

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2022
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NAME OF PROVIDER OR SUPPLIER ARISTA HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1136 NORTH MILL STREET NAPERVILLE, IL 60563
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	<p>Final Observations</p> <p>#1 Statement of Licensure Violations:</p> <p>300.610a) 300.696a) 300.696c)2)6)7) 300.1020a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</p> <p>Section 300.696 Infection Control</p> <p>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</p>	S9999	<p style="text-align: right;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>Infections Code. Each facility shall monitor activities to ensure that these policies and procedures are followed.</p> <p>c) Each facility shall adhere to the following guidelines and toolkits of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, and Agency for Healthcare Research and Quality (see Section 300.340):</p> <p>2) Guideline for Hand Hygiene in Health-Care Settings</p> <p>6) Guideline for Isolation Precautions: Transmission of Infectious Agents in Healthcare Settings</p> <p>7) Guideline for Infection Control in Healthcare Personnel</p> <p>Section 300.1020 Communicable Disease Policies</p> <p>a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).</p> <p>These REQUIREMENTS were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility 1) failed to follow Centers for Control (CDC) guidelines for PPE (personal protective equipment) for a suspected Covid 19 resident (PUI, person under investigation) of 1 of 1 resident (R1) reviewed for infection control isolation in the sample of 9. 2) Based on observation, interview and record review the</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ARISTA HEALTHCARE

