

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015382	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/17/2024
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NAME OF PROVIDER OR SUPPLIER WEALSHIRE PLUS	STREET ADDRESS, CITY, STATE, ZIP CODE 170 JAMESTOWN LANE LINCOLNSHIRE, IL 60069
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 8 330.710a) 330.710c)3)F) 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. c) The written policies shall include, but are not limited to, the following provisions: 3) A policy to identify, assess, and develop strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident. The policy shall establish a process that, at a minimum, includes all of the following: F) Development of strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident. This REQUIREMENT was not met as evidenced	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>by:</p> <p>Based on observation, interview and record review the facility failed to follow their gait belt usage policy during a resident transfer for 1 of 2 residents (R7) reviewed for safety in the sample of 11.</p> <p>The findings include:</p> <p>On 1/16/24 at 11:40 AM, V7 (Certified Nursing Assistant/CNA) took R7 into the bathroom to toilet her. R7 was in a wheelchair and V7 pushed her up to a grab bar beside the toilet and used the back of her pants to stand her up and do a pivot turn and sit her on the toilet. After R7 was done V7 then asked R7 to put her hands on the grab bar and she told her to stand up and she would clean her bottom. V7 never applied a gait belt during either transfer. V7 when asked by the surveyor if they use gait belts for resident transfers said, "We have only 1 resident we need a gait belt for." V7 also said that R7 has not been feeling well lately and she is weaker and sometimes loses her balance. She also said that R7 is a fall risk so they use an alarm device in her wheelchair to let them know when she is trying to stand up.</p> <p>On 1/16/24 at 1:06 PM, V2 (Director of Nursing) said the facility uses gait belts for all resident transfers and she has done tons of in-services about using gait belts during transfers.</p> <p>R7's 12/25/23 fall risk assessment shows she is high risk for falls. R7's incident reports shows she had falls on 11/8/23 and 12/25/23.</p> <p>The facility provided undated Gait Belt Usage policy shows that it is the policy of the facility that</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>gait belts are to be used during resident transfers or when ambulating residents to prevent resident injury.</p> <p>(C)</p> <p>2 of 8 330.911 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 REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to perform employee background checks and failed to perform employee background checks prior to staff start date. This failure has the potential to affect all residents residing in the facility.</p> <p>The findings include:</p> <p>The facility roster dated January 16, 2024 shows there are ten residents residing in the facility.</p> <p>V11's CNA (Certified Nursing Assistant) employee file shows V11's start date at the facility was June 2, 2023. V11's background checks are dated January 16, 2024.</p> <p>V12's CNA employee file shows V12's start date was August 10, 2023. V12's background check was done on August 18, 2023.</p> <p>V13's CNA employee file shows V13's start date was May 11, 2023. V13 background checks are</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>dated January 16, 2024.</p> <p>V14's CNA employee filed shows V14's start date was May 2, 2023. V14's background checks are dated June 2, 2023.</p> <p>V15's RN (Registered Nurse) employee file shows his start date was June 1, 2023. V15's background checks are dated January 16, 2024.</p> <p>V16's CNA employee file shows her start date was May 1, 2023. V16's background checks are dated June 4, 2023.</p> <p>V17's RN employee file shows his start date was June 5, 2023. There is no evidence that his background or nursing license was checked.</p> <p>V18's LPN (Licensed Practical Nurse) employee file shows her start date was January 3, 2022. V18's license was checked on July 26, 2023.</p> <p>On January 17, 2024 at 10:45 AM, V9 (Human Resources Coordinator) said he started in his position about one month ago. V9 said the facility has a checklist that they follow when doing background checks for employees. V9 said the background checks should be completed prior to the employees start date. V9 said he cannot speak about what happened with the background checks prior to his start date about one month ago. V9 said that nurses should have a copy of their licenses in their file. V9 said the background checks that were dated January 16, 2024 were just ran because there was no evidence of background checks in the employee files. V9 confirmed all of the above staff's starting dates.