

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6015911</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/09/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BELMONT VILLAGE OAK PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1035 MADISON STREET OAK PARK, IL 60302</b>
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S 000	Initial Comments  Sheltered Care Licensure Complaint Investigation: 2290414/IL142505  Facility Reported Incident of 2/19/22/IL144120 cited: 330.710, 330.1510	S 000		
S9999	Final Observations  Statement of Licensure Violations: 1 of 2 330.710a) 330.710c)3)A)C)F)  Section 330.710 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 with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.  c) The written policies shall include, but are not limited to, the following provisions:  3) A policy to identify, assess, and develop strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident. The policy shall establish a process that, at a minimum, includes all of the following:  A) Analysis of the risk of injury to residents and nurses and other health care workers, taking	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>into account the resident handling needs of the resident populations served by the facility and the physical environment in which the resident handling and movement occurs.</p> <p>C) Evaluation of alternative ways to reduce risks associated with resident handling, including evaluation of equipment and the environment.</p> <p>F) Development of strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident.</p> <p>These requirements were NOT MET as evidenced by:</p> <p>Based on interviews and record reviews the facility failed to follow their Fall Reduction Preventative policy, Residents Requirements and Assessment policy by not completing fall assessments upon admission, every six months, and as needed for residents who were potentially at risk for falls due to behaviors and/or medical conditions; incomplete post fall with injury documentation. This failure applied to two (R1, R5) of three residents reviewed for resident safety related to falls.</p> <p>Findings include:</p> <p>R1 is an 87 year old female originally admitted on 11/30/2019, last readmission date of 07/22/2021. She resides on the third floor locked memory care unit and has a past medical history not limited to: Anemia, Chronic Obstructive Pulmonary Disease, Coronary Artery Disease, Dementia, Hypothyroidism, and Osteoporosis. R1's Montreal Cognitive Assessment (MOCA)</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>dated 02/29/2020 was 11/30, normal is greater than or equal to 26/30. No admission fall risk assessment found in resident's chart by surveyor or V2 (Director of Resident Care Services). Per Resident Assessment and Service Plan dated 10/19/2021, R1 ambulates independently with her walker, interventions for staff to remind resident to use assistive device in place; fall risk assessment score was 5 indicating R1 is a moderate fall risk per facility fall assessment form; medications are administered by nursing staff.</p> <p>R1's physician communication log dated 02/19/2022 documents "resident observed on floor in activity room" and complained of "right hip and leg pain" . Sent to emergency room and diagnosed with Right hip fracture. R1 remained hospitalized throughout this investigation. This physician communication log was the only documentation found regarding R1's fall on 02/19/2022. No entry in progress notes regarding the fall or of R1's continued hospitalization for hip fracture found. No fall report or fall risk assessment found, care plan not updated.</p> <p>R5 is a 98 year old female admitted to the facility on 10/31/2020. She has a past medical history not limited to: Arthritis, Dementia, Hypertension, Spinal Stenosis, Chronic Kidney Disease, and localized Edema. No Montreal Cognitive Assessment (MOCA) found. Undated Fall Risk Assessment for R5 found in chart that documents to perform "upon admission, every six months and prn (as needed) significant change of condition". The following areas are assessed: level of mental status, history of falls (past 12 months), elimination status, vision status, gait/balance, orthostatic blood pressure, medications, and predisposing disease. Fall risk</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>scores are categorized within this assessment as "low risk 0-4 moderate risk 5-9 high risk 10+". History of falls was the only area assessed for R5. She scored 0 indicating no falls in past 12 months. Per Resident Assessment and Service Plan dated 12/02/2021, R5 walks independently with a walker. Interventions in place for staff to remind resident to use assistive device, occasional stand by assist when unsteady, and provide routine wellness checks.