

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006332	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/03/2023
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NAME OF PROVIDER OR SUPPLIER PEARL OF HINSDALE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 600 WEST OGDEN AVENUE HINSDALE, IL 60521
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S 000	Initial Comments	S 000		
S9999	<p>First Probationary Licensure Survey</p> <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>1 of 7 Violations:</p> <p>300.610a) 300.615e) 300.615f)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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>admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to submit background checks, check the Illinois Department of Corrections (IDOC) website, and check the Illinois Sex Offender (ISP) website within 24 hours of admission. The facility failed to follow their policy on background checks. This applies to 10 of 10 residents (R11-R20) reviewed for background checks in the sample of 20.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The facility's admission list provided on 5/3/23 showed R17 was admitted to the facility on 2/21/23. R18 was admitted on 2/13/23. R19 and R20 was admitted on 2/8/23. <p>The facility did not have background checks, IDOC website and ISP checks for R17-R20.</p> <ol style="list-style-type: none"> 2. The facility's admission list provided on 5/3/23 showed R11 was admitted to the facility on 3/4/23. 	S9999		

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S9999	Continued From page 2 R11's Illinois State Police background check was performed on 3/13/23 (9 days after admission), the IDOC website check is dated 3/11/23 (7 days later), and the ISP check is dated 3/18/23 (14 days later). 3. The facility's admission list provided on 5/3/23 showed R12 was admitted to the facility on 3/9/23. R12's Illinois State Police background check was performed on 3/13/23 (4 days after admission), the IDOC website check is dated 3/11/23 (2 days later), and the ISP check is dated 3/17/23 (8 days later). 4. The facility's admission list provided on 5/3/23 showed R13 was admitted to the facility on 3/3/23. R13's Illinois State Police background check was performed on 3/13/23 (10 days after admission) with a misspelling in her last name, the IDOC website check is dated 3/11/23 (8 days later), and the ISP check is dated 3/18/23 (15 days later). 5. The facility's admission list provided on 5/3/23 showed R14 and R15 were admitted to the facility on 3/6/23. R16 was admitted to the facility on 3/2/23. R14's Illinois State Police background check was performed on 3/13/23 (7 days after admission), the IDOC check is dated on 3/11/23 (5 day later), and the ISP check is dated 3/18/23 (12 days later). R15's Illinois State Police background check was performed on 3/13/23 (7 days after admission),	S9999		

