

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6013601</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/03/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARBOR HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>760 OLD MCHENRY ROAD WHEELING, IL 60090</b>
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S 000	Initial Comments  Annual Licensure Survey  Complaint Investigation #2392444 / IL157923 - State regulations cited	S 000		
S9999	Final Observations  Statement of Licensure Findings:  1 of 8 330.792a) 330.792b)1) 330.792b)2) 330.792b)3)  Section 330.792 Testing for Legionella Bacteria  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)  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:  1) A procedure to conduct a facility risk assessment to identify potential Legionella and other waterborne pathogens in the facility water system;	S9999	<b>Attachment A Statement of Licensure Violations</b>	

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>2) A water management program that identifies specific testing protocols and acceptable ranges for control measures; and</p> <p>3) A system to document the results of testing and corrective actions taken.</p> <p>These regulations were NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide, upon request, documentation that the facility is currently following their Water Management Program to Reduce Legionella Growth and Spread in Buildings and failed to provide any results of water testing. This failure has the potential to affect all 38 residents currently residing in the facility.</p> <p>Findings include:</p> <p>On 3/31/2023 at 2:30pm V4 ( Maintenance Director) said, I started working here three months ago, in January 2023. I do not do anything for the water management. We use the water from the village, and I know my friend is in charge of the water management and they test the water. I do not do anything here; do not test or take the temperature, I only can test for the chlorine solution with the strip. I do not have anything; I do not know if the person before me has any information. I will have to ask (V1 / Executive Director) to see if she has any information on any water management program. V4 then asked surveyor what was the name of the information that we were requesting again, and surveyor reiterated to V4 that we were asking for documentation of Legionella water management program and testing. V4 then</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>returned with a copy of the facility's water management program.</p> <p>4/1/2023 at 2:21PM V1 (Executive Director) confirmed that the facility gets the water from the village, and that the villages does their own testing. V1 was asked to provide any results for Legionella testing, and none were provided during the course of this survey.</p> <p>Facility provided document, "Water Management Program to Reduce Legionella Growth and Spread in Buildings," (undated) which includes: The purpose of this program is establish minimum legionellosis risk management requirements for building water systems ...6. Team members are responsible for making sure the Program is running as designed and is effective ...7. All activities associated with the Program are to be documented, and procedures reviewed annually or more often if necessary, by the Water Management Program Team. Water Management Program Team Administrator - Oversight of the program, Annual review of Program effectiveness, Communication of identified problems and corrective measures taken Maintenance Staff - Knowledge of the water systems, Monitor and document control locations and limits Corporate Nurse Consultant - Assist in identifying potential source of Legionella if notified of a suspected case of Legionella, Follow up on corrective actions and procedures put in place to prevent reoccurrence Director of Site Management - Assist in setting up preventive maintenance procedures and setting control limits using ASHRAE188, Assist in sample and testing if necessary to confirm possible source of Legionella if a diagnosis is made ...</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Monitoring</p> <p>1. Water temperatures are to be taken (or read from an in line thermometer) and recorded on a monthly basis. Locations of required temperature recordings can be found on the Control Monitoring Flow Charts (pages). Acceptable ranges can be found in the Notes; section of the flow chart.</p> <p>2. Ice machines shall be visually inspected for biofilm on a monthly basis and cleaned if film is noticed. Ice machine cleaning and preventive maintenance schedule is scheduled in the TELS system and must be adhered to as well as documented as having been completed.</p> <p>3. Inspection, disinfection, and/or replacement the following components shall be accomplished annually.</p> <ul style="list-style-type: none"> <li>o Water filters</li> <li>o Electronic faucets</li> <li>o Aerators</li> <li>o Faucet flow restrictors</li> <li>o Humidifiers</li> <li>o Eyewash stations</li> <li>o Shower heads</li> </ul> <p>4. Inspection of recirculation pumps will be conducted quarterly to assure proper operation ... (Facility Name) - Water Management Program Review</p> <p>Reviews must be conducted annually in addition to the following triggering events ...</p> <p>Attached to the policy, are the following documents: Developing a Water Management Program to Reduce Legionella Growth &amp; Spread in Buildings (June 5, 2017; CDC publication), document titled ANSI/ASHRAE Standard 188-2015 (dated 2015), and document ASHRAE Guideline 12-2000 (dated 2000).</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>None of the monitoring, inspection, or testing outlined in the policies above were provided to the survey team upon request, during the course of this survey.</p> <p style="text-align: center;">(C)</p> <p>2 of 8</p> <p>330.911</p> <p>Section 330.911 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955).</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to comply with the Health Care Worker Background Check Act by not ensuring that background checks were completed prior to direct care staff working in the facility and having direct contact with residents. This failure has the potential to affect all 38 residents currently residing in the facility.</p> <p>Findings include:</p> <p>Reviewed personnel files provided by V3 (Business Manager/ Human Resources) to conduct Health Care Worker Background Check survey task on 04/01/23 11:26AM. V3 stated that these are the last 10 hires they have had but some of them already quit and are no longer working at the facility.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Personnel files reviewed include: V6 (LPN); V23 (CNA); V8, V12, V17, V19, V20, V21, V22, and V24 (Caregivers); V15 and V16 (Caregivers/Cooks); V25 and V26 (Housekeepers).</p> <p>V6 hire date documented as 2/2/23 with background check initiated on 2/14/23</p> <p>V23 hire date documented as 2/5/23 with background check initiated on 3/31/23</p> <p>V8 hire date documented as 3/9/23 with background check initiated on 3/31/23</p> <p>V12 hire date documented as 3/4/23 with background check initiated on 3/31/23</p> <p>V19 hire date documented as 3/14/23 with background check not yet initiated</p> <p>V20 hire date documented as 3/12/23 with background check initiated on 3/31/23</p> <p>V21 hire date documented as 3/20/23 with background check initiated on 3/31/23</p> <p>V22 hire date documented as 2/3/23 with background check initiated on 3/31/23</p> <p>V24 hire date documented as 1/18/23 with background check initiated on 4/01/23</p> <p>V15 hire date documented as 3/10/23 with background check not initiated</p> <p>V16 hire date documented as 3/10/23 with background check not initiated</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>V25 hire date documented as 3/20/23 with background check not initiated</p> <p>V26 hire date documented as 3/20/23 with background check not initiated</p> <p>On 4/01/23 at 12PM, V3 (Business Manager/ Human Resources) was asked about her responsibilities with conducting background checks, and she stated that she is usually the person responsible for running the background checks. V3 added that she was in and out of work the last couple of weeks because of family illness but that she tries to do the background checks before the person actually starts working but if the background checks are not done, they can train and work until the results come back. Then, if the results come back with something, the person would be pulled off the schedule. V3 added that she was just auditing her records and running the background checks for people that were not done while she was out. V3 said, I didn't run his (V19 / Caregiver) background check because he hasn't provided his green card yet. I made a note to re-check in two weeks. If he doesn't provide it in two weeks, then I'll be pulling him off the schedule. V25 (Housekeeper), I just asked for her ID, and she said I can't run it. She just said, I quit; no picture ID and no social security card was provided.</p> <p>At 12:41PM, V3 stated that when she asked V15 (Cook / Caregiver) for his documents he quit. I told him that I was doing the e-verify; I was going to do it yesterday, but they (V15 and V16 Cooks/Caregivers) came to my office and quit. V3 stated, I had no previous HR training. I came in and applied as a CNA back in 2019 and within two days the (previous) HR guy was going to quit and told the ED he was quitting. The CNA</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>supervisor at that time recommended me to take his place. I was in and out (recently) because of my kids being sick and things. I am working every other weekend to catch up and I was just in the process of auditing charts yesterday. But while I was out and when I'm out, V1 (Executive Director) is here. V3 was asked if there is any reason why she did not capture this information prior to the employees starting to work with residents and V3 responded that she pulls them off the schedule if something comes back on the background check and said, I should have the picture ID before they start working; there's no particular reason I didn't have one for any employee.</p> <p>4/01/23 at 2:25PM, V1 (Executive Director) was asked what the expectation of V3 (Business Manager/Human Resources) is when hiring new employees and V1 stated, they have to run an application, conduct phone or in person screening, then an interview is done and then they fill out an employee on-boarding packet. Background checks should be done within 10 days of hire. V1 was asked if employees should start working prior to running the background checks and V1 said, I'll double check policy and regulation and added, I want to confirm that before I say anything.</p> <p>Interview with V18 on 4/01/23 at 4:36PM, V18(caregiver) stated, I've been a caregiver for approximately 15 months. As a supervisor, I just make sure that we (caregivers) are doing everything on the daily task sheet. I have to mark off what I do as I go. There's also a shower sheet; some days it's two, three, or one (residents). We do the laundry, and we do the showers. Now we have a routine of different people that we help hospice get up and in the shower. Whatever is</p>	S9999		



