

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000871	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2024
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NAME OF PROVIDER OR SUPPLIER BETHANY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4950 NORTH ASHLAND CHICAGO, IL 60640
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 3 330.710 a) 330.1520 c)1) Section 330.710 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 with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part. Section 330.1520 Administration of Medication c) Assistance in Self-Administration of Medications 1) Facility staff may assist a resident in the self-administration of medications by taking the medication from the locked area where it is stored and handing it to the resident. If the resident is physically unable to open the container, a staff member may open the container for the resident. This requirement is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that medication was locked up safely in the medication cart when	S9999		

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>not in use and not in visual proximity of the nurse to prevent tampering and accidental hazard for one resident (R1).</p> <p>Findings include:</p> <p>R1's medical record showed R1 was admitted to the facility on 06/11/17, with diagnosis that includes but not limited to Mild Dementia, Late onset Alzheimer's Glaucoma Disease, Diabetes Mellitus II, and Chronic-kidney disease. R1's POS (Physician Order Sheet) includes order for the nurse to dispense medication.</p> <p>R1's Pre-admission Medical Report, dated 1/31/17, showed documentation that includes cognitive disturbance getting medications confused and needs assistance with managing medication and taking them on time.</p> <p>R1's Self-administration of Medication informed consent and Assessment, dated 03/01/18, documented, "I (R1) wish to have the nurse administer my medications". Under Mediations/determination of resident's ability to self-administer medications R1 showed documentation that R1 cannot safely self-administer, based on been forgetful.</p> <p>On 8/05/24 at 11:20am, R1 was observed in the room with one bottle of Methimazole 5mg tablet on the bedside table, with instructions to take one tablet by mouth daily. At 11:25am V8, LPN (Licensed Practical Nurse), stated R1's family must have brought the medication. V8 stated R1 or family should have given the medication bottle to the nurse. V8 stated the nurse should have taken the medication and locked it up in the medication cart. V8 stated, "I am just resuming, and I have not made any rounds." V8 stated V2,</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>RN (Registered Nurse), was the one on duty before she came in.</p> <p>On 8/05/24 at 11:32am, in the dining area, V9, CNA (Certified Nurse's Aide) assigned to the floor, stated rounds are made every two hours. V8 then told V9 when making rounds to check for things like this, and when medication is found on the resident bedside table, to remove it and give it to the licensed nurse.</p> <p>On 8/05/24 at 12:15pm, V1 (Chief Nursing Officer) stated, "We (Facility) have medication cart and the medications are to be locked in the cart. Our residents should not have medications in their rooms."</p> <p>On 8/05/24 at 12:17pm, V2 stated, "When families bring medication to the residents, they are to give them to the nurses, and the medications should be locked up in the medication carts. If medication is found in the resident's room, it should be reported to the nurse. Both nurses and CNAs are to make rounds every two hours and report any problems found to the nurse. (R1's) medications should be locked up in the medication cart because (R1) needs assistance with medication administration."</p> <p>The facility Medication Administration policy documented in part that resident's medications are kept in the patient's individual drawers in the medication carts or the drawer at the bottom of cart. Under medications refill and medications brought to the facility by the family members are to be given to the nurse on duty.</p> <p>(B) 2 of 3</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 3</p> <p>330.710 a) 330.1530 f)</p> <p>Section 330.710 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 with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.</p> <p>Section 330.1530 Labeling and Storage of Medications f) The label of each individual medication container filled by a pharmacist shall clearly indicate the resident's full name; licensed prescriber's name; prescription number, name, strength, and quantity of drug; date of issue; expiration date of all time-dated drugs; name, address, and telephone number of pharmacy issuing the drug; and the initials of the pharmacist filling the prescription. If the individual medication container is filled by a licensed prescriber from his or her own supply, the label shall clearly indicate all of the preceding information and the source of supply; it shall exclude identification of the pharmacy, pharmacist, and prescription number.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to label eye drops with the open date for a resident, and failed to discard expired eye drops for another resident. These failures have the potential to affect 2 residents, R1 and R2, reviewed for medication storage and</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>labeling.</p> <p>Findings include:</p> <p>On 8/6/24 at 11:45am during observation of the medication cart with V8 (LPN/Licensed Practical Nurse), the following were observed: *R1's 15 ml(milliliters) Timolol Maleate 0.5%(percent) Ophthalmic solution was observed opened and half-full with no open date. V8 stated, "There should be an open date on all eye drops because it is good for only 28 days after you open it. Somebody else opened it and maybe forgot to write the date. I will ask them." *R2's Latanoprost 0.005 % solution had an open date of 7/6/24(31 days ago). V8 stated the expiration date is 28 days after 7/6/24, but pharmacy has not brought a new one. V8 added, "I will call pharmacy."</p> <p>Facility's policy on medication administration, dated 7/78, under "Eye Drops", states in #E4: Eye drops are sterile (free from bacteria) before the bottle is opened. Once it is opened, throw out the bottle (and get a new one if required), after the recommended time. This is 28 days after first opening the bottle. There is a risk that the drops may become infected if they are kept and used for longer than advised. One tip is to write the date after you opened the bottle on the label so you will know when it is time to throw it out.</p> <p>(C) 3 of 3</p> <p>330.710 a) 330.2000</p> <p>Section 330.710 Resident Care Policies a) The facility shall have written policies and</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.</p> <p>Section 330.2000 Food Handling Sanitation Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 700).</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure a refrigerator containing raw poultry and dairy maintained a temperature below 40 degrees Fahrenheit. This failure has the potential to affect all six residents that reside in the facility.</p> <p>Finding include:</p> <p>On 8/5/2024 at 12:30 pm, during kitchen survey, the thermometer on the refrigerator near the food preparation station read 50 degrees F (Fahrenheit).</p> <p>At that time, V5 (Dietary Director) said, "The temperature on the refrigerator should be 40 degrees or below to keep the food from spoiling or growing bacteria."</p> <p>On 8/5/2024 at 12:32 pm, V7 (Dietary aide) used a food thermometer to check the temperature of raw chicken and cottage cheese that were stored in the refrigerator.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>At that time, the raw chicken was 54.8 degrees F and the cottage cheese was 56 degrees F.</p> <p>On 8/07/2024 at 12:10 pm, V3 (Dietary Manager) said, "The refrigerators should be 40 degrees (Fahrenheit) and below. This is the safe temperature for all coolers. If the temperature is above the safe zone (40 degrees), there is a risk for food poisoning."</p> <p>Facility policy titled Storage documents, Maintain and monitor all refrigerator units; Refrigerators at 40 degrees Fahrenheit; grab-n-go coolers at 38 degrees or below; ensure refrigerated foods are properly stored; keep refrigerated TCS (Time/Temperature Control for Safety) foods at 41 degrees Fahrenheit.</p> <p>Facility policy titled Food Handling documents, Harmful bacteria can grow if TCS foods are not held at safe temperatures; temperature danger zone range from 41 degrees to 140 degrees Fahrenheit in which pathogenic bacteria can grow.</p> <p>(B)</p>	S9999		