, any facility location with medically fragile individuals shall implement the following procedures for all visitors and employee arrivals. This procedure is in place to ensure all employees reporting for duty are free from signs and symptoms of COVID-19 in an effort to ensure the individuals served are not at risk or exposure.</p> <p>Observation on 3/16/22 from 5:51am to 6:00am, E4 (DSP) was observed to be walking around living area without wearing a face mask. R1, R6 and R8 were sitting at the dining room table.</p> <p>Interview with E1 (PSS) on 3/16/22 at 1:15pm E1 stated, "Staff should be wearing their face mask while in the facility."</p> <p>4) The facility failed to develop a policy on maintaining furniture in good repair.</p> <p>Observation on 3/16/22 at 6:30am, the vinyl couch in living room was worn down, where the cushion is visible.</p>	Z9999		

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