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S9999	<p>Continued From page 8 needed, that's what my job is.</p> <p>Facility policy titled, "Human Resources - Criminal Background Check" (Effective Date: 11.28.17 and Revised: 7/4/2022) reads: Purpose: To stay in accordance with the provisions of the Illinois Statutes. Harbor House Memory Care cannot employ, contract with, or permit persons to reside at the house who have been convicted of or have charges pending or have committed certain acts, crimes, or offenses.</p> <p>Plan: Harbor House Memory Care will ensure completion of all required background checks prior to anyone working with no supervision and every year of employment in accordance with State and Federal Regulations. This best practice applies to employees and contracted employees who have access to the clients served.</p> <p>Practice:</p> <ol style="list-style-type: none"> <li>1. All prospective employees as outlined above will be required to complete a "Background Information Disclosure" form. This is completed in conjunction with the completion of the application for employment.</li> <li>2. If the qualified applicant answered "no" to all questions in Section A, the Director may schedule an interview. If a job offer is made the Director is to complete the background check on the employee. This employee may not work alone on the floor for up to 60 days or until the background check in process is complete.</li> <li>3. If the qualified applicant answered "yes" to any questions in Section A, the Director is to review the disclosure form and supporting documentation prior to offering the job.</li> <li>4. Utilizing rule HFS 12, and crimes table attachment for crimes meeting the substantially related criteria. The DOP is to advise the Director</li> </ol>	S9999		
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S9999	<p>Continued From page 9</p> <p>on further processing of the application. IF the crimes do not meet the criteria for substantially related the interview can take place and if the job is offered the employee can not work alone for up to 60 days or until the background check process is complete.</p> <p>5. If all background checks returned with an indication of "no record" the forms are to be filed in the personnel file and employee may work without supervision.</p> <p>6. If the background checks are returned indicating that an arrest was dismissed or that there was "no prosecution", these arrests do not count against the employee and is treated as in #5 above.</p> <p>7. If the background checks indicate "convicted" or "not received", the Director is to contact the Clerk of Courts and obtain the conviction and judgement. When the result comes back, the Director will determine if the employee has started employment under supervision will be ended if results are substantially related to their work.</p> <p style="text-align: center;">(C)</p> <p>3 of 8</p> <p>330.1155b) 330.1155c) 330.1155d) 330.1155e)2)3)</p> <p>Section 330.1155 Unnecessary, Psychotropic, and Antipsychotic Drugs</p> <p>b) Psychotropic medication shall not be prescribed without the informed consent of the resident, the resident's guardian, or other</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>authorized representative. (Section 2-106.1(b) of the Act) Additional informed consent is not required for reductions in dosage level or deletion of a specific medication. The informed consent may provide for a medication administration program of sequentially increased doses or a combination of medications to establish the lowest effective dose that will achieve the desired therapeutic outcome. Side effects of the medications shall be described.</p> <p>c) Residents shall not be given antipsychotic drugs unless antipsychotic drug therapy is necessary, as documented in the resident's comprehensive assessment, to treat a specific or suspected condition as diagnosed and documented in the clinical record or to rule out the possibility of one of the conditions in accordance with Section 330.Appendix E.</p> <p>d) Residents who use antipsychotic drugs shall receive gradual dose reductions and behavior interventions, in an effort to discontinue these drugs in accordance with Section 330.Appendix E unless clinically contraindicated.</p> <p>e) For the purposes of this Section:</p> <p>2) "Psychotropic medication" means medication that is used for or listed as used for antipsychotic, antidepressant, antimanic or antianxiety behavior modification or behavior management purposes in the latest editions of the AMA Drug Evaluations (Drug Evaluation Subscription, American Medical Association, Vols. I-III, Summer 1993), United States Pharmacopoeia Dispensing Information Volume I (USP DI) (United States Pharmacopoeial Convention, Inc., 15th Edition, 1995), American Society of Health Systems Pharmacists, 1995), or</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>the Physicians Desk Reference (Medical Economics Data Production Company, 49th Edition, 1995) or the United States Food and Drug Administration approved package insert for the psychotropic medication. (Section 2-106.1(b) of the Act)</p> <p>3) "Antipsychotic drug" means a neuroleptic drug that is helpful in the treatment of psychosis and has a capacity to ameliorate thought disorders.</p> <p>These regulations were NOT MET as evidenced by:</p> <p>Based on interview and record review the facility failed to obtain and update the psychotropic medication consent when a new order or increased in psychotropic medication dose was received. The facility also failed to document targeted behaviors for psychotropics medication use, failed to implement non-pharmacological interventions, failed to perform a gradual drug reduction, and failed to complete an Abnormal involuntary Movement (AIMs) assessment. This failure applied to six (R2, R3, R4, R9, R10, R11) of six residents reviewed for psychotropic medications.</p> <p>Findings include:</p> <p>R2 is an 80-year-old male who was originally admitted on 11-2-2022 with medical diagnosis that include and are not limited to: anxiety disorder, hypertension, and dementia without disturbances.</p> <p>Physician order sheets read: ordered: 11/21/2022 Sertraline HCL 50 MG tablet Give 1 tablet by mouth one time a day for depression.</p>	S9999		