</p> <p>R5's progress note dated 01/17/2022 documents she was found "lying inside the closet" with no injuries sustained. Another progress note dated 02/14/2022 documents R5 "tripped over walker and went down to floor" with no injuries sustained. A third progress note dated 02/17/2022 documents R5 was in her room and "found on floor laying on right side of body". R5 was sent to the emergency room due to hitting her head and returned with a new prescription for "Norvasc 5mg". No fall risk assessments or update to R5's care plan found for these falls.</p> <p>On 03/02/2022 at 12:30 PM, V4 (Personal Assistant Liaison/PAL) said there are 2 PALS working on 4th floor, no nurse working on the floor, all nurses work on 1st floor. Nurses come for medication administration and as needed.</p> <p>On 03/02/2022 at 12:37 PM, R5 said regarding recent fall that she was going to the bathroom and lost her footing. Also said she did not hit her head and denied any pain with fall. R5 said this was her first fall, she always uses her walker when walking, and presses call button if she needs help.</p> <p>On 03/03/2022 at 10:48 AM, V2 (Director of Resident Care Services) said post fall</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>assessments are not always done. Falls should be documented in resident's progress notes, and if a fall required a change in care, then the admission fall risk assessment is updated along with the care plan. V2 also said assessments not found in chart may be found in facility's computer system. No admission fall risk assessments for R1, no recent fall risk assessments found in resident's chart or within facility's system by V2 for R1 or R5.</p> <p>On 03/03/2022 at 11:01 AM, V2 (Director of Resident Care Services) said the facility recognizes falls or change in condition through documentation and update care plan every 6 months or as needed. V2 also said all residents reviewed by surveyor had no change in care, their care and needs are being met.</p> <p>On 03/03/2022 at 12:13 PM, V1 (Interim Executive Director) said one fall is not considered a change in condition, but one fall with injury or multiple falls within a few weeks time is considered a change in condition. V1 also said that interventions should be put in place after every fall and placed under physical assignment in resident's care plan which will appear on the approach charting completed by Personal Assistant Liaison or PAL.</p> <p>On 03/03/2022 at 1:29 PM, V5 (Personal Assistant Liaison/PAL) said the census on 3rd floor is 15 and 3 PALS are currently working, nurse works on the first floor and comes up to administer scheduled medications or as needed. V5 informed surveyor that residents remain in the common area with staff presence in between meals and activities, cares, or family visits throughout the day.</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>On 03/07/2022 at 12:08 PM, V1 (Interim Executive Director) said fall risk assessments are done upon admission initially, and should be done quarterly depending on falls. These assessments score residents for fall risks and are located within the assessments tab in their chart. V1 also said that care plans are done quarterly, with a change in condition, or upon readmission from the hospital which is considered a change in condition. The system alerts staff when updates are due based on the data inputted.</p> <p>Requested admission fall risk assessment for R1 and recent fall assessments for R1 and R2 from V1 (Interim Executive Director). None found through computer system or within resident's chart by V1, who said they should have fall assessments but they do not.</p> <p>Reviewed facility's Fall Reduction Preventative policy with last review date of 08/2019 which stated under "Policy":</p> <p>2. All residents will be assessed for risk for falls just prior to, or at the time of, move-in; at reassessment; or as required by state regulations.</p> <p>3. A resident care plan with individualized "approach" instructions will be developed by a nurse at each assessment. Instructions and Individualized interventions to help mitigate the risk of injury from falls will be included for those residents at risk. The care plan will be updated with each assessment to include fall management interventions.</p> <p>Under "Procedures-Assessing Fall Risk": Fall management begins with identifying those factors that could put a resident at increased risk and anticipating their needs based on their functional status. The nurse will conduct a</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>multi-factorial fall assessment to include information regarding potential fall risk factors, such as: level of mental status, history of falls (past 12 months), elimination status, vision status, gait/balance, orthostatic blood pressure, medications, and predisposing disease.</p> <p>Under "Responding to a fall": 8. Document all specifics regarding the resident's fall, injuries, response, interventions taken, and notification of conversations in the nurse's notes. 