

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014237	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/20/2024
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NAME OF PROVIDER OR SUPPLIER PEARL OF ELGIN, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2355 ROYAL BOULEVARD ELGIN, IL 60123
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S 000	Initial Comments First Probationary Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 6: 300.610a) 300.696d)6) 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 300.696 Infection Prevention and Control d) Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340): 6) Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/01/24
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S9999	<p>Continued From page 1</p> <p>review, the facility failed to ensure staff wore the appropriate PPE (personal protective equipment) while providing a direct-care activity for a resident on enhanced barrier precautions for 1 of 4 residents (R5) reviewed for infection control in the sample of 15.</p> <p>The findings include:</p> <p>R5's Admission Record, provided by the facility on 3/20/24, showed she had diagnoses including acute kidney failure, chronic kidney disease stage 2, personal history of UTI (urinary tract infection), cellulitis of left toe, and obstructive and reflux uropathy. R5's Order Summary Report, provided by the facility on 3/20/24, showed she had an indwelling catheter related to obstructive and reflux uropathy. The report showed R5 was on enhanced barrier precaution due to a wound. The report showed treatments for wounds to R5's left toe (diabetic wound) and her buttocks (due to moisture-associated skin damage). R5's facility assessment dated 2/29/24 showed she was cognitively intact. The assessment showed R5 had an indwelling catheter, was frequently incontinent of bowel, and required partial/moderate assistance from staff for toileting and transfers.</p> <p>On 3/19/24 at 1:30 PM, R5 said she was not sure why there was a sign on her door, or why they have a supply cart in her room. R5 said they just put them there a day or two prior. R5 said staff do not wear the gown when they empty her urinary drainage bag. R5 said she cannot recall staff wearing a gown for any care since she was moved back to that room after having covid-19.</p> <p>On 3/20/24 at 12:18 PM, V10 (Certified Nursing Assistant/CNA) went into R5's room to empty her</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>urinary drainage bag. The sign on R5's door said Enhanced Barrier Precautions. The sign listed the direct care activities in which staff should don a gown and gloves. Catheter care was one of the direct care activities the sign listed as a direct-care activity in which a gown and gloves should be worn. V10 entered R5's room wearing a surgical mask and put on a pair of gloves. However, V10 did not put a gown on. V10 emptied R5's urinary drainage bag into a container, dumped the urine in the toilet, and rinsed out the container. V10 removed her gloves and then used alcohol hand rub to clean her hands after walking out of R5's room. V10 was asked if she should have put a gown on when emptying R5's urinary catheter based on the signage on R5's door. V10 said she should have worn a gown when emptying R5's catheter bag because she could have contaminated her clothing and transmitted it to other residents.</p> <p>On 3/20/24 at 12:35 PM, V2 (Director of Nursing/DON) said when a resident is on enhanced barrier precautions, staff should wear a gown and gloves when providing ADL (activities of daily living) care. V2 said that would include emptying the resident's catheter bag.</p> <p>R5's care plan, with a revision date of 1/26/24, showed she was on Enhanced Barrier Precautions related to a wound and an indwelling urinary drainage device. The care plan showed "Clean/wash hands, including before entering and when leaving the room. Wear gloves and a gown for high contact resident care activities: dressing, bathing/showering, transferring, changing linens, providing hygiene care, changing briefs, or assisting with toileting, device care or use: Urinary catheter ..."</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>The facility's policy and procedure titled Enhanced Barrier Precautions, with a review date of 10/2023, showed "Enhanced Barrier Precautions (EBP) is an approach of targeted gown and glove use during high contact resident care activities, designed to reduce transmission of S. aureus (Staphylococcus aureus) and multidrug resistant organisms (MDRO)." The policy guidelines showed "1. Enhanced Barrier Precautions applies to all residents with any of the following: a. Infection or colonized with an MDRO when Contact Precautions do not otherwise apply. B. Wounds, and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status ...3. When a resident is placed in Enhanced Barrier Precautions, gown and gloves will be used during high-contact resident care activities."</p> <p>"C"</p> <p>Statement of Licensure Violations 2 of 6: 300.610a) 300.1010h) 300.1210b)4) 300.1210d)2)3)</p> <p>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</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</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.</p> <p>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</p>	S9999		

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S9999	<p>Continued From page 5</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>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to identify a significant weight loss, failed to implement interventions to prevent further weight loss, failed to notify a resident's physician and representative of a significant weight loss, and failed to monitor weights per physician's orders. This applies to 1 of 2 residents (R6) reviewed for weight loss in the sample of 15.</p> <p>The findings include:</p> <p>R6's electronic face sheet printed on 3/20/24 showed R6 has diagnoses including but not limited to type 2 diabetes, protein-calorie malnutrition, vascular dementia without behaviors, and dysphagia.</p> <p>R6's facility assessment dated 2/9/24 showed R6 has severe cognitive impairment and receives a therapeutic diet.</p> <p>R6's physician's orders dated 2/13/24 showed, "Weekly weights x 4 weeks." R6's weights were</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>not completed on 2/27/24 and 3/12/24.</p> <p>R6's weight log showed, "9/1/23 152lbs. (pounds) and 3/4/24 123.8lbs." (This is an 18.55% weight loss over a 6-month period). R6's weight log showed, "2/20/24 140.5lbs and 3/19/24 120lbs." (This is a 14.59% weight loss over a 1-month period).</p> <p>R6's nutritional assessment dated 2/8/24 showed, "at risk for malnutrition." R6's nutritional assessment dated 3/18/24 showed, "malnourished."