**1136 NORTH MILL STREET
NAPERVILLE, IL 60563**

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S9999	<p>Continued From page 2</p> <p>facility failed to ensure staff performed hand hygiene during incontinence care to prevent the spread of infection to 2 of 9 residents (R5, R7) reviewed for infection control in the sample of 9.</p> <p>The findings include:</p> <p>1) On 4/11/22 at 11:36 AM, there was a sign outside R1's door as contact/droplet isolation precaution.</p> <p>On 4/12/22 at 10:45 AM, V5 (Certified Nursing Assistant-CNA) was in R1's room providing care to R1. V5 was wearing a surgical mask.</p> <p>On 4/12/22 at 11:27 AM V11 (Infection Control Nurse) said any staff taking care of a resident who is a PUI (R1) should wear full PPE when going into a PUI room, that includes face shield, N95 mask, gown and gloves. V11 also said R1 had refused the Covid 19 vaccination.</p> <p>The facility Covid 19 vaccination report dated 4/22 confirmed that R1 is unvaccinated with the Covid 19 vaccine.</p> <p>The facility policy entitled Covid Universal PPE for HCP dated 1/18/22 show, "if a resident is identified as a close contact or is unvaccinated, HCP (health care personnel) must wear N95, eye protection gown and gloves."</p> <p>The Centers for Disease Control and Prevention guidelines (CDC) under Infection Control for Nursing Homes dated 2/2/22 show-"Guidance and recommended PPE when caring for residents in quarantine who had close contact with someone with Covid 19 (PUI) HCP should use full PPE- gloves eye protection and N95 or higher-level respirator. "</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>2) On 4/11/22 at 10:52 AM, V9 and V10 (Both Certified Nursing Assistant's-CNA's) provided incontinence care to R5. V10 cleansed R5's peri-area of stool and with the same contaminated gloves touched multiple surfaces.</p> <p>On 4/11/22 at 9:32 AM, V15 (Certified Nursing Assistant) cleaned loose stool from R7's buttocks. With the same gloves on, V15 assisted with turning R7 to her side by touching her leg and shoulder. V15 then changed R7's incontinence pad and put a new brief on R7.</p> <p>On 4/12/22 at 9:10 AM, V2 (Director of Nursing) said that gloves should be removed and hands sanitized after doing incontinence care and before touching anything else. V2 said that gloves could be contaminated with urine or stool and staff would not want to touch a patient with contaminated gloves.</p> <p>The facility's Hand Hygiene Policy dated 1/1/20 shows, "Staff will perform hand hygieneBefore moving from a contaminated body site to a clean body site during resident care; example: after providing peri-care, before applying moisture barrier or other treatments."</p> <p>(A)</p> <p>#2) 300.610a) 300.1210b) 300.1210d)5)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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 measures shall include, at a minimum, the following procedures:</p> <p>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:</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to implement interventions to prevent worsening of a pressure ulcer for 1 of 3 residents (R7) reviewed for pressure ulcers in the sample of 9.</p> <p>The findings include:</p> <p>R7's Minimum Data Set Assessment dated 3/7/22 shows that she needs extensive assistance of two staff for bed mobility. R7's Treatment Nurse Initial Skin Alteration Review dated 4/7/22 shows that she has a facility acquired stage 2 pressure ulcer on her sacrum that was identified on 4/7/22. Preventative measures include: reposition every 2 hours and as needed and incontinence care (check and change).</p> <p>On 4/11/22 at 9:33 AM, V15 provided incontinence care to R7. R7 had a pressure ulcer on her sacrum. After care was performed, R7 was placed on her back.</p> <p>On 4/11/22 at 10:49 AM, 11:55 AM and 1:30 PM, R7 was still laying on her back.</p> <p>On 4/11/22 at 2:00 PM, V16 (Certified Nursing Assistant) and V17 (Resident Assistant) provided incontinence care to R7. R7's incontinence brief was saturated and R7's incontinence pad was wet. R7 said that the last time she was</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>repositioned or changed was when they did her dressing change in the morning. V16 said that that last time R7 was repositioned or changed was when they did her dressing change. V16 said that she has been very busy and has not had time to get to her. V16 said that R7 should be repositioned and changed every 2 hours.</p> <p>On 4/12/22 at 10:15 AM, V14 (Wound Care Nurse) said that R7 has a new pressure wound on her buttock. Interventions that are in place to prevent it from worsening include: Repositioning from side to side and checking and changing her every 2 hours or as needed. V14 said that R7 is a heavy wetter so she should be checked often. V14 said that she spoke with V16 that morning after the dressing change to let her know that it was very important to reposition and change her often.</p> <p>R7's Skin Integrity Care Plan shows, "Precautions for prevention of Pressure Ulcers will be completed. Good peri care and drying of skin, apply protective barrier cream, reposition resident frequently when in bed ..."</p> <p>The facility's undated Pressure Ulcer Prevention Policy shows, "Maintain clean/dry skin during daily hygiene measures Provide prompt cleaning and rinsing following incontinence episodes ...Turn dependent resident approximately every 2 hours"</p> <p>(B)</p> <p>#3) 300.610a) 300.1210b) 300.1210c)1)</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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 measures shall include, at a minimum, the following procedures:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to administer medication at the scheduled time and failed to administer all ordered medications for 2 of 5 residents (R8 and R9) reviewed for medication administration in the sample of 9.</p> <p>The findings include:</p> <p>1.R8's Medication Administration Record (MAR) shows medications to include: acetaminophen 500 milligrams (MG) twice a day at 9:00 AM and 5:00 PM, Eliquis 5 MG twice a day at 9:00 AM and 5:00 PM, sennosides-docusate sodium 8.6-50 MG twice a day at 9:00 AM and 5:00 PM and loratadine 10 MG daily at 9:00 AM.</p> <p>On 4/11/22 at 11:19 AM, V8 (Registered Nurse) administered R8's 9:00 AM medications. V8 did not administer R8's loratadine.</p> <p>2. R9's MAR shows medications to include: famotidine 20 MG twice a day at 9:00 AM and 5:00 PM, levetiracetam 750 MG-2 twice a day at 9:00 AM and 5:00 PM, potassium chloride 10 MEQ twice a day at 9:00 AM and 5:00 PM, xifaxan 550 MG twice a day at 9:00 AM and 5:00 PM, midodrine 10 MG three times a day at 9:00 AM, 1:00 PM and 5:00 PM, lactulose 20 GM/30M-40 ML daily at 9:00 AM and sertraline 100 MG daily at 9:00 AM.</p> <p>On 4/11/22 at 11:35 AM, V8 administered R9's 9:00 AM medications. V8 did not administer R9's lactulose and sertraline.</p> <p>On 4/11/22 at 11:40 AM, V8 said that medications</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>are given when ordered. V8 said that they can be administered one hour before and up to one hour after the ordered time. V8 said that if they are administered after one hour of the ordered time, they are considered late.</p> <p>The facility's Administering Medications Policy dated 1/1/20 shows, "Medications should be administered within one (1) hour of the prescribed times."</p> <p>(C)</p> <p>#4 300.610a) 300.1210b)3) 300.1210c)2)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>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 measures shall include, at a minimum, the following procedures:</p> <p>3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>This Requirement is not met by evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure a protective dressing was in place for a resident with a suprapubic catheter with a history of urinary tract infections.</p> <p>This applies to 1 of 2 residents (R5) reviewed for catheters in the sample of 9.</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>The findings include:</p> <p>R5's Physician Order Sheets dated through April 2022 shows diagnoses including obstructive and reflux uropathy with orders to cover with a dry dressing to her suprapubic catheter insertion site. R5's P.O.S.'s shows order she is receiving an antibiotic (Ceftriaxone) for a urinary tract infection.</p> <p>On 4/11/22 at 10:52 AM, V9 and V10 (Both Certified Nursing Assistant's-CNA) provided incontinence care to R5.</p> <p>R5's suprapubic catheter was in place to her lower abdomen with no gauze dressing in place in between the catheter insertion site.</p> <p>On 4/11/22 at 12:03 PM, V8 (RN) said R5 is on an antibiotic for a urinary tract infection. V8 said R5 has a suprapubic catheter in place and should have a gauze dressing in between the insertion site because bacteria could get into the catheter site.</p> <p>The Suprapubic Catheter Policy dated October 2020, states, "Inspect the suprapubic opening and the condition of the inserted catheter ...fluff 4x4 gauze and place around the catheter at the opening ..."</p> <p>(C)</p>	S9999		