9. Conduct an assessment and update the corresponding Resident Care Plan and Approach Chart, to reflect any additional assessed interventions and/or services.</p> <p>Record review of a document submitted by the facility titled "Residents Requirements and Assessment" with the last review date of 01/2021 under policy states second paragraph states: It is the policy of Belmont Village to assess all potential residents for their service needs and determine their eligibility for residency at Belmont Village Community. Residents will be re-assessed in the community if there is a significant change in condition and every 6 months. Only residents who meet the admission and care criteria for Sheltered care facilities, as set forth in 77 IL Administrative Code Section 330(the "Regulations") will be eligible for admission. Residents eligible for admission must be appropriate for the care and services offered at Belmont Village, including assistance with daily living and /or the memory care programs and services offered at the community.</p> <p>Under "procedure number 6 on page two paragraph two" states a reassessment shall be completed 30 days after initial, every 6 months or more often as resident's status change.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>2 of 2</p> <p>330.1510a)1)2)3)4) 330.1510b) 330.1510c)1)2) 330.1510d)1)2) 330.1510e)1)2)</p> <p>Section 330.1510 Medication Policies</p> <p>a) Every facility shall adopt written policies and procedures for assisting residents in obtaining individually prescribed medication for self-administration and for disposing of medications prescribed by the attending physicians. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility.</p> <p>1) Medication policies and procedures shall be developed with consultation from an Illinois registered professional nurse and a registered pharmacist. These policies and procedures shall be part of the written program of care and services.</p> <p>2) All medications taken by residents shall be ordered by the licensed prescriber directly from a pharmacy. If the facility has a licensed nurse who supervises the medication regimen of the residents, the nurse may transmit the licensed prescriber's orders to the pharmacy.</p> <p>3) If facility policy permits residents to be totally responsible for their own medication, with written permission from the attending physician, the resident and attending physician shall be given written statements concerning what the</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>responsibilities of the facility, the resident and the physician are if the resident, or any other person, suffers harm as a result of the resident's handling his or her own medications.</p> <p>4) If the facility elects to administer medications to some residents for control purposes, the medications shall be administered by personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Medications shall not be recorded as having been administered prior to their actual administration to the resident.</p> <p>b) For the purpose of this Subpart, "licensed prescriber" means a physician; a dentist; a podiatrist; an optometrist certified to use therapeutic ocular pharmaceutical agents; a physician assistant to whom prescriptive authority has been delegated by a supervising physician; or an advanced practice nurse practicing under a valid collaborative agreement.</p> <p>c) Drug and Pharmacy Restrictions</p> <p>1) No facility shall stock drugs.</p> <p>2) No facility shall operate a pharmacy.</p> <p>d) All medications on individual prescription or from the licensed prescriber's personal supply shall be labeled as set forth in Section 330.1530(f). A licensed prescriber who dispenses medication from his or her personal office supply shall comply with Sections 33 and 54.5 of the Medical Practice Act of 1987 [225 ILCS 60/33 and 54.5]; or Section 51 of the Illinois Dental Practice Act [225 ILCS 25/51]; or the Podiatric Medical Practice Act of 1987 [225 ILCS 100]; or Section 15.1 of the Illinois Optometric</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>Practice Act of 1987 [225 ILCS 80/15.1]; or Section 15-20 of the Nursing and Advanced Practice Nursing Act [225 ILCS 65/15-20]; or Section 7.5 of the Physician Assistant Practice Act of 1987 [225 ILCS 95/7.5].</p> <p>1) All other medications shall be authorized by a licensed prescriber for individual resident use, and shall be clearly identified with the resident's name.</p> <p>2) Attending physicians shall review the medication regimen of each resident at least every six months. This review shall be documented in the resident's record.</p> <p>e) Medication Records</p> <p>1) All medications used by residents shall be recorded by facility staff at time of use. (See Section 330.1710.)