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S9999	<p>Continued From page 3</p> <p>the IDOC website check and ISP website are dated 3/18/23 (7 days later).</p> <p>R16's Illinois State Police background check was performed on 3/13/23 (11 days after admission), the IDOC website check and ISP website are dated 3/18/23 (16 days later).</p> <p>On 5/3/23 at 2:15 PM, V1 (Administrator) said resident background checks should be done within 24 hours of admission including the sex offender website, IDOC website and criminal background checks. The checks should be done to ensure resident safety. V1 said they could not find any background checks on R17-R20. V1 said V8 (Admissions Coordinator) does the background checks, and she is on vacation. When doing the checks, they should make sure the name is spelled correctly. During the change of ownership there was some miscommunication who was doing the background checks and it's been a learning curve.</p> <p>The facility's Resident Background Checks policy dated 3/2020 states, "To provide guidelines for running background checks on all new admission ...When a resident is admitted to a facility, an electric name based UCIA background check must be ordered 24 hours ..."</p> <p style="text-align: right;">(c)</p> <p>2 of 7 Violations:</p> <p>300.610a) 300.1060a) 300.1060b) 300.1060c) 300.1060d)</p> <p>Section 300.610 Resident Care Policies</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>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.</p> <p>Section 300.1060 Vaccinations</p> <p>a) A facility shall annually administer or arrange for administration of a vaccination against influenza to each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that are most recent to the time of vaccination, unless the vaccination is medically contraindicated, or the resident has refused the vaccine. Influenza vaccinations for all residents age 65 and over shall be completed by November 30 of each year or as soon as practicable if vaccine supplies are not available before November 1. Residents admitted after November 30, during the flu season, and until February 1 shall, as medically appropriate, receive an influenza vaccination prior to or upon admission or as soon as practicable if vaccine supplies are not available at the time of the admission, unless the vaccine is medically contraindicated, or the resident has refused the vaccine. (Section 2-213(a) of the Act)</p> <p>b) A facility shall document in the resident's medical record that an annual vaccination against</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>influenza was administered, arranged, refused or medically contraindicated. (Section 2-213(a) of the Act)</p> <p>c) A facility shall administer 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(b) 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(b) of the Act).</p> <p>These regulation was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to follow their policy, failed to ensure a resident (R6) was assessed for the flu vaccine and failed to ensure residents (R6, R7, R8) were assessed for the pneumococcal vaccine for 3 of 5 residents (R6, R7, R8) reviewed for vaccines in the sample of 20.</p> <p>1. R6's Face Sheet printed 5/3/23 showed R6 had diagnoses to include, but not limited to: COPD (Chronic Obstructive Pulmonary Disease), depression, cognitive communication deficit, bladder cancer, and an unspecified disorder of the muscles. This form showed R6 was admitted to the facility on 10/10/22.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>R6's Physician Order Sheet dated 5/3/23 showed R6 may have the annual flu vaccine and had a pulmonary consult for a right lower lung mass.</p> <p>R6's Immunizations did not include information related to the flu vaccine. On 5/3/23, R6's Immunizations were updated to show that R6 refused the pneumococcal vaccine.</p> <p>R6's EMR (Electronic Medical Record) did not contain a consent/declination form regarding the flu or pneumococcal vaccines. There were no progress notes that showed the facility had communicated with R6's family regarding the flu or pneumococcal vaccines prior to the surveyor asking for documentation.</p> <p>2. R7's Face sheet dated 5/3/23 showed he was admitted to the facility on 4/17/23. R7 had diagnoses to include, but not limited to: diabetes, asthma, COPD, OSA (Obstructive Sleep Apnea), CKD (Chronic Kidney Disease) - Stage 4, anxiety, and aortic valve insufficiency.</p> <p>R7's Immunization tab in the EMR was blank. After the surveyor asked R7's Immunization status, the facility updated the immunizations tab to show that R7 refused the pneumococcal vaccine on 5/3/23.</p> <p>R7's EMR did not contain documentation in the progress notes, assessments, or the scanned documents regarding the facility's assessment of R7's Immunization status and needs.</p> <p>3. R8's Facesheet dated 5/3/23 showed R8 was admitted to the facility on 2/16/23 with diagnoses to include rhabdomyolysis, COPD, diabetes, morbid obesity, OSA, generalized muscle weakness, and anxiety disorder.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>R8's Immunization tab in her EMR was updated on 5/3/23 (after the surveyor requested Immunization status) to show that R8 refused the pneumococcal vaccine.</p> <p>R8's EMR did not contain documentation in the progress notes, assessments, or the scanned documents regarding the facility's assessment of R8's Immunization status and needs.</p> <p>On 5/3/23 at 12:20 PM, V3 (Director of Nursing - DON) said the nurses should attempt to obtain resident immunization status on admission. V3 said the hospital used to provide that information, but it's been harder to locate the immunization status of the residents. V3 stated, "We try our best to find out on admission, but it doesn't always happen that way. The nurses should complete a chart check every 24 hours and they should make sure the immunizations have been addressed at this time. The residents or representatives are provided education and consent forms. Occasionally we may need to obtain verbal consent. The consent forms would be scanned into the EMR, or verbal consent would be documented in the progress notes. It is very important to check the immunization status for all our residents to ensure they are up-to-date, and we are in compliance. Vaccinations protect residents against illness.</p> <p>On 5/3/23 at 1:40 PM, V9 (LPN/Unit Manager) said resident immunizations are supposed to be verified by the nurse on admission. If the resident had not been vaccinated, then the nurse should offer the appropriate vaccines to them. The residents do have the right to refuse, but that should be documented in the EMR. The ownership of the facility has changed a few times.</p>	S9999		