</p> <p>The facility's Background Screening Investigations policy dated March 2019 shows, "Our facility conducts employment background screening checks, reference checks and criminal conviction investigation checks on all applicants for positions with direct access to residents. Background and criminal checks are initiated</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>within two days of an offer of employment or contract agreement, and completed prior to employment."</p> <p>(C)</p> <p>3 of 8 330.1155a)1)2)3) Section 330.1155 Unnecessary, Psychotropic, and Antipsychotic Drugs</p> <p>a) A resident shall not be given unnecessary drugs in accordance with Section 330.Appendix E. In addition, an unnecessary drug is any drug used:</p> <ol style="list-style-type: none"> 1) in an excessive dose, including in duplicative therapy; 2) for excessive duration; 3) without adequate monitoring; <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to document resident's behavior when giving an antianxiety medication for one of ten residents (R7) reviewed for psychotropic medications in the sample of 11.</p> <p>The findings include:</p> <p>R7's Face Sheet shows she was admitted to the facility on February 19, 2020 with diagnoses including atherosclerosis of aorta, dementia without behavioral disturbance-psychotic disturbance-mood disturbance-anxiety, aortic ectasia, and chronic kidney disease.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>R7's Order Summary Report dated January 16, 2024 shows Ativan (Antianxiety) 1 mg (milligram) tablet by mouth every 12 hours as needed for agitation; anxiety. This order was entered on November 11, 2023. There is no order entered for behavior monitoring.</p> <p>R7's Medication Administration record dated January 1, 2024-January 31, 2024 shows she received ten doses of Ativan from January 1, 2024 through January 14, 2024.</p> <p>R7's Progress Notes show on January 6, 2024, R7 was pushing the table so the staff gave her an Ativan. There were no other progress notes entered that showed specific behaviors that R7 had.</p> <p>On January 17, 2024 at 12:55 PM, V8 RN (Registered Nurse) said residents should have an order for behavior monitoring. V8 said nurses can add a narrative that list residents behaviors requiring the administration of anti anxiety medications. V8 said if the resident has an order for behavior monitoring, then the computer system will trigger the staff to type in specifically what behavior the residents are having. At 1:20 PM V8 said he put new order into R7's medical record for behavior monitoring.</p> <p>The facility's Antipsychotic Medication Use policy dated December 2016 shows, "The staff will observe, document, and report to the attending physician information regarding the effectiveness of any interventions, including antipsychotic medications. Residents will not receive PRN (as needed) doses of psychotropic medications unless that medication is necessary to treat a specific condition that is documented in the</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>clinical record. The attending physician and other staff will gather and document information to clarify a resident's behavior, mood, function, medical condition, specific symptoms, and risks to the resident and others."</p> <p>(C)</p> <p>4 of 8 330.1160c) 330.1160d) 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>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to offer a pneumococcal vaccination or document a refusal for the pneumococcal vaccination. This applies to 1 of 5 residents (R5) reviewed for immunizations in the sample of 11.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>The findings include:</p> <p>On 1/17/2023 at 10:33AM, V4 Infection Preventionist Nurse (ICP) said [R5] was missing a pneumonia vaccination, the Pevnar 20. V4 said [R5]'s last dose of the pneumonia vaccination was given in 2018. V4 said it had been over five years since [R5] received her last pneumonia vaccination and [R5] would be eligible for another dose. V4 said pneumonia vaccinations are addressed upon admission and throughout the residents stay. V4 said she was unaware of any contraindications that would keep [R5] from receiving the Pevnar 20. V4 said she was focused on getting the RSV (Respiratory Syncytial Virus) and COVID-19 vaccination consents and did not get a pneumonia vaccination consent on [R5].</p> <p>R5's Admission Record shows a birthday of 11/10/1925, 98 years old.</p> <p>R5's Clinical-Immunizations dated 1/17/2024 show R5 received Pneumovax 23 on 9/12/2018. No additional doses of pneumonia vaccinations were recorded on the Clinical-Immunizations documentation. The facility failed to provide a consent or refusal of consent to the pneumococcal vaccination.