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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
S9999	<p>Continued From page 12</p> <p>Ordered: 11/21/2022 Quetiapine 100 MG TAB Give 1 tablet by mouth two times a day related to anxiety disorder -Medication Class: antipsychotics. No behavior monitoring and AIMS documentation as part of electronic medical record.</p> <p>On 4-1-2023 at 4:30pm V1 (Executive Director) did not present any consents for R2.</p> <p>R3 is an 81-year-old male was originally admitted on 11-17-2021 with medical diagnosis that include and are not limited to: Psychosis, dementia without behaviors and mood disorder.</p> <p>Physician order sheets reads, ordered: 11/17/2022 Quetiapine Fumarate Oral Tablet 150 MG Give 1 tablet by mouth at bedtime for Behavior/s. No behavior monitoring and AIM's documentation as part of electronic medical record.</p> <p>On 4-1-2023 at 4:30pm V1 did not present any consents for R3.</p> <p>R4 is a 75-year-old male originally admitted on 12-30-2020 with medical diagnosis that include and are not limited to: Vascular dementia, Unspecified psychosis, and major depressive disorder.</p> <p>Physician order sheets read: Ordered: 6-10-2022 Seroquel Tablet 25 MG Give 1 tablet by mouth one time a day for agitation take 25 mg po in the morning AND Give 2 tablet by mouth at bedtime for agitation take a total of 50 mg po q hs- Medication Class: antipsychotic Ordered: 3/12/2021 Trazodone HCl Tablet 100 MG Give 2 tablet by mouth at bedtime for Depression,</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>Medication Class: antidepressant. No behavior monitoring and AIMs documentation as part of electronic medical record.</p> <p>On 4-1-2023 at 4:30pm no consent for any of the ordered medication for R4 was presented.</p> <p>R9 is a 91-year-old female originally admitted on 10-10-2019 with medical diagnosis that include and are not limited to: dementia with behavioral disturbances, Alzheimer's disease, and major depressive disorder.</p> <p>On 4-1-2023 at 8:20am during medication administration V7 (Licensed Practical Nurse) said, R9 has a current order for Escitalopram 20mg one tablet daily and Seroquel 50mg one tablet by mouth daily for agitation. Noted that there was no behavior monitoring documentation as part of R9's electronic medical record.</p> <p>On 4-1-2023 at 4:30pm V1 did not present any consents for R9.</p> <p>R10 is a 66-year-old female originally admitted on 8-27-2022 with medical diagnosis that include and are not limited to: dementia with behavioral disturbance, anxiety, and insomnia.</p> <p>On 4-1-2023 at 8:36am during medication administration V7 (Licensed Practical Nurse) said, all the patients that are receiving any psychotropic medications need to have a prior consent from the family member or the power of attorney with explanation of risks and benefits. R10 has a current order for Risperidone 2 mg, two times a day. The order was received on 10-14-2022. No behavior monitoring documentation as part of electronic medical record was available/provided.</p>	S9999		
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S9999	<p>Continued From page 14</p> <p>On 4-1-2023 at 4:30pm V1 presented: one consent dated: 8-27-2022 for Risperidone 0.5 mg oral one tablet every 12 hours.</p> <p>R11 is an 82-year-old male originally admitted on 2-19-2019 with medical diagnosis that include and are not limited to: Schizoaffective disorder, dementia, Alzheimer's disease, anxiety, and major depression.</p> <p>On 4-1-2023 at 8:50am V7 (Licensed Practical Nurse) was observed giving the following medications: Seroquel 75mg 1 tablet by mouth daily for depression, Sertraline 75mg 1 tablet by mouth in the morning for agitation. No behavior monitoring and AIMS documentation was noted as part of R11's electronic medical record.</p> <p>On 4-1-2023 at 4:30pm V1 (Executive Director) presented: one consent dated: 6-10-2021 for Seroquel 25mg oral in the morning. V1 said, we do not have any psychotropic policy or any reduction policy. The doctor needs to give the order for the psychotropic medication and the nurse is responsible to obtain a consent for treatment; not everyone can have a reduction. I do not know if that is documented in the electronic medical record.</p> <p>On 4-2-2023 at 3:20pm V2 (Director of Nursing) said, for psychotropic medications, the advanced nurse practitioner (NP) is responsible to call the family and obtain psychotropic consent before the medication is given to the patient. We follow the doctors' orders and give the medications as ordered. We (nurses) do not obtain consents. We do not have any psychotropic policy; the pharmacy consultant manages the psychotropic medication reductions and documents in the</p>	S9999		
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S9999	<p>Continued From page 15</p> <p>electronic medical records if applicable.</p> <p>At 4:50pm, V2 (Director of Nursing) confirmed, we do not have any behavioral psychotropic monitoring documentation or psychotropic management policy. We do not have any system in place to monitor the resident's behaviors. I know we need to have that; I will need to look into that and put a monitoring program in place.</p> <p style="text-align: center;">(C)</p> <p>4 of 8</p> <p>330.1160c) 330.1160d)</p> <p>Section 330.1160 Vaccinations</p> <p>c) A facility shall provide or arrange for administration of a pneumococcal vaccination to each resident in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination or the vaccination is medically contraindicated. (Section 2-213 of the Act)</p> <p>d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. (Section 2-213 of the Act)</p> <p>These regulations were NOT MET as evidenced by:</p>	S9999		