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S9999	Continued From page 8 There was a Vaccine Consent from with the previous ownership, but we do not currently use a paper form. The resident Immunizations should be documented in the EMR. The facility's Infection Control - Influenza and Pneumococcal Immunizations for Residents Policy (reviewed 4/20/23) showed, "It is the policy of the facility to ensure that the resident receives Influenza and Pneumococcal immunizations, in accordance with State and Federal Regulations, and national guidelines. Procedure: 1. Before offering the influenza immunization, each resident and/or resident representative receives education regarding the benefits and potential side effects of the immunization; 2. Each resident is offered an influenza immunization October 1 through March 31 Annually (unless CDC changed its recommendation), unless the immunization is medically contraindicated or the resident has already been immunized during this time period; 3. The resident and or the representative has the opportunity to refuse immunization; Consents may be obtained verbally ... 4. The resident's medical record includes documentation that indicates, at a minimum, the following: i. That the resident or resident representative was provided education regarding benefits and potential side effects of influenza immunization; and ii. That the resident either received that influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. Pneumococcal Immunization: 1. Before offering the pneumococcal immunization, each resident and or resident representative receives education regarding the benefits and potential side effects of immunization. 2. Each resident is offered pneumococcal immunization, unless the immunization is medically contraindicated, or the resident has already been immunized. 3. The	S9999		

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S9999	<p>Continued From page 9</p> <p>resident and or resident representative has the opportunity to refuse immunization; and consents may be obtained verbally ... 4. The resident's medical record includes documentation that indicates, at a minimum, the following: i. That the resident or resident representative was provided education ... ii. That the resident either received the pneumococcal immunization or had a contraindications or refusal. 5. Pneumococcal immunization will be offered in accordance with CDC immunization algorithm."</p> <p style="text-align: right;">(c)</p> <p>3 of 7 Violations:</p> <p>300.610a) 300.1210a) 300.1210b)3) 300.1210c)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A</p>	S9999		

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S9999	Continued From page 10 facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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. Restorative measures shall include, at a minimum, the following procedures: 3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary.	S9999		

