

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002182	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/10/2022
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NAME OF PROVIDER OR SUPPLIER VINESAT COUNTRYSIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 971 BODE ROAD ELGIN, IL 60120
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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
S 000	<p>Initial Comments</p> <p>Annual Licensure Survey</p> <p>S9999 Final Observations</p> <p>Statement of Licensure Violations 330.720b) 330.792a) 330.792b)1)2)3)</p> <p>1 of 2</p> <p>Section 330.720 Admission and Discharge Policies</p> <p>b) No resident determined by professional evaluation to be in need of nursing care shall be admitted to or kept in a sheltered care facility. Neither shall any such resident be kept in a distinct part designated and classified for sheltered care.</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Based on observations, interviews, and record reviews the facility failed to follow their admission and discharge policy by allowing residents to stay in the facility who require the need for skilled nursing services based on a decline in condition and being totally dependent on staff for care and services. This failure applied to two of two residents (R1 and R5) reviewed for resident care needs.</p> <p>Findings include:</p> <p>R1 is an 84-year-old male originally admitted on 2-10-2020 with diagnoses that include and are</p>	S 000	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>not limited to: Atrial Fibrillation, colostomy, dementia, cerebral vascular disease, and seizure disorder.</p> <p>Upon entrance on 7-8-22, V2 provided survey team with current facility roster that indicated that R1 is a total assist (completely dependent on staff for care) - "Daily Aide Notes" reads: Buggy assist with transfer.</p> <p>7-8-2022 at 10:00 am V3 (Certified Nurse Assistant) said, R1 is unable to keep a basic conversation, he is confused. R1 needs two people assistance when he is taken to the toilet because he is unable to help with his care.</p> <p>At 11:00 am R1 was taken to the toilet, R1 was assisted by V3, V6 and V4 (Certified Nurses Assistants). V4 said, R1 can be very difficult at times because he will get violent if he does not want us to assist him to the bathroom and it makes it very difficult, one person cannot take care of him. V3 and V4 assisted R1 to standing position using the gait belt, V4 asked R1 to hold onto the rolling walker by guiding his hands to the handle area, then V3 (CNA) asked R1 to stand. R1 was not able to assist, and he was sat back down. The chair was held in position by a third staff member V6 (Certified Nurse Assistant). V3 and V4 assisted R1 again to standing position V4 stood in front of R1 placed his knees in front of R1's while he stands to support R1's weight, R1 was not able to give a step. R1 was finally sat on the toilet and perineal care was provided by V4. New incontinence pad applied, and two staff members (V3 and V4) transferred R1 back to the recliner chair. R1's toileting task took three staff members to assist with. V3 (CNA) said, R1 is getting very dependent on us. R1 has a colostomy, and we need to put special clothing</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>that zippers in the back to avoid for R1 to get a hold of the bag and not to take the bag out of place.</p> <p>7-9-2022 at 11:00 am V2 (Director of Nursing) presented documents titled, Resident Service Plan, dated 3-1-2022, which reads: Moderate assistance needed for toileting, bathing, transfers, oral hygiene, dressing and evacuation. Nurse's Progress Notes dated 6-2022 read: Physical Function: R1 needs maximum assistance for dressing ...Moderate assistance for: bed mobility, transfer, locomotion, toileting, and personal hygiene ... Limited assistance for eating.</p> <p>Resident Nursing Assessment dated 2-10-2020, reads: Activities of Daily Living: R1 needs Physical Assistance for grooming, bathing, brushes, and dressing. Continence: R1 needs physical assistance with colostomy care and assistance with incontinence products.</p> <p>7-10-2022 at 11:30 am V2 (Director of Nursing) said, I know R1 takes more than one staff with toileting, some days are better than others, I will need to talk to R1's family member to go over the level of care R1 needs. Surveyor contacted R1's physician but was unable to reach medical doctor or advanced nurse practitioner.</p> <p>R5 is an 86-year-old male admitted to the facility on 4/7/2021. R5's medical diagnoses include dementia, diabetes, hypertension, and prostate cancer.</p> <p>Upon entrance on 7/8/22, V2 provided survey team with current facility roster that indicated that R5 is a total assist (completely dependent on staff</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>for care) and is a feeder (requires assistance with feeding) - "Daily Aide Notes" reads: w/Chair assist with transfer.