

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003792	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2024
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NAME OF PROVIDER OR SUPPLIER PIPER CITY REHAB & LIVING CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 600 MAPLE STREET PIPER CITY, IL 60959
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 4) 300.610a) 300.625c)1)2) 300.625d) 300.625e) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.625 Identified Offenders c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
07/31/24

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S9999	<p>Continued From page 1</p> <p>is an identified offender.</p> <p>2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.</p> <p>d) The facility shall comply with all applicable provisions contained in the Uniform Conviction Information Act.</p> <p>e) All name-based and fingerprint-based criminal history record inquiries shall be submitted to the Department of State Police electronically in the form and manner prescribed by the Department of State Police. The Department of State Police may charge the facility a fee for processing name-based and fingerprint-based criminal history record inquiries. The fee shall be deposited into the State Police Services Fund. The fee shall not exceed the actual cost of processing the inquiry. (Section 2-201.5(c) of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to notify the State Police that identified</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>offenders were admitted to the facility and failed to arrange a finger-print based criminal history record inquiry for two (R18 and R24 both current residents) of ten residents reviewed for background checks from a total sample list of 30 residents.</p> <p>Findings include:</p> <p>The facility provided "Identified Offender Policy and Procedure" dated 2/16/12 documents that it is the policy of the facility to establish a resident sensitive and secure environment. In accordance with the provisions of the Nursing Home Care Act, This facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. If the UCIA response contains convictions that match the Identified Offender citation numbers, the resident is an identified offender and must be reported to the Identified Offenders Program. The fingerprint must be requested within 72 hours after receiving the name-based background check and must be conducted within five business days after receiving the name based results.</p> <p>R18's Criminal History of the State Police dated 2/15/24 documents R18 as an identified offender requiring fingerprinting.</p> <p>R24's Criminal History of the State Police dated 1/18/24 documents R24 as an identified offender requiring fingerprinting.</p> <p>On 7/16/24 at 11:00 AM, V1 (Administrator) said that the required fingerprinting and background checks for R18 and R22 were not completed.</p> <p>(C) Statement of Licensure Violations (2 of 4)</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>300.350c) 300.661</p> <p>Section 300.650 Personnel Policies</p> <p>c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file.</p> <p>Section 300.661 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on record review and interview the facility failed to retain documentation of healthcare worker background checks for five unlicensed employees (V16 , V17, V18, V19, V20) of seven unlicensed employees reviewed for Healthcare Worker Background checks and failed to verify licensure for three Licensed Nurses (V8, V21, V22) of three licensed nurses reviewed for licensure verification.</p> <p>Findings Include:</p> <p>The facility failed to provide documentation that all six required web sites were checked for the following unlicensed employees: V16 (Certified Nurse's Aide/CNA) hired 3/28/24, V17 (CNA) Hired 6/4/24, V18 (CNA) Hired 7/1/24, V19 (CNA)</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Hired 7/3/24 and V20 (Unit Aide/UA). Employee Hire dates were documented in employee records.</p> <p>The facility failed to have a copy of the licenses and failed to provide documentation the Illinois Department of Financial and Professional Regulation (IDFPR) website was checked prior to hire for three licensed nurses reviewed. V8 (Licensed Practical Nurse/LPN) Hired 2/6/24, V21 (Registered Nurse/RN) Hired 1/31/12, and V22 (RN) Hired 4/19/24.</p> <p>On 7/16/24 V1 (Administrator) verified the facility did not have the above required documentation prior to hire. When asked if the facility has a policy covering this issue V1 stated "We just follow the regulation. We have no policy." (C) Statement of Licensure Violations (3 of 4)</p> <p>300.610a) 300.1210a) 300.1210b) 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</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>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 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)</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 following procedures:</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>	S9999		