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S9999	<p>Continued From page 11</p> <p>c). Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to follow their policy, failed to follow resident care plan and failed to ensure a resident's urinary catheter bag remained below the level of the resident's bladder for a resident with a diagnosis of a urinary tract infection (UTI). This failures applies to 1 of 10 residents (R2) reviewed for nursing care in the sample of 20.</p> <p>The findings include:</p> <p>1. R2's Admission Record showed R2 was admitted to the facility on 4/6/23 with a primary diagnosis of UTI. The record showed R2 also had a diagnosis of bladder cancer.</p> <p>R2's care plan dated April 7, 2023, showed, "Position catheter bag and tubing below the level of the bladder and away from entrance room door..."</p> <p>On 5/3/23 at 10:00 AM, R2 was in bed, eating breakfast. R2's urinary catheter drainage bag lay on the floor, on the right side of R2's bed. The bag contained 600 mls (milliliters) of light pink, blood-tinged, urine. At 10:11 AM, V6 Certified Nursing Assistant (CNA) entered R2's room to provide care. V6 walked around R2's bed, looked at the bag on the floor, and continued to provide care to R2 without picking up the catheter bag. At 10:21 AM, V6 CNA picked up R2's urinary catheter bag off of the floor, up over R2's legs,</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>and laid the bag next to R2 in bed. An obvious backflow of bloody urine was noted (towards R2) in the tubing of R2's catheter. V6 CNA proceeded to give R2 a bed bath. At 10:34 AM, upon completion of R2's bath, V6 CNA lifted the catheter bag off of R2's bed and hung it off the left side of R2's bed.</p> <p>On 5/3/23 at 12:30 PM, V3 Director of Nursing (DON) stated, "Urinary catheter bag should be kept below the level of the bladder to prevent a backflow of urine."</p> <p>The facility's Perineal Care/Indwelling Catheter policy dated June 13, 2022, showed, "Ensure foley (urinary) catheter is positioned correctly and secured...Ensure the bag is off the floor and covered..."</p> <p>(C)</p> <p>4 of 7 Violations:</p> <p>300.610a) 300.1210d)1) 300.1610a)1)</p> <p>Section 300.610 Resident Care Policies</p> <p>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</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER PEARL OF HINSDALE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 600 WEST OGDEN AVENUE HINSDALE, IL 60521		
(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 13</p> <p>by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>d) 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:</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>Section 300.1610 Medication Policies and Procedures</p> <p>a) Development of Medication Policies</p> <p>1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws.</p> <p>These regulations were not met as evidence by:</p> <p>Based on observation, interview, and record review the facility failed to follow the facility policy and ensure a resident received pain medication to control the resident pain. This failure applies to one resident (R9) of 10 resident reviewed for nursing care in a sample of 20.</p> <p>On 5/3/23 at 1:16 PM, R9 was lying in bed</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>watching television. R9 stated, "I've had good days and bad days. The biggest problem was when I first got here. They kept telling me they didn't have my pain medication. I went for over 33 hours without pain medication. I would ask the nurse and they would tell me that the Norco (an opioid pain medication) hadn't been delivered from the pharmacy yet. I broke my hip and had to have surgery. That's why I'm in this place to begin with. I was really hurting by the time they finally gave me some pain medications. I don't understand why they had such a hard time getting my pain medication."</p> <p>R9's Face Sheet printed 5/3/23 showed diagnoses to include, but no limited to: left femur fracture, unsteadiness on feet, anemia, major depressive disorder, dysphagia, and unspecified fall. This document showed R9 was admitted to the facility on 4/26/23.</p> <p>R9's hospital After Visit Summary dated 4/26/23 showed R9 was discharged from the hospital after a fall with a left femur fracture that required surgical intervention. This record showed R9 had received Norco at 8:07 AM on 4/26/23.</p> <p>R9's paper chart contained a printed prescription for Norco 7.5mg-325 mg - 1 tablet every 6 hours PRN (as needed) for pain. This prescription was dated 4/26/23. R9's paper chart also contained a handwritten prescription dated 4/27/23 for the Norco.</p> <p>R9's April 2023 MAR (Medication Administration Record) showed Norco (hydrocodone-acetaminophen) 7.5 mg - 325 mg - Give one tablet every 6 hours PRN for pain. This document showed the first dose of Norco was administered on 4/27/23 at 7:03 PM. R9 rated her</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>pain at an "8" on a scale from 1-10 (with 10 being the worst pain experienced).</p> <p>R9's Care Plan initiated 4/27/23 showed R9 had left femur pain related to a fracture.</p> <p>On 5/3/23 at 1:40 PM, V9 (LPN/Unit Manager) said medications are usually available for a new admission the same day. The turnaround is usually about 4 hours. If the resident comes with a prescription from the hospital, then we fax it to the pharmacy, and they can send the medication stat (within 4 hours). If the prescription is not sent from the hospital, then there may be a delay because we have to call the primary physician to get an order and then send the order to pharmacy. A resident should never wait 24 hours or more for pain medication. We want to be able to control their pain. There is an automated medication dispensing machine on the 2nd floor. I believe Norco is one of the medications available. The nurse would administer doses from there until the pharmacy delivered R9's prescription.</p> <p>On 5/3/23 at 2:51 PM, V3 (DON) said Norco is available in the Emergency box and the nurses are expected to administer pain medications needed until pharmacy delivers the prescription. If a Norco 7.5 mg/325 mg tablet was not available, then I would expect the nurse to call the physician and request a one-time order to provide the 5 mg or 10 mg tablet, until the pharmacy fills R9's prescription of Norco 7.5 mg. It is important for R9's recovery to control her pain. The nurses should document any delays in pain medication in the progress notes.</p> <p>The facility's undated Med List for the automated dispensing system showed there was Norco (hydrocodone-acetaminophen) 5 mg/325 mg and</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>10 mg/325 mg available.</p> <p>The facility's Pain Management Policy (reviewed 1/10/23) showed, "The facility will provide adequate pain assessment and management to the residents to attain or maintain the highest practicable physical, mental, and physiological well-being ... 8. Pharmacological interventions should follow a systematic approach ...11. Reassess patient with pain regularly based on the facility's established intervals ...</p> <p>(B)</p> <p>5 of 7 Violations:</p> <p>300.610a) 300.1210d)2)4)A)C) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>Nursing and Personal Care</p> <p>d) 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:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:</p> <p>A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.</p> <p>C) Each resident shall have clean, suitable clothing in order to be comfortable, sanitary, free of odors, and decent in appearance. Unless otherwise indicated by his/her physician, this should be street clothes and shoes.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These regulations were not met as evidence by:</p> <p>Based on observation, interviews and record review the facility failed to follow their policy and failed to ensure a resident's tracheostomy was suctioned. This failure applies to 1 of 10 residents (R1) reviewed for nursing care, in a sample of 20.</p> <p>R1's Admission Record showed R1 was admitted</p>	S9999		