</p> <p>7/8/22 at 11 am, observed call light go off in R5's room. R5 was sleeping and V7 (Family Member) was in the room. V7 stated to surveyor that she called staff to help get R5 out of bed because she wanted to get him up and ready for lunch. V7 stated that "R5's legs don't work" so the staff need to get him up. V7 stated that she comes every day and the reason why he is at the facility is because she can no longer take care of him at home because she cannot lift him alone and he can't get up on his own. At this time, V6 (CNA) entered the room and V7 told her that she wanted them to get R5 up and in his wheelchair. V6 then went to get another staff member, V5 (CNA) to help her get R5 up. V5 and V6 then proceeded to transfer R5 from his bed to the wheelchair. R5 was not able to stand and pivot - V5 and V6 had to lift R5 to get him up and in the chair. During the transfer, R5's feet were limp, and his legs were notably very weak and wobbly during the transfer.</p> <p>R5's Resident Nursing Assessment completed upon admission (dated 4/7/21) includes that (R5) requires physical assistance with the following ADL's (Activities of Daily Living): Grooming, Bathing, Brushing, and Dressing Mobility (Ambulation - Physical Assistance stand/pivot) and uses a wheelchair Weakness - Upper Left, Upper Right, Lower Left, and Lower Right</p> <p>R5's Resident Service Plan dated 4/6/22 includes: Level of Service regarding ADL's needed: Moderate</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Assistance Needed for: Toileting, Bathing, Transfers, Oral Hygiene, Dressing, and Evacuation Incontinence: yes Ambulatory Aids: Wheelchair (assistance needed) Resident's Personal Background Information/Approach (includes): 4/2022 Wife visits daily. Needs assistance with all ADLs. Lays in bed between meals.</p> <p>R5's medical record includes a Physician Certification signed by R5's primary physician, dated 4/7/21, which reads:</p> <p>Assisted Living and Sheltered Care requires every resident, prior to admission, annually and upon identification of significant change in condition, to receive a comprehensive physician's assessment. The assessment must include an evaluation of the person's physical, cognitive, and psychosocial condition. The Act prohibits persons having certain conditions or limitations and requiring certain types of care from residing in an establishment. A list of these conditions, limitations, and types of care appears in Part III of this form ...</p> <p>Part III: RESIDENCY CONDITIONS, CARE AND LIMITATIONS</p> <p>MUST Be an adult Pose no serious threat to anyone (including self) Be able to communicate needs Not have a severe mental illness</p> <p>NOT NEED Total assistance with 2 or more ADLs Assistance from more than 1 paid caregiver for</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>any ACTIVITY OF DAILY LIVING More than minimal assistance to move to a safe area in case of an emergency 5 or more skilled nursing visits per week for conditions other than treatment of stage 3 or stage 4 decubitus ulcers (for a period not to exceed 3 consecutive weeks)</p> <p>R5's Physician Assessment dated 4/7/21 signed by R5's primary care physician documents that R5 is Non-ambulatory (by reason of physical or mental impairment is unable to exit the facility in an emergency without the assistance of another person)</p> <p>7/9/22 at 1:40 pm V2 (Director of Nursing) was asked about the number of ADL's that were listed on R5's Physician Certification form and she stated that they really used that for the Assisted Living residents but decided to just add it in for the shelter care residents. V2 continued to state that it's not required as part of shelter care regulations and that the regulations are not clear. In regards to the level of care that R5 required, V2 stated that R5 is an easy person but it depends on how the day goes for him ...Surveyor continued to ask V2 what would occur in an event that staff are tied up with a resident that requires more than one staff member to care for them and another resident has an urgent need, such as, at night when there is less staff and V2 responded that she understood the concern.</p> <p>Facility provided an ADMISSION AND DISCHARGE POLICY (undated), which reads:</p> <p>I. In order to be admitted to the Vines a person: a. Must be able to stand and pivot with the assist of no more than 1 person ... II. No person shall be admitted to The Vines</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>who:</p> <ul style="list-style-type: none"> ...d. Is in need of 24 hour skilled care e. Needs a (brand name) mechanical lift f. Is an eloper g. Has a feeding tube <p>(B)</p> <p>2 of 2</p> <p>Section 330.792 Testing for Legionella Bacteria</p> <p>a) A facility shall develop a policy for testing its water supply for Legionella bacteria. The policy shall include the frequency with which testing is conducted. The policy and the results of any tests and corrective actions taken shall be made available to the