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S9999	<p>Continued From page 6</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 requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to initiate resident centered fall interventions and provide supervision to prevent a fall for one resident (R187) of two residents reviewed for falls in a sample list of 30 residents. This failure resulted in a fall with a fractured hip requiring hospitalization and surgical repair.</p> <p>Findings Include:</p> <p>R187's Care Plan updated 6/29/24 includes the following diagnoses: Altered Mental Status, Age Related Cognitive Decline, Chronic Kidney Disease Stage III, Type II Diabetes with Polyneuropathy, Depression, and Anxiety.</p> <p>R187's Fall Risk Assessment dated 5/6/24 documents R187 at risk for falls.</p> <p>R187's Care Plan documents: "1/11/2024 (R187) has had an actual fall Root cause weakness due to frequent illnesses. 5/4/24 fall Root cause: recent illness/decline. 6/2/24 fall root cause: wheeling self down the sidewalk and slid off the edge and flipped out of his wheelchair. noted scraped knuckles to bilateral hands. Fall 6/29/24 Root cause: States 'I fell backwards onto bottom/left hip trying to pull up pants.'" There were no resident specific fall interventions initiated</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>following these falls.</p> <p>R187's Progress Note dated 6/29/2024 at 4:34 AM documents " (R187's) fall witnessed by wife. Did not hit head. Fell on left hip. Found on floor on left side. No visible injuries. Two staff assist to wheelchair. (R187) states hip hurts. Moved to bed. Vital Signs and neurological check Within Normal Limits."</p> <p>R187's hospital radiology report dated 6/29/24 at 8:07 AM documents "Acute Minimally Displaced Left Intertrochanteric hip fracture with mild varus deformity." R187's Operative report dated 6/30/24 documents R187 underwent an "intramedullary rodding of left hip Intertrochanteric fracture."</p> <p>R187's AIM for Wellness post fall report dated 7/1/24 documents "Additional event details and/or follow up recommendations to manage the resident's condition and/or needs: Low bed and Floor cushion needed."</p> <p>R187 was observed in bed 7/14/24 at 10:00 AM, 7/15/24 at 12:30 PM, and 7/15/24 at 1:00 PM. R187 did not have a floor cushion in place adjacent to his bed during any of these times.</p> <p>R187's Care plan includes a fall intervention dated 6/29/24 "15 min checks for safety." There is no documentation to support the 15 minute checks were ever initiated following readmission from hip surgery.</p> <p>R19 is R187's roommate. R19's Minimum Data Set (MDS) dated 4/29/24 documents R19 is cognitively intact.</p> <p>On 7/14/24 at 10:00 AM R187 was observed lying in bed. R19 was sitting in a recliner across the</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>room from R187. R19 stated "I was here in the room when (R187) fell and broke (R187's) hip. (R187) got up and tried to pull up (R187's) pants and fell on (R187's) side. (R187) was in a lot of pain when they got (R187) in the wheelchair so they put (R187) in the bed. (R187) was still in pain. I told them to call the ambulance. (R187) had to go to the restroom and they did not come to help so (R187) got up. I tried to stop (R187) but I don't get around very good myself so I couldn't stop him."</p> <p>On 7/14/24 at 10:15 AM V5, Licensed Practical Nurse verified the facility had not initiated the 15 minute checks following R187's fall 6/29/24.</p> <p>On 7/15/24 at 11:30 AM V8, Licensed Practical Nurse stated "I don't think (R187) is supposed to have fall mats."</p> <p>The facility's Fall Prevention Policy updated 11/10/18 states "Policy: To provide for resident safety and to minimize injuries related to falls; decreases falls and still honor each resident's wishes/desires for maximum independence and mobility." This policy also states " All staff must observe residents for safety. If residents with a high risk code are observed up or getting up, help must be summoned or assistance must be provided to the resident." This policy also states "The unit nurse will place documentation of the circumstances of a fall in the nurses notes or on an AIM for Wellness form along with any new intervention deemed to be appropriate at the time. The unit nurse will also place any new intervention on the CNA (Certified Nursing Assistant) assignment worksheet."</p> <p>(A) Statement of Licensure Violations (4 of 4)</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>300.610a) 300.1210a) 300.1210b)</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 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)</p>	S9999		