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S9999	<p>Continued From page 18</p> <p>to the facility on 3/24/23 with diagnoses including chronic respiratory failure with hypoxia and tracheostomy.</p> <p>R1's physician order dated March 28, 2023, showed to suction R1's tracheostomy every 4 hours and as needed.</p> <p>On 5/3/23 at 9:40 AM, R1 was lying in bed, watching television. A large amount of thick yellow sputum hung from the external cannula of R1's tracheostomy (trach). When R1 was asked when the last time he was suctioned, R1 stated, "I don't know." R1 then took a tissue from the box of tissue on his bed, and wiped the sputum from the end of his trach.</p> <p>On 5/3/23 at 9:57 AM, V5 Licensed Practical Nurse (LPN) walked into R1's room and began speaking with him. During their conversation, R1 would occasionally cough, which caused him to cough up thick yellow sputum, up out of his trach, onto his gown. Upon completion of R1's and V5's conversation, R1 had yellow sputum bubbling out of his trach and sputum noted on his gown by his chest. R1 grabbed another tissue out of his tissue box, and wiped off the end of his trach again. V5 LPN exited R1's without suctioning R1's trach or changing his soiled gown.</p> <p>On 5/3/23 at 12:30 PM, V3 DON stated, "The nurses are responsible for suctioning a resident's trach. They should be suctioned as needed."</p> <p>The facility's Tracheostomy Care policy dated January 13, 2023 showed, "Tracheostomy Care is performed for aseptically cleaning the tracheostomy tube and stoma site to prevent plugging of the tracheostomy tube, prevent airway obstruction, prevent infection, or superinfection of</p>	S9999		

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S9999	<p>Continued From page 19</p> <p>the trach site, and to maintain a patent airway for suctioning."</p> <p style="text-align: right;">(B)</p> <p>6 of 7 Violations:</p> <p>300.610a) 300.1210b)5) 300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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. Restorative measures shall include, at a minimum, the</p>	S9999		

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S9999	<p>Continued From page 20</p> <p>following procedures:</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</p> <p>d) 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:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These regulations were not met as evidence by:</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident was transferred in a manner to prevent a resident injury. This failure affected one resident (R3) of 10 resident's reviewed for nursing care in a sample of 20.</p> <p>R3's Admission Record showed R3 was admitted to the facility on 3/22/23 with diagnoses including congestive heart failure, morbid obesity, and abnormalities of gait and mobility.</p> <p>R3's resident assessment dated March 28, 2023, showed R3 required the extensive assistance of one person for transferring and toileting. The assessment showed R3 was cognitively intact.</p>	S9999		

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S9999	<p>Continued From page 21</p> <p>R3's Health Status note dated April 29, 2023, showed, "Resident called the nurse complaining of right arm pain. Nurse assessed the resident, she was not able to do full range of motion to right arm, warm to touch. Resident stated that earlier she hit her hand on the toilet rail...Resident rated pain as a 10...911 called to be sent to ER (emergency room) for further evaluation."</p> <p>R3's X-ray report dated April 29, 2023, showed no fracture of R3's right elbow or wrist.</p> <p>On 5/3/23 at 10:40 AM, R3 was seated in a wheelchair in her room. An elastic compression dressing was noted to R3's right wrist. R3 stated, "I hurt my wrist last week. The aide wheeled me into the bathroom and left me alone. I had to go, so I got on the toilet by myself. When I did, I got my (right) hand caught around the bar by the toilet, when I was trying to pull myself over. It's not broken. It's just a bad sprain. Usually someone helps me get on the toilet."</p> <p>On 5/3/23 at 11:46 AM, V4 CNA stated, "I wheeled (R3) into the bathroom in (R3's) wheelchair. I didn't completely leave the bathroom. I was in the doorway. I didn't use a gait belt but verbally guided her. I also placed my hand on her waist as she got herself onto the toilet. That was the first time I had taken care of (R3) so I was not sure how (R3) normally transfers. I didn't realize she had hurt her hand."</p> <p>On 5/3/23 at 12:30 PM, V3 DON stated, "If a staff member doesn't know how a resident transfers, they should look in the computer to check. A gait belt should be used on any resident that requires staff assistance with toileting or transfers."</p> <p>The facility's Gait Belts policy dated February 14,</p>	S9999		