</p> <p>The facility provided Pneumococcal Vaccine policy dated 2019, states "All residents will be offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections. . . Residents/representatives have the right to refuse vaccination. If refused, appropriate entries will be documented in each resident's medical record indicating the date of the refusal of the pneumococcal vaccination."</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>(C)</p> <p>5 of 8</p> <p>Section 330.1330 Written Policies for Restorative Services</p> <p>There shall be written policies, which are followed in the operation of the facility covering all restorative services offered by the facility to achieve and maintain the highest possible degree of function, self-care and independence.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to have a restorative program in place. This failure has the potential to effect all 10 residents (R1-R10) residing on the sheltered care unit at the facility.</p> <p>The findings include:</p> <p>The 1/16/24 facility provided roster shows there are 10 residents residing on the sheltered care unit at the facility.</p> <p>R3's active Care Plan shows she is supposed to be on a restorative program and receive range of motion 20 minutes a day, 5-7 days a week.</p> <p>R3's Electronic Medical Record (EMR) did not have any restorative notes or assessments. V2 (Director of Nursing/DON) was asked on 1/17/24 to provide them and was unable to locate them.</p> <p>On 1/17/24 at 9:05 AM, V8 (Registered Nurse/RN) said the sheltered care side does not have a true restorative program and the nursing</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>staff cannot do all the restorative like walking and range of motion because they don't have that much free time. V8 said they used to have restorative on the unit but have not since the facility underwent changes.</p> <p>On 1/17/24 at 11:38 AM, V2 (DON) said V10 (Restorative Nurse) is the restorative nurse but she could not say if V10 was doing restorative care or assessments for any residents in the sheltered care unit.</p> <p>On 1/17/24 at 12:44 PM, V10 (Restorative Nurse) said it was never endorsed to him when he was hired that the sheltered care side needs restorative services. V10 said the restorative consultant said they did not assess residents on the sheltered care side for restorative needs and the facility talked today and he now knows they have to implement a restorative program. V10 said the importance of walking and performing range of motion to residents is to prevent them from declining.</p> <p>The facility provided Restorative Nursing Services policy revised July 2017 states, "Restorative will receive restorative nursing care as needed to help promote optimal safety and independence." The policy also shows that on-going assessments and revision to a residents restorative needs should occur upon admission, discharge and during the resident's stay.</p> <p>(B)</p> <p>6 of 8 330.1510g) Section 330.1510g) Medication Policies</p> <p>g) All medications having an expiration date that</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>has passed, and all medications of residents who have died shall be disposed of in accordance with the written policies and procedures established by the facility in accordance with Section 330.1510. Medications shall be transferred with a resident, upon order of the resident's physician, when a resident transfers to another facility. All discontinued medications, with the exception of those products regulated and defined as controlled substances under Section 802 of the federal Controlled Substances Act (21 USC 802), shall be returned to the dispensing pharmacy. Disposition shall be noted in the resident's record.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to dispose of a schedule IV medication after a resident passed away for one of 11 residents (R11) reviewed for medications in the sample of 11.</p> <p>The findings include:</p> <p>R11's Face Sheet shows she was discharged from the facility on January 9, 2024.</p> <p>R11's Medication Administration Record dated January 1, 2024 through January 31, 2024 shows she was prescribed lorazepam intensol concentrate every four hours as needed. R11's Medication Administration Record shows she last received lorazepam on January 8, 2024.</p> <p>On January 16, 2024 at 9:55 AM, there is liquid lorazepam for R11 in V18's LPN (Licensed Practical Nurse) medication cart. V18 said R11 passed away and the medication needs to be destroyed.</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>On January 17, 2024 at 12:55 PM, V8 RN (Registered Nurse) said controlled medications should be given to the director of nursing so that it can be destroyed. V8 said the medications are "usually" destroyed immediately.</p> <p>The facility's Discarding and Destroying Medications policy revised April 2019 shows, "Medication will be disposed of in accordance with federal, state and local regulations governing management of non-hazardous pharmaceuticals, hazardous waste and controlled substance. Disposal of controlled substances must take place immediately (no longer than three days) after discontinuation of use by the resident."</p> <p>(C)</p> <p>7 of 8</p> <p>330.1530f) Section 330.1530 Labeling and Storage of Medications</p> <p>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>	S9999		