Department upon request. (Section 3-206.06 of the Act)</p> <p>b) The policy shall be based on the ASHRAE Guideline "Managing the Risk of Legionellosis Associated with Building Water Systems" and the Centers for Disease Control and Prevention's "Toolkit for Controlling Legionella in Common Sources of Exposure". The policy shall include, at a minimum:</p> <ul style="list-style-type: none"> 1) A procedure to conduct a facility risk assessment to identify potential Legionella and other waterborne pathogens in the facility water system; 2) A water management program that identifies specific testing protocols and acceptable ranges for control measures; and 3) A system to document the results of testing and corrective actions taken. <p>This regulation was NOT MET as evidenced by:</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>Based on observation, interview, and record review, the facility failed to have a policy in place to address the frequency and testing of its water supply for Legionella bacteria. This failure has the potential to affect all 33 residents currently residing in the facility.</p> <p>Findings include:</p> <p>7/9/22 at 1:40 pm, V2 (Director of Nursing) was asked to provide facility's Legionella policy and any water testing plan/water management information and V2 stated that the facility has a binder where they log water temperatures. During the course of the survey, V2 provided the facility's water temperature log. Surveyor clarified that there was no concern with water temperatures.</p> <p>7/9/22 at 3:20 pm, surveyor asked V1 (Administrator) and V2 (Director of Nursing) to provide any assessments, etc. related specifically to Legionella bacteria. V1 stated, we have that assessment from the CDC and will get it to you shortly.</p> <p>Facility provided document, "The Vines Legionella Process," which is made up of a 10-page document with header, "CDC Legionella Environmental Assessment Form."</p> <p>The assessment describes characteristics of the facility, and the document includes the following information: Date of Assessment: 7-9-2022 ... 18. Does the facility have a water management program (WMP)? No (is the answer choice selected) ... 22. Does the facility monitor incoming water</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>parameters (e.g., residual disinfectant, temperature, pH)? No (is the answer choice selected) ...</p> <p>32. Are the potable water disinfectant levels (e.g., chlorine) ever measured by the facility at the points of use? No (is the answer choice selected)</p> <p>33. Does the facility have a supplemental disinfection system for long-term control of Legionella or other microorganisms? No (is the answer choice selected) ...</p> <p>34. Please describe any maintenance activities (either routine or emergency) carried out on the potable water system in the past year. Obtain records/SOPs if available. (Response provided) "Periodic cleaning of mix valve (replace cartridge). Removed cartridge is cleaned, delimed, and disinfected."</p> <p>35. Measured Water System Parameters It is very important to measure and document the current physical and chemical characteristics of the potable water, as this can help determine whether conditions are likely to support Legionella growth - think sediment, temperature, water age, and disinfectant residual.</p> <p>Step 1: Plan a sampling strategy that incorporates all central water heaters/boilers, storage tanks, and various points along each loop of the potable water system. For example, if the facility has one loop serving all occupant rooms, an occupant room near (proximal) the central hot water heater and another at the farthest point (distal) of the loop should be sampled, at a minimum.</p> <p>Step 2: For each sampling point (e.g., tap in an</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>occupant room), turn on the hot water and tap and allow the hot water tap to run until it is as hot as it will get. Collect at least 50 ml and measure the temperature. Document the temperature and the time it took to reach maximum temperature. Measure disinfectant level and pH. (Note: Measure free chlorine if the disinfectant is chlorine. Measure total chlorine if another disinfectant [e.g., monochloramine] is used.) Repeat for the cold water after letting the tap run for 30 seconds.</p> <p>Facility provided a Legionella Risk Assessment Policy Rev 1 (Dated July 9, 2022), which includes as part of the "Purpose" ...Vines maintenance staff will perform at least one annual risk assessment for legionella before September 30 of each year ...Assessments will be retained for a minimum of two years from the date of assessment ...</p> <p>None of the documentation or policies provided, include any information regarding frequency and testing of the facility's water supply in regard to surveillance and/or prevention of legionella bacteria; nor was any documentation of previous testing provided during the course of this survey.</p> <p>(B)</p>	S9999		