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S9999	<p>Continued From page 16</p> <p>Based on interview and record review the facility failed to offer and provide vaccination against pneumococcal pneumonia. This failure applied to seven (R1, R2, R3, R5, R8, R10, R11) of seven residents reviewed for immunizations.</p> <p>Findings include:</p> <p>R1 is an 81-year-old male, originally admitted on 4-11-2022 with medical diagnosis that include and are not limited to: major depressive disorder, dementia without disturbance and hypertension.</p> <p>Per R1's electronic medical record no pneumococcal vaccine was given, and no documentation of refusal provided.</p> <p>R2 is an 80-year-old male was originally admitted on 11-2-2022 with medical diagnosis that include and are not limited to: anxiety disorder, hypertension, and dementia without disturbances.</p> <p>Per R2's electronic medical record no pneumococcal vaccine was given, and no documentation of refusal provided.</p> <p>R3 is an 81-year-old male was originally admitted on 11-17-2021 with medical diagnosis that include and are not limited to: psychosis, dementia without behaviors, and mood disorder.</p> <p>Per R3's electronic medical record no pneumococcal vaccine was given, and no documentation of refusal provided.</p> <p>R5 is a 57-year-old male originally admitted on 10-4-2022 with medical diagnosis that include and are not limited to: Parkinson's disease, Alzheimer's Disease, and dementia.</p>	S9999		
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S9999	<p>Continued From page 17</p> <p>Per R5's electronic medical record no pneumococcal vaccine was given, and no documentation of refusal provided.</p> <p>R8 is a 59-year-old male originally admitted on 9-17-2019 with medical diagnosis that include and are not limited to: Alzheimer's disease, anxiety disorder, and dementia.</p> <p>Per R8's electronic medical record no pneumococcal vaccine was given, and no documentation of refusal provided.</p> <p>R10 is a 66-year-old female originally admitted on 8-27-2022 with medical diagnosis that include and are not limited to: dementia with behavioral disturbance, anxiety, and insomnia.</p> <p>Per R10's electronic medical record no pneumococcal vaccine was given, and no documentation of refusal provided.</p> <p>R11 is an 82-year-old male originally admitted on 2-19-2019 with medical diagnosis that include and are not limited to: Schizoaffective disorder, dementia, Alzheimer's disease, anxiety, and major depression.</p> <p>Per R11's electronic medical record no pneumococcal vaccine was given, and no documentation of refusal provided.</p> <p>4-2-2023 at 3:02pm, V1 (Executive Director) stated, We have a pneumo vaccine clinic hosted by (retail pharmacy) scheduled this week.</p> <p>4-2-2023 at 3:20pm V2 (Director of Nursing) said, for the pneumococcal immunizations, we do not have any documentation because we have not</p>	S9999		
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S9999	<p>Continued From page 18</p> <p>offered or given to the patients, we do not have any documentation in the electronic medical record. I know the vaccination information needs to be input into the electronic medical record, but we do not have anything to input.</p> <p>Multiple request for immunization policy were requested and were not provided during the course of this survey.</p> <p>(C)</p> <p>5 of 8</p> <p>330.1910a) 330.1910b)</p> <p>Section 330.1910 Director of Food Services</p> <p>a) Each facility shall have a full-time person, suited by training and experience, who has been designated by the administrator to be responsible for the total food service operation of the facility. This person shall be on duty a minimum of 40 hours each week.</p> <p>b) The head cook may be designated to fill this position as long as it does not interfere with the responsibilities of either position.</p> <p>These regulations were NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to have a designated individual in the position of Director of Food Services. This failure has the potential to affect all 38 residents currently residing and receiving meals from the facility.</p>	S9999		

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S9999	<p>Continued From page 19</p> <p>Findings include:</p> <p>On 3/31/23 at 12:22PM, V14 (Cook) was asked who does the schedule for dietary staff and he stated that V3 (Business Manager/ Human Resources) does the schedule. V14 was asked about his duties other than cooking, such as ordering food, taking food temperatures, preparing menus, etc. and V14 said, look I'm not really sure, they just asked me if I wanted to do this, this week and I'm doing the best I can. Just today I got an email with some menus (V14 showed surveyor an email from his cell phone with menus). V14 stated there was a book somewhere with food temperatures but he doesn't have it; he thinks V3 might have it. Surveyor noted hamburger patties siting on the counter in a bin with water and asked V14 why those were on the counter. V14 stated that he was thawing them to cook later for dinner. V14 was asked what the procedure is for thawing out food and he stated, I put it in the cooler last night, but it was still frozen, so I put it on the counter in cold water. Surveyor asked for how long he leaves it out and he said it just depends on how long it takes the meat to thaw out. V14 was asked if he has any procedures that he uses or follows and he stated he only has the email with the menus that he showed already. V14 added that he was hired back in January but only worked like two weeks at that time and then had to go on leave for personal reasons and just returned to work this week on Monday (3/27/23). V14 stated, I work Monday - Friday, there are two other guys that work here too. Currently I don't have certification. I have not worked in a long-term care facility before, this is my first time. I used to work for a retail company.</p>	S9999		
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S9999	<p>Continued From page 20</p> <p>Surveyor later observed that burger patties were being cooked for dinner service on 3/31/23 at 3:05PM.</p> <p>4/01/23 at 2:25PM, V1 (Executive Director) stated, (referring to V14 Cook), he's our full-time cook. There is no food service director, just full-time cook. We don't have to have a food service director; we have a lead cook and cook assistants. The two guys (V15 and V16 Caregiver / Cook) quit yesterday after you guys (referring to IDPH surveyors) were here. V1 affirmed that V15 and V16 were hired as universal employees, meaning that they could work as cook or caregiver; however, they both resigned yesterday (3/31/23).</p> <p>Document provided with facility personnel does not list anyone as Food Service Director. V14 (Cook) is listed as Full Time Cook on document.</p> <p style="text-align: center;">(B)</p> <p>6 of 8</p> <p>330.1920</p> <p>Section 330.1920 Dietary Staff in Addition to Director of Food Services</p> <p>There shall be a sufficient number of food service personnel employed and on duty to meet the dietary needs of all persons eating meals in the facility. Their working hours shall be scheduled to meet the total dietary needs of the residents. All dietary employees' time schedules and work assignments shall be posted in the kitchen. Dietary duties and job procedures shall be available in the dietary department for employees</p>	S9999		
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S9999	<p>Continued From page 21</p> <p>knowledge and use.</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to have sufficient food service personnel employed and on duty to meet the dietary needs of all residents in the facility. This failure has the potential to affect all 38 residents currently residing and receiving meals from the facility.</p> <p>Findings include:</p> <p>Observations on 3/31/2023 at 11:44AM, observed that there were two caregivers (V16 and V17) working in House 3. Per facility census provided upon entrance, the census in House 3 is 12 residents. V17 confirmed that there is usually two caregivers in House 3. During this time, V16 (Cook/Caregiver) went into the kitchen to start serving lunch to the residents. While V16 was serving lunch, V17 was monitoring residents at the table waiting to be served. Per V17 all residents needs assistance with ADL's (activities of daily living) and some need assistance with feeding; House 3 is all hospice residents. Surveyor noted that there were 12 residents in the dining room waiting to be served lunch. Surveyor noted that V17 had to continuously redirect one resident in particular, R10, because she kept trying to get up out of her seat and was reaching out to touch others. V17 stated that R10 needs to be monitored so she doesn't fall. V17 was passing out plates to residents while V16 was still in the kitchen plating the food. There is an open window from the kitchen that opens up to the dining room and countertop. Surveyor asked V17 who monitors the residents while she is passing out food plates and assisting residents</p>	S9999		

