

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016687	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/14/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HICKORY POINT CHRISTIAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 565 WEST MARION AVENUE FORSYTH, IL 62535
--	--

(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
S 000	Initial Comments Complaint Investigation 2461112/IL169651	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210 b) 300.1210 d)3) 300.1220 b)3) Section 300.1210 General Requirements for Nursing and Personal Care 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. 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 02/29/24
---	-------	------------------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016687	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/14/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HICKORY POINT CHRISTIAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 565 WEST MARION AVENUE FORSYTH, IL 62535
--	--

(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 1</p> <p>care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to develop a plan of care for a catheter and monitor urine output after catheter removal for two (R2, R8) of three residents reviewed for catheters on the sample list of eight. This failure resulted in R2 requiring emergency medical treatment where R2 was found to have Urinary Retention, Bacteremia, Acute Kidney Injury, and Sepsis.</p> <p>Findings include:</p> <p>1. R2's Progress notes, dated 1/17/24 at 4:25 PM, documents R2 was admitted to the facility from the hospital with an indwelling catheter.</p> <p>R2's Hospital Discharge Summary. dated 1/17/24, documents R2 was experiencing urinary retention. and an indwelling catheter was placed on 1/12/24 and R2's renal function improved. This Summary documents an order for routine</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016687	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/14/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HICKORY POINT CHRISTIAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 565 WEST MARION AVENUE FORSYTH, IL 62535
--	--

(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 2</p> <p>indwelling catheter care.</p> <p>R2's Progress note written by V13, Registered Nurse, dated 1/24/2024 at 7:04 AM, documents, "CNA (V6, Certified Nurse's Assistant) was getting (R2) up for the day to dress and bathe (R2) when she noticed that (R2's) (indwelling) catheter was not inserted in the penis. The tip of catheter was just free floating in (R2's) pajama pants. (R2) was dry. (V6) toileted (R2) and (R2) voided independently. Writer notified (V12, Physician) of (R2's) (catheter) being out and am currently awaiting new orders at this time."</p> <p>On 2/14/24 at 1:41 PM, V13 stated R2's indwelling catheter came out on 1/24/24. V13 stated she notified V12, R2's physician. V13 stated V12 stated the catheter could be left out and to monitor his voiding. V13 stated she did not put in an order, and did not ask how to specifically how his voiding should be monitored.</p> <p>R2's plan of care, dated 1/17/24, included a care plan for a catheter. R2's catheter care plan was discontinued after R2's catheter came out on 1/24/24. R2's plan of care did not contain interventions for R2's diagnosis of urinary retention or interventions to monitor R2's urinary output.</p> <p>R2's nurse's notes, dated 1/25/24, does not document that R2's voiding was monitored.</p> <p>R2's nurse's notes, dated 1/26/24, documents R2 is able to urinate freely. This note does not document the amount of the urine that R2 urinated.</p> <p>R2's Bladder Continence documentation, dated 1/26/24, documents R2 voided dark urine with a</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016687	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/14/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HICKORY POINT CHRISTIAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 565 WEST MARION AVENUE FORSYTH, IL 62535
--	--

(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 3</p> <p>strong odor at 5:54 PM.</p> <p>R2's Nursing Progress note written by V8, Registered Nurse, dated 1/26/24 at 5:41 PM, documents, "(R2) displaying unusual behavior, less alert, less responsive, sweaty, (blood pressure) low 82/46, and increased weakness. 911 contacted and (R2) currently being transported to (hospital) for evaluation."</p> <p>On 2/14/24 at 1:47 PM, V8, Registered Nurse, stated on 1/25/24 and 1/26/24, she was R2's Nurse. V8 stated R2 was more weak than the day before and was sliding in his recliner. V8 stated she does not know how much R2 voided. V8 stated one of his Certified Nurse's Assistants stated he was urinating.</p> <p>R2's hospital records, dated 1/26/24, documents R2 presented to the emergency room with increased confusion. This record documents R2 has a history of urinary retention requiring the use of an indwelling catheter. This records documents R2's indwelling catheter came out at the facility and was not replaced. This records documents R2 was experiencing a mental status change, chest pain, palpitations, nausea, vomiting, fever, sweating, and chills. This record documents R2's bladder was scanned and showed urinary retention. This record documents a catheter was placed, and one liter of urine containing pus was released. This record documents R2 was diagnosed with Septic Shock, Acute Kidney Injury, and Bacteremia.</p> <p>On 2/14/24 at 1:01 PM, V12 (R2's Physician) stated the facility called to say R2's catheter was out. V12 stated he told the facility to monitor R2's urine output. V12 stated, "They have a bladder scanner in the facility and should have used it to</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016687	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/14/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HICKORY POINT CHRISTIAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 565 WEST MARION AVENUE FORSYTH, IL 62535
--	--

(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 4</p> <p>see if (R2) was retaining urine. (R2's) retention of urine could contribute to (R2's) Urinary Tract Infection, Acute Kidney Injury, and Sepsis.</p> <p>2. On 2/13/24 at 1:40 PM, R8 was lying in bed. R8 had an indwelling urinary catheter.</p> <p>R8's Admission Assessment, dated 12/28/23, documents R8 was admitted to facility on 12/28/2023 with an indwelling Urinary Catheter, diagnosis of Neuromuscular Dysfunction of Bladder and Urinary Tract Infection.</p> <p>R8's plan of care did not contain a plan of care for R8's indwelling catheter.</p> <p>(A)</p>	S9999		