Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: C B. WING 01/03/2023 IL6007868 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **16300 WAUSAU STREET** VILLAAT SOUTH HOLLAND, THE SOUTH HOLLAND, IL 60473 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S 000 S 000 **Initial Comments** Complaint Investigation: 22910241/IL154667 **Final Observations** S9999 S9999 Statement of Licensure Violations: 300.1010h) 300.1210b) 300.1210d)2)3) Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care 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 Attachment A Statement of Licensure Violations plan. Adequate and properly supervised nursing care and personal care shall be provided to each

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

TITLE

(X6) DATE

PRINTED: 01/26/2023 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6007868 01/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **16300 WAUSAU STREET** VILLAAT SOUTH HOLLAND, THE SOUTH HOLLAND, IL 60473 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 resident to meet the total nursing and personal care needs of the resident. 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: All treatments and procedures shall be administered as ordered by the physician. Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. These requirements were not met as evidenced by: Based on interview and record review, the facility failed to immediately provide prophylactic antibiotic treatment for a resident after identifying signs of an infection on 12/15/2022 around a resident's dialysis site, the facility failed to start a resident's antibiotic treatment after a physician

Illinois Department of Public Health

order was made 12/18/2022 and failed to notify the nephrologist (kidney/dialysis) physician of the onset of signs of an infection near or involving a resident's dialysis site for one sample resident (R9), who received dialysis treatments. As a result, R9 had a change in condition by indication of abnormal vitals on 12/19/2022 and was sent to the local hospital and treated for sepsis after becoming unresponsive at the facility.

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING IL6007868 01/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **16300 WAUSAU STREET** VILLAAT SOUTH HOLLAND, THE SOUTH HOLLAND, IL 60473 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 Findings Include: R9 is a year old with the following diagnosis: hypotension, end stage renal disease, and dependence on renal dialysis. R9 admitted to the facility on 8/5/22 and discharged on 12/19/22. A Wound Care note dated 12/15/22 documents a post readmission skin assessment was performed. A right upper outer arm abscess was noted draining small purulence (pus like drainage). Wound cultures were obtained, and a dry dressing was applied. The medical nurse practitioner and the wound physician were notified. A Nursing note dated 12/16/22 documents R9 did not get dialysis today. The nurse practitioner reported to monitor R9 closely and send out to the hospital for any signs of shortness of breath. congestion, or edema. R9 remained stable throughout the shift. Vital signs remain within normal limits. AWound Care note dated 12/18/22 documents the wound nurse called the lab for wound culture results, but they are still pending. R9 was seen by the wound physician and a new order of oral antibiotics were ordered. A consult with infectious disease was also ordered. The on-call infectious disease was called, but the consult request was relayed to the answering service operator. A Nursing note dated 12/18/22 at 6 PM documents the oral antibiotics were not given at this time as scheduled due to being "on order". A Nursing note dated 12/19/22 documents during bedside report R9 was observed not responding and vital signs were abnormal. R9 was lethargic

Illinois Department of Public Health

and making abnormal high-pitched noises, 911

Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: C B. WING 01/03/2023 IL6007868 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **16300 WAUSAU STREET** VILLAAT SOUTH HOLLAND, THE **SOUTH HOLLAND, IL 60473** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 12 S9999 Continued From page 3 S9999 was called and R9 was sent to the hospital. The hospital was called to check on the status of R9. R9 was admitted to hospital with a diagnosis of cerebrovascular accident, sepsis, and hypotension. The Hospital Records dated 12/25/22 document R9 came into the emergency room on 12/19/22 at 8:36 AM with altered mental status after being found unresponsive. R9's pupil is non-reactive on the right side and on the left side, the eye has left gaze deviation. R9 is not following commands. The vital signs are as follows: temperature of 99.5°F, pulse of 99 beats per minute, respiratory rate of 30 breaths per minute, and a blood pressure of 69/56. There is a concern for sepsis with the fever, the elevated respiratory rate, and low blood pressure. R9 was immediately started on IV (intravenous) antibiotics. The clinical impression in the emergency department is encephalopathy, hypotension, sepsis, due to unspecified organism, and end-stage renal disease on dialysis. R9 was admitted to the intensive care unit. An MRI of the brain was completed and showed concerns for septic emboli and cerebral abscess. Neurological recovery is poor considering R9 has multiple chronic medical comorbidities. R9 is a very poor surgical candidate. The family indicated comfort measures going forward. R9 expired on 12/24/22. On 12/29/22 at 3:46PM, V8 (Wound Care Coordinator) stated, "The drainage was noticed on 12/15. It was more like a purulent drainage. That means it's more pus like. It looked like an abscess. I notified the wound doctor and the nurse practitioner of what I saw. I got a one culture that day (12/15/22). The wound doctor saw him on 12/18 and ordered an oral antibiotic. I