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S9999	<p>Continued From page 22</p> <p>and she stated that normally there are two caregivers, once V16 is done plating the food, he will help. V17 asked if there isn't anyone else who can help plate the food so that someone is available to watch the residents and she stated that there is another cook working today but he is taking food to the other two houses right now. At 11:56AM, V17 was getting food items from the kitchen, and it was noted that R10 was attempting to get up from her chair with unsteady gait. V16 (Cook/Caregiver) was asked if he has to cook, while he is also working as a caregiver and he stated yes, he does both if needed. He just started working here about two weeks ago.</p> <p>Interview with V14 (Cook) on 3/31/23 at 12:22PM, V14 stated that he was hired back in January but only worked like two weeks at that time and then had to go on leave for personal reasons and just returned to work this week on Monday (3/27/23). V14 stated, I work Monday - Friday, there are two other guys that work here too. Currently I don't have certification. I have not worked in a long-term care facility before, this is my first time. I used to work for a retail company.</p> <p>4/01/23 at 2:25PM, V1 (Executive Director) stated, (referring to V14 Cook), he's our full-time cook. There is no food service director, just full-time cook. We don't have to have a food service director; we have a lead cook and cook assistants. The two guys (V15 and V16 Caregiver / Cook) quit yesterday after you guys were here. V1 affirmed that V15 and V16 were hired as universal employees, meaning that they could work as cook or caregiver; however, they both resigned yesterday (3/31/23).</p> <p>Interview with V18 (Caregiver Supervisor) on 4/01/23 at 4:36PM, V18 stated, I've been a</p>	S9999		
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S9999	<p>Continued From page 23</p> <p>caregiver for approximately 15 months. Sometimes I help with meals and have to cook - it's been over a month since I have to cook. As a supervisor, I just make sure that we are doing everything on the daily task sheet ...Whatever is needed, that's what my job is. I do paperwork to make sure the temperature is done for the food, and we fill out the sheet of what people eat ...Sometimes they order pizza for the residents if there's a special occasion. I think maybe one time, there was no food but not regularly. We got two new cooks, and they are really good (referring to V15 and V16).</p> <p>Interview with V1 (Executive Director) on 4/01/23 at 5:09PM, V1 stated, caregivers don't cook. (V18 / Caregiver Supervisor) has not had the certificate (for kitchen sanitation) yet, but she's cooked in the kitchen. She was cooking to help out while we were hiring and searching for a cook. We had to terminate our cook in November and then I had another staff for a while. (V18) wasn't working in the cook role but she would step in and cook.</p> <p>4/02/23 at 12:17PM, V1 (Executive Director) was asked who will be working in the kitchen other than V14 (Cook) to assist in preparation and providing meals and V1 stated that she, V14, and V18 (Caregiver) are all currently doing the Sanitation Manager training. In the meantime, it is just V14 cooking. At 6:14PM, V1 affirmed that V14 (Cook) is on the schedule and will be completing the modules (for sanitation certification) and that a colleague will be helping to cook tomorrow and possibly one of his leads and will help out until V14 passes his test.</p> <p>During the course of this survey, surveyor did not observe any schedules and work assignments to be posted in the kitchen for dietary staff.</p>	S9999		



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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**HARBOR HOUSE** **760 OLD MCHENRY ROAD**  
**WHEELING, IL 60090**

(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
S9999	<p>Continued From page 24</p> <p>On 3/31/23 at 12:22PM, V14 (Cook) was asked who does the schedule for dietary staff and he stated that V3 (Business Manager/ Human Resources) does the schedule. V14 was asked about his duties other than cooking, such as ordering food, taking food temperatures, preparing menus, etc. and V14 said, look I'm not really sure, they just asked me if I wanted to do this, this week and I'm doing the best I can. Just today I got an email with some menus (V14 showed surveyor an email from his cell phone with menus). V14 was asked if he has any procedures that he uses or follows and he stated he only has the email with the menus that he showed already.</p> <p>Surveyor did not observe any job duties or procedure manuals available in the main kitchen (House 3 kitchen) for reference by dietary staff.</p> <p>Facility provided Job Description for Position: Cook (undated)</p> <p><b>JOB SUMMARY:</b> To work with the Lead Cook in all areas of the food service operation. This involves proper inventory control, food presentation, food storage, cooking, working within the (dependent on census) and conformance of sanitation codes/compliance.</p> <p><b>JOB REQUIREMENTS:</b> A high school diploma, possession of some food service experience, preferably as a cook. Sanitation Certification required or must obtain within the first 30 days of accepting position. Position reports to the Executive Director.</p> <p>Duties:</p>	S9999		

