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 IL6007066 04/12/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **105 EASTERN AVENUE BELLWOOD DEVELOPMENTAL CENTER** BELLWOOD, IL 60104 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) Z 000 Z000**COMMENTS** Complaint Investigation 2390901/IL155987 Z9999 Z9999 **FINDINGS** Statement of Licensure Violations: 350.620a) 350.1210 350.1230b)3) 350.1230b)7) 350.1230d)1) 350.3240a) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. Section 350.1230 Nursing Services b) Residents shall be provided with nursing services, in accordance with their needs, which shall include, but are not limited to, the following: Affachment A Statement of Licensure Violations The DON shall participate in:

Illinois Department of Public Health

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

TITLE

(X6) DATE

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** IL6007066 04/12/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **105 EASTERN AVENUE BELLWOOD DEVELOPMENTAL CENTER** BELLWOOD, IL 60104 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) Z9999 Z9999 Continued From page 1 3) Periodic reevaluation of the type, extent, and quality of services and programming. 7) Modification of the resident care plan, in terms of the resident's daily needs, as needed. d) Direct care personnel shall be trained in, but are not limited to, the following: 1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical. nursing or psychosocial intervention. Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These regulations were not met as evidence by: Based on observation, record review and interview, the facility neglected to: Develop a written policy, procedure, protocol, or guideline to identify clients with lack of regular bowel movements and prevention of fecal impaction. Develop methods of communication for nonverbal residents to report when they are in pain or cannot have a bowel movement. Identify, assess, and monitor the resident's ability to have regular bowel movements to prevent fecal impaction. This applies to 1 of 1 client (R1) who had fecal impaction consisting of 10 pounds of stool that

Illinois Department of Public Health

caused kidney damage which required surgery to

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: B. WING IL6007066 04/12/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **105 EASTERN AVENUE BELLWOOD DEVELOPMENTAL CENTER** BELLWOOD, IL. 60104 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) Z9999 Continued From page 2 Z9999 repair the kidney and left R1 in a moderate protein malnutrition state. Findings include: Review of R1's emergency department's (ED) note dated 1/21/23 at 11:24pm written by Z16 (Emergency Department Physician) list R1's ED diagnoses as fecal impaction, acute kidney injury. fever, unspecified fever cause and acute cystitis without hematuria. An operative note dated 1/22/23 at 4:33pm written by Z7 (Urology Surgeon) states "R1 is a 45-year-old male with history of Cerebral Palsy and Seizures who presented to ER for further evaluation of tachycardia. He was found to have bilateral hydroureteronephrosis on Computerized Axial Tomography (CAT) scan consistent with bladder outlet obstruction and/or bilateral obstruction secondary to massive stool burden within the colon and rectum." "Findings 1. Massive residual stool burden palpable on abdominal exam despite enema use which necessitated manual dissipation of close to 10 pounds of stool from the rectal vault. This had to be completed to allow for attempt at cystoscopy evaluation due to severe anterior displacement of the bladder by the stool ball." "Procedure performed: Manual disimpaction of stool. cystourethroscopy, bilateral retrograde pyelogram, bilateral urethral stent placement."

Illinois Department of Public Health

"Disposition: Patient to return to floor for further care and management of constipation. The patient required a great deal of manual

disimpaction just to perform the procedure. He likely has significant stool burden remaining, as evidenced by the disimpaction and persistent obstruction of his ureters. Recommend aggressive management of the residual stool