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S9999	<p>Continued From page 10</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 following procedures:</p> <p>Based on observation, interview and record review the facility failed to identify significant weight loss, implement interventions to prevent further weight loss, and failed to notify the physician, dietician and resident's representatives of significant weight loss. These failures resulted in R23's significant weight loss of 24.68% (percent) in six months. This failure affects three of five residents (R23, R28, R16) reviewed for compromised nutrition in the sample list of 30.</p> <p>Findings Include:</p> <p>The Resident Weight Monitoring Policy dated March 2019 documents it is the policy of the facility that each resident's weight is monitored and recorded at least monthly by the 5th of each month. The monthly weight report is printed by the 8th of each month and if the weight shows significant change, the resident will be re-weighed. If there is an actual significant weight change, the resident, family, doctor, and dietician will be notified. The Dietician shall review each resident and make recommendations for nutritional support. The physician will be contacted to convey those recommendations and obtain any new orders.</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>1. R23's Medical Diagnoses List dated July 2024 documents R23 is diagnosed with Diabetes, Chronic Kidney Disease, and Dementia.</p> <p>R23's weights document R23 was 158.2 pounds (lbs) on 1/11/24, 136.2 lbs on 2/27/24, 125.6 lbs on 4/11/24, 122 lbs on 5/22/24, and 119 lbs on 6/12/24. This is a significant weight loss of 24.68 % in six months.</p> <p>R23's Physician Order Sheet dated July 2024 documents R23 is on a Regular Diet, Mechanical Soft Texture with Thin Liquids. R23 is also prescribed a liquid protein supplement to promote wound healing of 30 milliliters per day.</p> <p>R23's Care Plan dated 6/11/24 documents R23 has experienced unplanned weight loss related to poor food intake. Staff are to provide R23 with supplements as ordered and alert the dietician if R23 is not consuming those supplements on a regular basis. Staff are to alert the physician and dietician as soon as possible if weight loss continues. Monitor food intake at each meal.</p> <p>On 7/15/24 at 1:38 PM V13 (Dietician) stated she has been the Dietician in the facility since December 2023. V13 stated she has been to the facility monthly since January 2024 except for the month of February when she was unable due to non-payment by the facility. V13 stated when she comes to the facility she gets a weight report and completes an assessment on all the residents that have triggered for a significant weight loss, or residents due for their quarterly assessment, or new admissions. V13 stated she has had issues with the facility having accurate monthly weights in the charting in order to give her an accurate idea of what residents she needs to assess. V13</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>stated she saw R23 in January 2024 for significant weight loss and at that time recommended a nutritional supplement to be started at 60 milliliters twice per day. V13 stated the supplement was never started. V13 stated she next assessed R23 in March 2024 for significant weight loss and recommended R23 needed to be totally assisted by staff with feeding and recommended a liquid protein supplement of 30 milliliters twice per day and a health shake twice per day. V13 stated the facility never implemented those recommendations. V13 stated the next time she assessed R23 was in June 2024 for significant weight loss of -24% in six months. V13 stated at that time she recommended the facility implement 90 milliliters of a nutritional supplement three times per day which was not started. V13 stated it is her professional opinion that if the facility had provided R23 with all of the nutritional supplements she recommended over the last six months, R23 would not have lost as much weight as he did and would not currently be underweight and more vulnerable.</p> <p>On 7/15/24 at 3:00 PM V5 (Resident Care Coordinator) confirmed that R23 had a significant weight loss over the last six months. V5 also confirmed V13 Dietician's recommendations should have been followed in order to help prevent further weight loss. V5 stated R23 is severely at risk and needs full assistance with meals. V5 stated the facility has issues with getting weight documented every month and issues with the weights being accurate. V5 confirmed when staff entered R23's weights and noticed a weight loss, R23's representative, doctor and V13 Dietician should have been notified.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003792	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2024
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NAME OF PROVIDER OR SUPPLIER PIPER CITY REHAB & LIVING CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 600 MAPLE STREET PIPER CITY, IL 60959
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S9999	<p>Continued From page 13</p> <p>2. R28's diagnoses include Anemia, Acute Kidney Failure, Fatigue, Mood Disorder, Macular Degeneration, and Gastroesophageal Reflux Disorder.</p> <p>R28's weight sheets document R28's weights from January 2024, 147.2 pounds, March 2024, 150 pounds, June 2024, 124 pounds and July 2024, 122 pounds.</p> <p>R28's physician order dated 3/8/23 documents a regular diet to be given with an ounce of extra protein three times a day, at each meal for weight loss.</p> <p>On 7/16/24 at 8:30 AM, R28 was provided orange juice, milk, one piece of toast, and oatmeal with brown sugar. No other protein was provided.</p> <p>On 7/16/24 at 10:30 AM, V4 (Dietary Manager) said that R28 should have had sausage for her protein at the breakfast meal because she has weight loss.</p> <p>On 7/16/24 at 8:50 AM, V13 (Dietician) said that on 6/21/24 she recommended 90 cubic centimeters of two calorie supplement for R28, three times a day.</p> <p>On 7/16/24 at 10:00AM, V4 (Dietary Manager) said that the recommendation for the two calorie supplement, recommended on 6/21/24, had not yet been implemented.</p> <p>On 7/16/24 at 8:55AM, V13 (Dietician) stated, "I would have expected them to be giving (the supplement) to her (R28). Not getting it could certainly contribute to further weight loss."</p> <p>3. R16's Care Plan updated 7/14/24 includes the</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER PIPER CITY REHAB & LIVING CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 600 MAPLE STREET PIPER CITY, IL 60959
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S9999	<p>Continued From page 14</p> <p>following diagnoses: Weakness, Need for Assistance with Personal Care, Depression, Anxiety, and Gastroesophageal Reflux Disease.</p> <p>R16's weight document contained in R16's Electronic medical record documents the following weights: 01/11/2024, R16 weighed 123 lbs. On 07/09/2024, R16 weighed 108.4 pounds which is a -11.87 % loss.</p> <p>R16's Dietitian's note dated 3/4/2024 at 12:59PM documents "89 y/o (year/old) female. Current weight 105.6# (pounds), weight x1 month 123.0#, x3 months 124.4#, x6 months 129.2#. Significant loss of-14.14% x1 month, -15.11% x3 months,-18.2% x6 months noted. Resident receives No Added Salt diet and supplemental shake three times a day. Please obtain re-weight to confirm weight loss. If weight loss is confirmed, add in med pass 60cc (cubic centimeters) BID (twice a day). Resident is also on Mirtazapine which increases appetite. Intakes charted as highly varied. Needs assistance while eating. Continue to assist as needed and encourage intakes. Offer meal subs (substitutes) if meal is not well accepted."</p> <p>On 7/14/24 at lunch R16 did not receive the supplemental shake as recommended by dietitian. R16 appeared shaky, but was feeding self.</p> <p>On 7/15/24 at lunch R16 did not receive the supplemental shake.</p> <p>7/16/24 9:20 AM V13 (Dietitian) stated "R16's dietary recommendations given should have been followed (Supplemental shakes at meals and med pass 60cc three times daily). Not following recommendation would certainly attribute to</p>	S9999		

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S9999	Continued From page 15 R16's continual weight loss." (B)	S9999		