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S9999	<p>Continued From page 25</p> <ol style="list-style-type: none"> <li>1. Prepare all foods according to the menu and recipes outlined in the "Menu Book" for all three houses.</li> <li>2. Provide for menu substitutions as outlined in the "Food Service Guidelines" Making equal nutritive exchanges and recording any substitutions, as directed by the FSM.</li> <li>3. Assist in the weekly inventory control compiling grocery list of items needed to fulfill menu requirements for all three facilities and within budget.</li> <li>4. Assist in maintaining and updating "Resident Diet Order Book", verifying receipt and filing of diet orders (puree, soft mechanical).</li> <li>5. Confer with the Registered Dietician Consultant as needed.</li> <li>6. Strictly adhere to all practices of sanitation outlined in the "Sanitation Codes".</li> <li>7. Be responsible for ensuring that the food service operation meets the guidelines as specified by Federal, State, and local authorities.</li> <li>8. Be available to authorities conducting site inspections.</li> <li>9. Wear protective clothing to prevent cross contamination as outlined in the [sic] food service Guidelines.</li> <li>10. Participate in the resident care plan when appropriate.</li> <li>11. Do all prep, cooking, baking and deliver proper serving sizes.</li> </ol>	S9999		

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S9999	<p>Continued From page 26</p> <p>12. Deliver meals to the houses at the assigned times.</p> <p>(B)</p> <p>7 of 8</p> <p>330.4210b)</p> <p>Section 330.4210 General</p> <p>b) A resident shall be permitted to retain and use or wear his personal property in his immediate living quarters, unless deemed medically inappropriate by a physician and so documented in the resident's clinical record.</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to implement smoking interventions by allowing a resident to keep cigarettes and lighter in room with a known history of dementia and noncompliance with smoking policy. This failure applied to one (R1) of one resident reviewed for smoking and safety.</p> <p>Findings include:</p> <p>R1 is an 81-year-old male, originally admitted on 4-11-2022 with medical diagnosis that include and are not limited to: major depressive disorder, dementia without disturbance, and hypertension.</p> <p>On 3-31-2023 at 10:40am, observed R1 in his room and noted two full packs of cigarettes and lighter in the nightstand. R1 said, I am able to smoke here. At 10:50am, V6 (Licensed Practical Nurse) came into R1's room and said, (R1) is</p>	S9999		
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S9999	<p>Continued From page 27</p> <p>responsible for his smoking materials. We do not have any designated times for R1 to smoke. R1 comes out and lets us know when he is ready for a cigarette and the caregiver will observe him. We do not store his lighter and cigarettes.</p> <p>On 3-31-2023 at 2:00pm, V2 (Director of Nursing) said, I am not a smoker. I know that R1 has the cigarettes and the lighter in his room. He knows how to handle them. I know he had an episode of smoking without supervision in his room. He should not be smoking in his room unsupervised.</p> <p>4-1-2023 at 9:48am, observed R1 pull two boxes of cigarettes and two lighters from his pocket. R1 was asked if the staff manages his lighter. R1 said, oh no, I will not give it to them and if they take this one I have more hidden in my room.</p> <p>4-2-2023 at 3:20pm V2 (Director of Nursing) said, to be honest with you, I did not know that R1 had a lighter and cigarettes in his room until you asked me about it. I know it is not safe for R1 to be smoking independently because R1 gets dizzy after smoking and it is unsafe for him. I know he had smoked in his room in the past and even after being redirected, R1 is not following the instructions.</p> <p>4-1-2023 at 4:40pm V1 (Executive Director) said, we only have R1 that smokes in the community. I had spoken to R1 about smoking in his room. I need to check and see if he keeps the lighter and the cigarettes in R1's room.</p> <p>4-1-2022 V1 presented smoking assessment dated: 5-1-2022 that reads: R1 violated the facility smoking policy, have ashes or burns on R1's clothing.</p>	S9999		

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S9999	<p>Continued From page 28</p> <p>4-2-2023 V1 presented smoking safety evaluation dated: 2-12-2023 that reads: R1 has mild impairment with cognition, communication, dexterity, motivation and mood and behavior. R1 has smoked without supervision, violated the facility's smoking policy.</p> <p>R1's Plan of Care reads: -Tobacco Use Date Initiated: 05/01/2022 To practice safe smoking habits while in community. Date Initiated: 05/01/2022 Revision on: 06/22/2022 Target Date: 09/22/2022 Smokes: ( escorts to smoking area, light cigarette, needs smoking apron) 3-4 cigarettes a day. Date Initiated: 05/01/2022</p> <p>-Cognition Date Initiated: 04/11/2022 Will be supported to make appropriate decisions about their care and environment Date Initiated: 04/11/2022 Demonstrates inappropriate judgment related to safety. Date Initiated: 04/27/2022 Demonstrates inappropriate judgment, behavior and ability to function in social settings. Date Initiated: 04/11/2022 Displays deficits in judgment. Date Initiated: 04/11/2022</p> <p>Policy titled, "Facility Operations-Smoking Policy" (dated: 7-1-2007) reads: To provide a safe, smoke free environment for our residents, there will be a designated area, a secure patio door and smoke on the patio area.</p> <p>(C)</p> <p>8 of 8</p>	S9999		

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S9999	<p>Continued From page 29</p> <p>330.4240b) 330.4240c) 330.4240d) 330.4240f)</p> <p>Section 330.4240 Abuse and Neglect</p> <p>b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act)</p> <p>c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. (Section 3-610 of the Act)</p> <p>d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter of the department. (Section 3-610 of the Act)</p> <p>f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act)</p> <p>These regulations were NOT MET as evidenced by:</p> <p>Based on observation, interview, and record</p>	S9999		

