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 IL6001663 B. WING 03/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1450 26TH STREET** HIGHLAND HEALTH CARE CENTER HIGHLAND, IL 62249 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) **Initial Comments** S 000 Complaint 2341673/156933-S9999 Final Observations S9999 Statment of Licensure Violations: 300.610a) 300.1210b) 300.1210d)2) Section 300.610 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 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. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care 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.

Attachment A Statement of Licensure Violations

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

Section 300.1210 General Requirements for

TITLE

(X6) DATE

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(signs/symptoms) of urinary tract infection each

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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S9999	Continued From pa	ige 3	S9999			
	2/22/23 documents medical problems p status, she is a nurronoticed increased of ED (Emergency Dehypotensive and for given a fluid bolus a Admitted for further	story and Physical" dated s, "73-year-old with multiple presented with altered mental sing home resident and staff confusion with hypoxia. In the epartment) she was and to have a UTI, she was and blood pressure improved. "care." "Plan: Admit to with the source of CAUTI."				
	collected 2/22/23 w Stuartii and Escheri	rds document urine culture as positive for Providencia ichia Coli, (E. Coli), with Spectrum Beta Lactamase,			8	
	(DON), stated; "We will not be returning					
	stated, "(R2) has a catheter) and is a la her up for issues. The more than likely was incontinence. Bowel contribute to UTIs. (UTI's and she has hime, so something UTIs caused by E co	PM, V10, Nurse Practitioner, chronic (indwelling urinary arger person, so that is setting the infective organism, E. coli, is caused from bowel I incontinence can absolutely (R2) didn't used to have many add the catheter the whole has changed. V10 stated oli are most likely caused due to incontinent or catheter	2.1.		344	
		documents R1 has diagnoses and reflux uropathy, chronic				

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R1 is not listed on the Facility's "Infection Control Log" for January or February 2023. R1's Progress Notes from 2/7/23, 2/8/23, 2/9/23, 2/10/23 and 2/12/23 all documented R1 continued on

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION S:	(X3) DATE	E SURVEY PLETED
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201 V	1 deep tissue injur	one stage 3 pressure ulcer and y. R4 has an indwelling urinary ays incontinent of bowel.	8 4 3		31.55	F3 68
8	Risk for Urinary Tra Catheter, With Nee months prior to Ada	ed 1/17/23 documents: High act Infection due to: Indwelling ad Presenting: greater than 6 mission related to (r/t)			*	1
	this care plan is do Resident will not e infection each wee Interventions for th catheter / Peri care	xperience s/s of urinary tract k through review date. is care plan include: Provide QS, (every shift), and Provide	ŭ.		er <sup>3</sup> u	8 j. 34
	documents, on his QS look back, date only received cathe	ctronic Medical Record "Provide Catheter/Peri Care d 2/1/23 to 2/28/23, that R4 ter care one time instead of ed on February 2, 3, 4, 6, 8,				.0
3,4	issued 9/15/19 door direct care staff with administering properesidents." "Retract insertion. Cleanse a motion. Cleanse are away from the open catheters, or advantage of the direct care as a motion.	eter Care Daily (Male)" Policy uments, "Purpose: To provide a guidelines for the er catheter care to male foreskin at site of catheter around meatus in circular ea at insertion site, moving ling, taking care not to pull on ce further. Wash from front to area of the washcloth with	30 V		e 50	
	The facility's policy (Female) dated 9/18 Catheter care will be needed to all reside	Catheter Care Daily 5/19 documents, "Policy: e provided daily and as nts who have an indwelling he incidence of infection."	8	2		Ē.

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