</p> <p>2) A medication record shall be kept for those residents for whom the attending physician has given permission to keep their medication in their room and to be fully responsible for taking the medications in the correct dosage and at the proper times.</p> <p>These requirements were NOT MET as evidenced by:</p> <p>Based on interviews and record review the facility failed to follow their Medication Management policy by not following physician's orders regarding a changed medication administration time. This failure applied to one (R1) of three residents found during medication record review of complaint investigation.</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>Findings include:</p> <p>R1 is an 87 year old female originally admitted on 11/30/2019, last readmission date of 07/22/2021. She resides on the third floor locked memory care unit and has a past medical history not limited to: Anemia, Chronic Obstructive Pulmonary Disease, Coronary Artery Disease, Dementia, Hypothyroidism, and Osteoporosis. R1's Montreal Cognitive Assessment (MOCA) dated 02/29/2020 was 11/30, normal is greater than or equal to 26/30. Per Resident Assessment and Service Plan dated 10/19/2021, R1 ambulates independently with her walker; fall risk assessment score was 5 indicating R1 is a moderate fall risk per facility fall assessment policy; medications are administered by nursing staff. R1 had a fall on 02/19/2022, was sent to the emergency room and diagnosed with right hip fracture. She remained hospitalized throughout this investigation.</p> <p>R1's previous readmission medication orders dated 07/23/2021 documented the following: Quetiapine (Seroquel) 25mg one tab daily before dinner (scheduled for 5:00 pm), and 25mg three tabs at bedtime (scheduled for 8:00 pm). On her physician's orders for December 2021, order dated 02/14/2022 documents to "change quetiapine 25mg from 5pm to give Q 6AM" and on physician's progress note dated 02/14/2022, documents to "switch seroquel 25mg to QAM 6:00 with Xanax". R1's physician's orders for February 2022 indicated "quetiapine (seroquel) 25mg 1 tab by mouth every morning", yet medication remained scheduled for "5:00 PM". This same order and administration time is indicated on R1's electronic medication administration record (emar) for both February and March 2022, and was documented as being</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>administered on emar at 5:00 PM from February 15-18, 2022, for a total of 4 incorrect administrations.</p> <p>On 03/03/2022 at 1:00 PM, V1 (Interim Executive Director) said her expectation of the nursing staff is to follow facility's medication management policy. V1 informed surveyor if a medication prescription is sent to the pharmacy by the provider, the pharmacy will update the resident's electronic administration record. If the facility receives a medication prescription, the order is hand written on the resident's paper medication administration record by the floor nurse, placed in daily book, and the order is faxed to pharmacy. A second nurse checks the daily book to verify orders. V1 also said that their pharmacy perform quarterly audits, and a nurse from pharmacy comes in monthly to do audits.</p> <p>On 03/03/2022 at 1:06 PM, V1 (Interim Executive Director) said two nurses should check and sign off on the order, and nurses should verify the updated medication administration record is correct with the physician's order prior to administering the first dose.</p> <p>Reviewed facility's Medication Management policy dated 07/2014 which stated:</p> <p>Purpose: To assure safe and accurate supervision, assistance and/or administration of medications by a licensed professional.</p> <p>Policy:</p> <p>4. Pharmacy provides quality monitoring for accuracy of administration.</p> <p>14. C: Resident medication profiles will be reviewed monthly by a pharmacist and the Director of Resident Care Services to ensure:</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>IL6015911</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/09/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BELMONT VILLAGE OAK PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1035 MADISON STREET OAK PARK, IL 60302</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
S9999	<p>Continued From page 12</p> <p>4. Proper supervision and/or administration.</p> <p>Procedure: I. Administration: E. If a resident is having their medications administered or supervised by Belmont Village staff, when the resident visits their physician and changes their medication regimen, physician will communicate directly with Director of Resident Care Services/LVN who will fax the medication changes to pharmacy. Belmont Village will make the appropriate changes on the resident's electronic medication profile and record.</p> <p>Resident council minutes and grievance forms from the past 3 months reviewed, no issues found.</p> <p>(C)</p>	S9999		