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S9999	<p>Continued From page 30</p> <p>review, the facility failed to keep residents free from being abused by another resident. This failure applied to three (R10, R12, and R13) of three residents reviewed for abuse and resulted in R12 being physically aggressive towards R10 and R13; as a result, R10 was sent to hospital ER and diagnosed with two fractured ribs.</p> <p>Findings include:</p> <p>Facility provided final incident report submitted to IDPH. Investigation of incident documents the following:</p> <p>On 3/10/23 at approximately 1pm-resident (R12) was sitting at the table painting during activities. Another resident, (R13) sat next to him and took his paint away. R12 then put his hands around R13's neck and was physically aggressive. (Staff) observed, and physically removed R12 from the area. Resident was then easily re-directed and sitting in the common area, observed by staff, and presenting no concerns. Nurse was notified, R12 and R13 (were) assessed, all parties notified and nurse waiting for response from Psych NP.</p> <p>Upon notice of behavior, writer began paperwork for an involuntary admission and to begin finding placement for inpatient psychiatric stay. As writer was preparing paperwork to work on placement, R12 got up from common area and began walking in the hallway. Another resident, R10, who has a history of grabbing on to other's arms, passed R12 in the hallway. R12 pushed resident down and began kicking her. Observed by staff, they removed resident, notified nurse immediately, Nurse called 911. R10 was sent to local hospital ER and R12 sent out involuntary admission to (different) local hospital ER. All parties notified, NP, Psych NP, DON, ED and</p>	S9999		

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S9999	<p>Continued From page 31</p> <p>POA's.</p> <p>Interview with V1 (Executive Director) on 4/01/23 at 5:09PM, V1 stated that R12 was discharged, it's been documented that he's been in the hospital. He was redirectable with (incident regarding R13) and I immediately started completing involuntary discharge paperwork to get him sent out. He was in the common area, happy, and he got up and started walking around and then he went and hurt R10. One staff member was in the kitchen, and another was right there (when incident happened); they were doing activities. He wasn't agitated at that moment. V1 was asked why R12 wasn't sent out the day before the incident (on 3/9/23) since he was having behaviors the day before. V1 replied, we had talked to the NP the day before, but we hadn't seen any of that prior.</p> <p>Nursing progress notes include documentation that R12 has a history of aggressive behavior prior to being admitted to facility.</p> <p>R12 is a 78-year-old male with diagnoses that include: Atypical Psychosis, Alzheimer's disease, late onset, Dementia in other diseases, classified elsewhere, severe with agitation, and Pseudobulbar affect.</p> <p>Documentation in R12's medical record reviewed and included (but not limited to) the following notes:</p> <p>3/6/2023 07:58, Physician/PA/NP Progress Notes (Narrative), written by V27 (APN): Chief Complaint: Post hospital visit for dementia, aggression, agitation, paranoia Sources of Information and Reliability of Informant: Patient is not a reliable informant. I</p>	S9999		



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S9999	<p>Continued From page 32</p> <p>met with the patient, discussed the case with staff, reviewed the chart, and spoke with patient's wife/HCPOA, (spouse). History of Present Illness: This is a 78 YO married male with a history of late onset Alzheimer's dementia, seen today for a moderate complexity visit. He was recently hospitalized at (behavioral health) under the care of (outside provider MD / and myself). He had been frequently agitated and physically aggressive at his facility. During the first part of his hospitalization, he was aggressive and combative with both staff and other patients, often with no apparent provocation. He would also often laugh inappropriately and was very paranoid of staff. He tried and failed quetiapine, Haldol, olanzapine, risperidone and ziprasidone. He was started on chlorpromazine. And would have 1-2 good days, then have breakthrough agitation and aggression. We continued to titrate chlorpromazine, as patient tolerated the medication very well and appeared to be a rapid metabolizer. Eventually, Nuedexta was added and patient's inappropriate laughing ceased and he no longer had behavioral issues. He was discharged to Harbor House. Today, patient reports that his mood is pretty good and he denies pain or discomfort. He could only give minimal autobiographical information. Per wife, she felt that patient had transitioned well to Harbor House and he had been very calm and cooperative with her. Per staff, patient has been cooperative and mostly pleasant. He frequently wanders and often tries to open exit doors, but is redirectable ... Social History: Patient is a retired Naval officer ...He has been married to his current wife, for 6 years and was living with her until she could no longer care for him at home because of his wandering, confusion and aggression. He has been kicked out of other facilities for behavioral issues ...Speech:</p>	S9999		
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S9999	<p>Continued From page 33</p> <p>Nonsensical at times, Mood: Patient describes his mood as "pretty good," Affect: Constricted, Thought Process: Disorganized, Associations: Loose associations ...Insight: Poor, Judgment: Poor Attention/Concentration: Impaired ...Language: Expressive aphasia ...Diagnostic Impression: Patient has made a good transition to Harbor House after his recent hospitalization. He has not had any episode of behavioral disturbance, or agitation ...Treatment Plan: - Continue with chlorpromazine for atypical psychosis and off label treatment for Agitation in dementia. Although this is a large dose for an elderly person, he tolerates it well. - Continue with Nuedexta 2 capsules PO QD for Pseudobulbar Affect- Follow up in 2 weeks or sooner if symptoms increase.</p> <p>3/09/2023 16:59 (nurses note), Resident was physically aggressive towards another resident. physically hitting and pushing other resident. Caregivers instructed to closely monitor resident for aggressive behavior in common areas. POA and NP PSY notified.</p> <p>3/10/2023 13:00 (nurses note), Resident observed being physically aggressive with another resident in common area. Staff quickly separated residents and both assessed for injuries. Writer contacted NP for orders to send out for evaluation. Staff closely monitoring resident at this time.</p> <p>3/10/2023 14:57 (nurses note) Writer notified that resident was seen being physically aggressive with another resident. Residents separated by staff. 911 called. Paramedics assisted resident to gurnee. [sic] Resident transferred to local hospital ER for evaluation. Will f/u with transfer/admission status at later time. Wife in facility at time of</p>	S9999		
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S9999	<p>Continued From page 34</p> <p>transfer. NP notified. Resident in stable condition at time of departure.</p> <p>Interview with V29 (Psych Nurse Practitioner) on 4/3/2023 at 4:21PM, V29 stated, I think that (R12's) behaviors had been pretty well under control. He was on Haldol and wasn't taking it by mouth, so he was getting IM (intramuscular). He's been taking it by mouth and hasn't had any problems since. As long as he's on the Haldol and he tolerates it well. I think he had some transitional issues coming in. As far as I know he sleeps very well. It seems like during the day he would be stimulated by other people, etc. I don't have a set scheduled and I titrate the meds - If someone is stable every three months is my minimum.</p> <p>Interview with V28 (Family Member) on 4/01/23 at 4:00PM, V28 stated that R12 is not returning to the facility. He is failing, so he is going to an inpatient hospice unit. He was only (at the facility) nine days. He's an unusual case - he doesn't respond to the medication. He doesn't have anything physical, it's just the Alzheimer's. He did have a lot of behaviors and they were getting worse. We thought that he would come back (to the facility) but he's deteriorated so much that, that's not the case.</p> <p>R13 is a 65-year-old female admitted to the facility on 12/21/2022 with diagnoses that includes mild cognitive impairment.</p> <p>Nursing progress notes in R13's medical record, read:</p> <p>3/9/23 17:42, The resident was physically assaulted by another resident. No injuries were sustained. NP and POA were notified.</p>	S9999		