Illinois Department of Public Health

know the preliminary report for the wound culture

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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20 N	the antibiotics were know why there wa Maybe the doctor w culture. I only notify	9 in the final on 12/21. I know ordered on 12/18. I don't s nothing ordered on the 15th. vas waiting for the wound the doctor and then I follow by give me and I did not get	94 94 E2	e 0				
	12/15 letting me kn because the wound know V8 said V8 al as well. The wound managing the wour	, "V8 did send me a text on ow that V8 collected a culture I was having some drainage. I so let the wound doctor know doctor is responsible for ad. I usually go off the of infectious disease on when						
	checked R9's vital assessment around went in to check on was doing just after a little weak. I went R9 again and R9 w was talking to R9. If 911 around 6 or 6:3 begin moaning, and know R9's heart rairespiratory rate was pressure was elevate report that night was check on the antibit ordered and R9 still call pharmacy and delivering the antib morning. R9 did no was gone by the times.	12PM, V11 (Nurse) stated, "I signs when I did R9's dimidnight and they were OK. In R9 a little later to see how R9 of 4 AM and R9 started to look in again around 5 to check on assn't making sense when In R9 was also quieter. I called so to get him sent out. R9 did did R9's vital signs were off. I see was elevated, the selevated, and the blood sted. The only thing I got in the sto call the pharmacy to sotics because they were all did not get any that day. I did they said that they were siotics with the delivery that they arrived."						

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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75	(antibiotic) orally, to an ID (infectious di	n 12/18 and started with Keflex wice a day, and I also ordered sease) consult. I know the one	÷3	# R			
	notified that this har rounding. I was no	culture as well. I believe I was appened on 12/18 when I was a notified before from my		e ⁷		5	
	start the antibiotics Normally the proto	know what the delay was to I will have to look into that. col is to identify the drainage				<u> 2</u>	
	antibiotics while was went out to the hos	and then start the prophylactic piting for the culture. I know R9 spital on 12/19 before the re came back. I don't know why	-			7	
	the antibiotics were they were ordered. antibiotics the wou	en't started on the 18th when If you end up waiting to start and and the condition of the	00				
30	prophylactic antibio	orse. The reason you order otics is to help reduce onse. This will help decrease				rijk	
	it will address supe we would consider	oth, redness at the site. Overall, erficial inflammation, or what cellulitis. Antibiotics should be a change is noticed then you					
	wait the 48-72 hou be left untreated, b	rs for the culture. It should not because the infection will get be, and could cause the			62		
	stomach symptom		5	<u>\$</u>			
	stated, "I absolute	31PM, V14 (Nephrologist) ly should've been notified coming from the wound		# "# # U# =	2 2		
	around the fistula. telling me that he h the fistula. I would	I have no memory of anyone had any drainage or issues with have gotten a culture of the		02	- 16	8,	
	(IV antibiotic). This antibiotic that cove	ast to start 1g of Vancomycin is a very broad-spectrum rs everything. This also lasts in	W		2. 7	72	
	waiting for the resu	ysis for about 72 hours while ults of cultures. If they're not s, then they can deteriorate		6 ti			

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C IL6007868 01/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **16300 WAUSAU STREET** VILLAAT SOUTH HOLLAND, THE SOUTH HOLLAND, IL 60473 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 6 very quickly. Sometimes it can happen as soon as 24 hours where they need to be hospitalized. I would have given the antibiotic straight through the fistula area which would've been considered an IV route. I would not have even bothered with starting oral. I would have started the IV antibiotic immediately after the culture was sent, I would not have waited to start any antibiotics and I would have not done the oral either." The Skin and Wound Evaluation dated 12/15/22 documents an abscess was found to the upper right arm that was present on readmission. It measures 0.7 cm x 1.4 cm x 0.7 cm. There is evidence of infection as increase drainage and warmth are present. It is documented that the drainage is a small amount of seropurulent drainage, which is a milky, pus like drainage that can be a sign of early infection. The wound physician was notified of this wound. The wound culture that was ordered on 12/15/22 is documented as being collected on 12/16/22 at 9:16 AM. The lab received this specimen on 12/17/22 at 9:17 AM. The report was finalized on 12/21/22 at 8:17 AM. The drainage coming from the right upper arm abscess is documented as being positive for methicillin resistant staphylococcus aureus (MRSA). MRSA is a bacterium that is resistant to certain antibiotics. The Physician Order Sheet (POS) dated 12/29/22 documents a right upper arm wound culture for purulent drainage and dressing changes were ordered on 12/15/22. This POS also documents an order for an Infectious Disease consult to the right upper extremity abscess was ordered on 12/18/22. An oral antibiotic was ordered to be given twice a day for the right arm abscess for 10

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days on 12/18/22.

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S9999	Continued From page 7 The Medication Administration Record dated 12/2022 documents the oral antibiotic that was ordered on 12/18/22 was not in the facility when the first dose was supposed to be given at 6 PM on 12/18/22. R9 did not receive any doses of the oral antibiotic before being sent to the hospital on 12/19/22.			S9999	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
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