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6007066 04/12/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **105 EASTERN AVENUE** BELLWOOD DEVELOPMENTAL CENTER BELLWOOD, IL 60104 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY**) Z9999 Z9999 Continued From page 3 burden due to risk of persistent urethral obstruction if not addressed. Would recommend radiographic follow up of the stool burden and establishment of a reliable bowel regimen prior to removal of the urethral stents and foley catheter." A 1/31/23 hospital note written by Z2 (Physician) documents: "Utility of disimpaction versus end colostomy in setting of probably longstanding, chronic bowel dysmotility." Review of R1's hospital record dated 2/5/23 documents Local hospital A requested a Gastrointestinal consultation from Specialty hospital B. Z9 (Nurse Practitioner) and Gastrointestinal Specialist from hospital B document on 2/5/23, "R1 was admitted with Urinary Tract Infection due to extensive stool burden obstructing flow of the ureters and urethra. Patient is being seen in consultation at the request of Z2 (Physician) for constipation with extensive fecal impaction. Operation 1/22/23 with urology status post manual stool disimpaction with almost 10 pounds of stool removed, bilateral urethral stents and foley placed." "Avoid bowel slowing medications as able:" "monitor and document stool output." A 2/6/23 hospital note recorded by Z11 (Surgeon) states "Patient (R1) with nutritional deficiencies as noted from temporal wasting and muscle atrophy, associated urethral obstruction and infection due to significant large stool burden." A 2/6/23 hospital admission note written by Z2 (Physician) states "Moderate protein calorie malnutrition. Patient is underweight with body mass index 17.21 kilogram per millimeter."

Illinois Department of Public Health

Review of R1's Individual Service Plan dated

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 IL6007066 04/12/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **105 EASTERN AVENUE BELLWOOD DEVELOPMENTAL CENTER** BELLWOOD, IL 60104 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Z9999 Continued From page 4 Z9999 7/2/22 does not include any information that R1 is at risk for fecal impaction. Review of R1's Physician Order Sheet dated 1/1/23 written by E3 (facility's Medical Director) does not include orders for bowel monitoring or directives for staff to implement in the case of constipation. During interview with E2 (Director of Nurses/DON) on 2/11/23 at 12:25pm, E2 was asked for several facility policies including Abuse and Neglect, Nursing assessment of residents. Physician notification of change in resident condition. Post hospital assessment and discharge and instructions relaved to direct care staff. Nursing quarterly assessment of residents. Nursing assessment of resident's bowel and bladder management. E2 was also asked if there is a policy book or electronic filing of nursing policies that surveyor can review. E2 stated she would have to look at the policies and go through them and retrieve them for surveyor. On 2/13/23 via email at 2:13pm, Surveyor received from E2 (DON) three of the requested policies which were "Charting and Documentation," "Abuse and Neglect," and "Change in resident's condition." The remainder policies and facility policy manual were not provided to the surveyor.

Illinois Department of Public Health

During interview with E2 (DON) on 2/11/23 at 2:15pm, E2 was asked how R1's bowel

movements were tracked and/or monitored prior to him going in the hospital for fecal impaction and manual removal of almost 10 pounds of stool. E2 stated, "We have books that the staff document resident's bowel movements in." Surveyor pointed out that R1 does not have a

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 IL6007066 04/12/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **105 EASTERN AVENUE BELLWOOD DEVELOPMENTAL CENTER** BELLWOOD, IL 60104 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 DATE TAG DEFICIENCY) Z9999 Continued From page 5 Z9999 bowel movement monitor or tracker sheet in place for the month of January or at all. E2 was asked how the nurses would know if R1 was constipated or had an impaction. E2 stated R1 is not on a medication that would cause constipation so he would not be tracked in the daily bowel movement documentation book. E2 was asked how staff would know if a resident who is nonverbal, does not have a bowel movement for several days or more? E2 stated, "If a resident has an appetite change or an increase in behaviors, we check with the staff and we depend on the staff to report any issues with their bowels." During interview with E2 (DON) on 2/24/23 at 4:45pm. E2 was asked how she decided out of the 69 residents living at the facility which residents will have their bowels movements tracked for constipation and which residents will not be tracked for bowel movements. E2 stated she reviews the medications of the residents and selects which residents that are administered medications with side effects of constipation and creates a bowel tracking sheet for those residents. Surveyor pointed out that R1 was on medication Robinol with a side effect of constipation; however, R1 bowels were not tracked prior to hospitalization for fecal impaction with removal of copious amount of stool resulting in surgery. E2 stated the system she used for bowel tracking "failed." (A)

Illinois Department of Public Health