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S9999	<p>Continued From page 35</p> <p>3/11/23 08:38, Resident moved from House 2 to House 3 (Room). POA notified. Per POA.</p> <p>There was no documentation in R13's medical record of the incident on 3/10/23 with R12.</p> <p>R10 is a 66-year-old female admitted to the facility on 08/27/22 with diagnoses including Anxiety Disorder and Dementia with Behavioral Disturbance.</p> <p>R10 has physician orders including hospice effective 01/22/23.</p> <p>R10's Senior Living Assessment dated 01/22/23 documents that R10 is not always oriented, displays deficits in judgment, has mild to moderate disorientation or difficulty recalling/retaining information, needs cueing, and is on frequent safety checks at night (frequency not specified). Service Planning behaviors include: Exhibits inappropriate behavior: disrobing, taking things belonging to others, wandering aimlessly, showing anger, provocation, verbal abuse or other extreme or erratic behavior patterns; unable to follow directions. Goals include: Will not act out in a way that is harmful to self or others at all times.</p> <p>Nursing progress notes in R10's medical record read:</p> <p>3/10/2023 14:57, Resident physically attacked by another resident in common area. Resident noted with scratches to L side of neck. 911 called and resident taken to local hospital ER for evaluation. Son notified by writer and verbalized understanding. NP notified. Resident alert, ambulatory and in stable condition at time of</p>	S9999		
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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6013601</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/03/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>HARBOR HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>760 OLD MCHENRY ROAD WHEELING, IL 60090</b>		
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S9999	<p>Continued From page 36</p> <p>departure from facility.</p> <p>3/12/2023 at 17:26, The writer received a report from (RN) from (local hospital) that the resident will be DC later today. Per Rn, the Resident was treated for T1 and T2 Fracture. The Resident also has a scratch on the L side of the neck. Per the Neurosurgeon, no intervention will be done, just pain management. The Resident has been on bed rest at the hospital and has not been eating, consuming less than 25% of meals served. Son / POA notified about resident current health status ...</p> <p>R10 returned to facility on 3/12/2023, DX: two fractured ribs. Observed walking today 3/14/2023 and back to baseline. R12 was transferred from (hospital to a behavioral health hospital) on 3/13/23 for inpatient psychiatric stay and medication adjustment.</p> <p>Facility provided, "Resident Operations - Abuse, Neglect and Financial Exploitation Policy" (Effective: 3/01/2007, Revised: 6/4/2022), which reads:</p> <p>Plan: In the event that a resident is discovered to harmed or potentially harm by the deliberate actions of employees, family or volunteers all employees and volunteers are expected to report incidents of abuse, neglect or financial exploitation to the on-call manager.</p> <p>Practice: Upon allegations of abuse, neglect or financial exploitation, Harbor House must take actions to protect the resident (s), investigate the allegation, report the allegation to the appropriate authorities and take corrective actions to prevent a reoccurrence.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6013601</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/03/2023</b>
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S9999	<p>Continued From page 37</p> <p>The following definitions serve as guides for determining whether abuse, neglect or financial exploitation has occurred.</p> <p>Abuse: physical or mental injury or sexual assault inflicted on a resident in an establishment, other than by accidental means.</p> <p>Neglect: a failure by the establishment to provide services, as outlined in the service delivery contract; or a failure to notify the appropriate health care professional that an assessment is necessary in accordance with the service plan; or a failure to modify a service plan, as appropriate, based on a new physician's assessment; or a failure to terminate the residency of an individual whose needs can no longer be met by the establishment, which results in an avoidable decline in function.</p> <p>Neglect: a failure by the establishment to provide services, as outlined in the service delivery contract; or a failure to notify the appropriate health care professional that an assessment is necessary in accordance with the service plan; or a failure to modify a service plan, as appropriate, based on a new physician's assessment; or a failure to terminate the residency of an individual whose needs can no longer be met by the establishment, which results in an avoidable decline in function.</p> <p>Financial exploitation: the act of obtaining control over the resident or his/her property through deception or intimidation with the intent of depriving the resident of the use, benefit or possession of his/her property.</p> <p>Procedures:</p>	S9999		
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Illinois Department of Public Health

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S9999	<p>Continued From page 38</p> <ol style="list-style-type: none"> <li>1. If a report of alleged abuse, neglect or financial exploitation is received or witnessed:</li> <li>2. Notify the on-call person of the allegations. If the on-call person believes that the resident abuse, neglect or exploitation has occurred, the alleged perpetrator will be removed from direct contact with the resident.</li> <li>3. The on-call person will take actions to ensure the well-being of the resident.</li> <li>4. The on-call person will notify appropriate parties within the facility such as the executive director, nurse, resident representative as well as the appropriate agencies.</li> <li>5. The executive director or designee will begin the investigation of abuse, neglect or exploitation within 12 hours of the reported occurrence.</li> <li>6. The executive director or designee will report the allegation within 24 hours to the assisted living complaint registry by phone, fax or email.</li> <li>7. A written investigation report will be completed within 5 days of the initial report.</li> <li>8. A written copy of the investigation report will be sent to the Illinois Department of Public Health within 15 days of the initial report of abuse, neglect or exploitation, i.e., within 24 hours of the completion of the written report.</li> <li>9. The written investigation report will include the following:               <ol style="list-style-type: none"> <li>a) Dates, times and description of allegation</li> <li>b) Description of any injury to the resident</li> <li>c) Description of a change in the resident's physical, cognitive, functional or emotional</li> </ol> </li> </ol>	S9999		

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S9999	<p>Continued From page 39</p> <p>condition</p> <p>d) Actions taken by Harbor House</p> <p>e) List of individuals interviewed by Harbor House</p> <p>f) List of agencies notified by Harbor House</p> <p>g) Names of witnesses to the alleged abuse, neglect or financial exploitation</p> <p>h) If allegations are substantiated and substantial, a description of actions taken to prevent future occurrences</p> <p>(A)</p>	S9999		