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S9999	<p>Continued From page 22</p> <p>2023, showed, "Gait belts are used to help prevent injury of staff or residents during transfers and ambulation...Gait belts should be used by all staff when ambulating or transferring a resident."</p> <p>(B)</p> <p>7 of 7 Violations:</p> <p>300.610a) 300.1210b) 300.1210d)1)2) 300.1610a)1) 300.1630a)1)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological</p>	S9999		

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S9999	<p>Continued From page 23</p> <p>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.</p> <p>d) 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:</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>Section 300.1610 Medication Policies and Procedures</p> <p>a) Development of Medication Policies</p> <p>1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws.</p> <p>300.1630a)1)</p> <p>Section 300.1630 Administration of Medication</p> <p>a) All medications shall be administered only by</p>	S9999		

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S9999	<p>Continued From page 24</p> <p>personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Licensed practical nurses shall have successfully completed a course in pharmacology or have at least one year's full-time supervised experience in administering medications in a health care setting if their duties include administering medications to residents.</p> <p>1) Medications shall be administered as soon as possible after doses are prepared at the facility and shall be administered by the same person who prepared the doses for administration, except under single unit dose packaged distribution systems.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to follow facility policy and failed to ensure medications were administered to residents per their physician orders for 2 of 4 residents (R10, R4) reviewed for medication administration in the sample of 20.</p> <p>The findings include:</p> <p>1. On 5/3/23, at 9:05 AM, V11 Registered Nurse (RN) was observed as she prepared medications to administer to R10. V11 looked through her medication cart and stated, "We are out of (R10's) Coenzyme Q10 and her folic acid so I won't be able to give her those. I am not sure how long these meds have been out. I will order them today so they will be here tomorrow." V11 RN walked into R10's room and administered the medications to R10.</p> <p>R10's Medication Administration Record dated May 3, 2023 showed, "Coenzyme Q10 Oral</p>	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006332	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/03/2023
NAME OF PROVIDER OR SUPPLIER PEARL OF HINSDALE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 600 WEST OGDEN AVENUE HINSDALE, IL 60521		
(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 25</p> <p>Capsule; give 100 mg (milligrams) by mouth one time a day for CHF (congestive heart failure). The record showed the Coenzyme was not administered to R10. The record showed, "Folic Acid Oral Tablet; give 1 mg by mouth one time a day for nutritional supplement." The record showed the folic acid was not administered to R10.</p> <p>2. On 5/3/23 at 9:32 AM, V7 (LPN-Licensed Practical Nurse) prepared R4's morning medications and entered R4's room. R4 was sitting in his wheelchair with his bedside table in front of him. A medication cup with three pills was observed on his bedside table. V7 said looks like his 6:00 AM medications are there on R4's bedside table.</p> <p>On 5/3/23 at 9:40 AM, V7 said when administering medications staff should make sure the resident takes their medications before leaving the room.</p> <p>On 5/3/23 at 10:12 AM, R4 said "I'm not awake when they drop off my medications."</p> <p>R4's face sheet shows his diagnoses include type 2 diabetes, bipolar, major depressive disorder, hypertension, anxiety, and unspecified dementia.</p> <p>R4's Minimum Data Set assessment dated 1/27/23 shows his cognition is impaired.</p> <p>R4's Medication Admiration Record dated May 2023 shows his 6:00 AM medications are Levothyroxine 50 mcg (micrograms) for thyroid disorder, Omeprazole 20 mg (milligrams) for reflux and Carbidopa-Levodopa 100 mg for Parkinson's.</p>	S9999		

Illinois Department of Public Health

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NAME OF PROVIDER OR SUPPLIER PEARL OF HINSDALE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 600 WEST OGDEN AVENUE HINSDALE, IL 60521		
(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	Continued From page 26 The facility's Administrating Medications Policy reviewed 6/2022 states, "Facility will ensure medications are administered in a safe and timely manner ...3. Medications are administered in accordance with prescriber orders and medication administration times are determined by facility..." (B)	S9999		