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S9999	<p>Continued From page 12</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to label a medication with an opened date for one of ten residents (R10) reviewed for medications in the sample of 11.</p> <p>The findings include:</p> <p>R10's Order Summary Report dated January 16, 2024 shows an order for latanoprost solution one drop in left eye at bedtime for glaucoma.</p> <p>R10 Medication Administration Record dated January 1, 2024 through January 31, 2024 shows she is currently taking the latanoprost solution eye drops.</p> <p>On January 16, 2024, at 9:55 AM, R10's latanoprost eye drops are in the units medication cart. R10's eye drops are open but contains no open date. The label showed, "discard after six weeks."</p> <p>On January 17, 2024 at 12:55 PM, V8 RN (Registered Nurse) said eye drops should be labeled with an opened date.</p> <p>The facility's Labeling of Medication Containers policy dated April 2019 shows, "All medication maintained in facility are properly labeled in accordance with current state and federal guidelines and regulations. Labels for individual resident medications include all necessary information, such as: the expiration date when applicable."</p> <p>(C)</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 13</p> <p>8 of 8 330.2000 Section 330.2000 Food Handling Sanitation</p> <p>Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 700).</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to maintain sanitary food preparation utensils, keep foods in the freezer free of ice and failed to have the dishwasher reach the required temperature,. This has the potential to impact all 10 residents residing on the shelter care unit at the facility.</p> <p>The findings include:</p> <p>The 1/16/2024 facility provided roster shows there are 10 residents residing on the sheltered care unit at the facility.</p> <p>On 1/16/2024 at 9:31AM, heavy ice build up was observed on the row of boxes (meat balls, ground ham, brisket) on the top shelf below the cooling fans in the freezer. There are frozen water droplets on the ceiling behind the freezers cooling unit and on the insulated pipes above the boxes on the top shelf with ice on them.</p> <p>On 1/16/2024 at 9:50AM, V5 (Food Service Director) ran a load of dishes in the dishwasher. The digital temperature gauge on the dishwasher only reached 147 degrees Fahrenheit (F) during a wash cycle of dishes.</p> <p>On 1/16/2024 at 9:54AM, on the bottom shelf of</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015382	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/17/2024
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S9999	<p>Continued From page 14</p> <p>the prep table, near the stove, three bins of clean food prep utensils are observed sitting uncovered. The handle of a spatula, that was sticking out of one the bins, was visibly soiled. V5 removed the spatula from the bin and there is additional yellow thick debris observed on the end of the spatula.</p> <p>On 1/16/2024 at 12:03PM, V5 said the dishwasher unit was a high temp dishwasher and should reach 160 degrees Fahrenheit on the temperature gauge. V5 said there was no work order to fix the temperature gauge prior to the start of the survey. V5 said the dishwasher should be checked twice a day and the temperature results documented. V5 said he is unsure why the dishwasher's temperature display isn't getting up to 160 degrees. V5 said food prep utensils are washed, air dried, and placed in bins ready to use. V5 said the utensils should appear clean and free of soil. V5 said the spatula was soiled and it should not be that way. V5 said boxes stored in the freezer should be free of ice build-up.</p> <p>The facility's Dish Machine Temperature Log shows entries on 1/1/2024 and 1/2/2024, but no entries from 1/3/2024 to 1/15/2024.</p> <p>The facility provided Machine Washing and Sanitizing (High Temperature Dishwashing Machine) policy dated 2017, states "Dishwashing machines using hot water for sanitizing may be used if the temperature of the wash water is no less than that specified by the manufacturer, which may vary from 150 degrees F to 165 degrees F, depending on the type of machine and if the final rinse temperature is no less than 180 degrees F.""</p> <p>The facility provided Dishwashing Machine</p>	S9999		

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S9999	Continued From page 15 Operation policy dated 2017, states "Small wares may be washed and sanitized in the dishwashing machine or manually in the three compartment sink." (C)	S9999		