</p> <p>R6's care plan dated 9/21/23 showed, "Resident is at risk for malnutrition due to neuropsychological problems such as dementia and depression ...consult with dietician." R6 did not receive a dietician consult until 3/11/24. (6 months later)</p> <p>R6's dietician consult note dated 3/11/24 showed, "Weight 123.8lbs body mass index (BMI): 19.4-underweight range for geriatrics. -14.1% change over 30 days, -13.4% change over 3 months, -18.6% change over 30 days ...poor appetite. Give (Nutritional Supplement) 2.0 @ 120ml twice daily for 30 days. Will continue to monitor." (R6's meal intakes for the past 30 days showed R6 had eaten 51-100% at all meals).</p> <p>On 3/20/24 at 11:43AM, V2 (Director of Nursing) stated, "(R6) is very hard to assist with eating. He doesn't eat well at most meals and he's constantly moving about the facility. He has had a significant weight loss that we have identified and discussed at our weight meetings. We started him on supplements on 3/9/24 (5 days after R6's significant weight loss was documented). We should have identified the weight loss on 3/4/24</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>and implemented the interventions immediately. When the nurse is entering the weights the computer system will alert them of a significant weight loss, they communicate to the physician and family, and then the dietician will the resident. It doesn't look like anything was documented or initiated when his weight loss occurred." (R6 lost an additional 3.8 lbs. from 3/4/24 to 3/19/24).</p> <p>On 3/20/24 at 12:45PM, V19 (Registered Dietician) stated, "(R6) has had a significant weight loss this month. I don't always see every resident unless there is a problem, or the facility brings it to my attention. Significant weight changes are discussed once a week and I believe we discussed (R6) earlier this month but I did not document anything on him or make any recommendations until 3/11/24. The facility keeps the records of our weight meetings, I just make the recommendations and document on the resident's when I see them. I do not recall discussing (R6) prior to this month."</p> <p>On 3/20/24 at 12:53PM, V2 stated, "We don't keep any notes or anything from our weight meetings. (V19) just has a list of people that she wants to discuss and then she documents in the resident's medical record for any recommendations."</p> <p>The facility's policy titled, "Weight Management" reviewed on 8/20/23 showed, "It is the policy of the facility to provide care and services related to weight management in accordance to State and Federal regulation ...2. All residents will be weighed on a monthly basis unless otherwise ordered by the physician or deemed necessary by the dietician or the disciplinary team ...12. The physician and the resident or resident representative will be notified by the resident's</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>nurse of any significant unexpected and or unplanned weight changes. The nurse will document the notification in the resident's electronic medical record by completing the Event report."</p> <p>"B"</p> <p>Statement of Licensure Violations 3 of 6: 300.1210a) 300.1210b)4) 300.1210c)</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</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>resident to meet the total nursing and personal care needs of the resident.</p> <p>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure one-on-one assistance with feeding was provided for 1 of 1 resident (R12) in the sample of 15 reviewed for feeding assist/supervision during meals.</p> <p>The findings include:</p> <p>R12's Admission Record, provided by the facility on 3/20/24, showed she had diagnoses including protein-calorie malnutrition, cerebral infarction (stroke), shortness of breath, and iron-deficiency anemia. R12's 12/15/23 Dietician Assessment showed a diagnosis of dysphagia (difficulty swallowing foods or liquids) following cerebrovascular disease. R12's 2/26/24 facility</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>assessment showed she had moderate cognitive impairment. The assessment showed R12 requires supervision or touching assistance with eating.</p> <p>On 3/19/24 at 1:33 PM, R12 was in her room eating lunch. R12 occupied the side of the room nearest to the window. R12's curtain was pulled, and she was not visible from the hallway while eating her lunch. R5 (R12's roommate) said R12 choked on candy the night before and the nurse had to get behind her and give her the Heimlich maneuver. R5 and R12 both said no one from speech therapy has come to evaluate R12 yet, to see if she had difficulty swallowing.</p> <p>On 3/19/24 at 2:20 PM, V15 (Speech Language Pathologist/SLP) said no assessment had been done for R12 yet. V15 said she had not reviewed R12's chart to see if there is an order yet. V15 said she was told in passing that she needed to look at R12. V15 said she is not sure why she needed to look at R12 because she had not checked her chart yet. V15 said she was not informed that there was an order in place for the speech evaluation yet.</p> <p>On 3/19/24 at 2:45 PM, V18 (Registered Nurse/RN) said she told V15 that R12 needed to be seen because the nurse on the previous shift, that she was taking over for, endorsed to her that R12 needs to be seen due to coughing when she was drinking and eating. V18 said R12 did not have any episode of coughing when she gave her (R12) medication.</p> <p>R12's electronic medical record under the Orders tab, showed an order for speech eval and treat was obtained on 3/19/24 at 2:57 PM.</p>	S9999		
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S9999	<p>Continued From page 11</p> <p>R12's Order Summary Report, printed by the facility on 3/20/24, showed an order dated 6/27/23 for 1:1 assist with feeding every day and evening shift for right neck swelling. The report showed it was an active order. The report showed the order for speech therapy eval and treat dated 3/19/24, and another order dated 3/20/24 for ST: Speech therapy clarification orders-skilled ST (speech therapy) three times a week for one week for diet texture analysis, swallow compensatory strategies and patient/family education per poc (plan of care). The Order Summary Report showed R12's diet order dated 7/10/23 was no added salt, regular texture, with thin consistency liquids. Chin tuck with liquids. Straws okay. The report showed a new order dated 3/20/24 for no added salt diet regular texture, regular thin consistency liquids. Straws okay. Supervision with small candies.</p> <p>R12's ADL (activities of daily living) care plan, with a revision date of 10/27/23, showed she had an ADL self-care performance deficit. The care plan showed "Eating: Supervision, set-up only/ Assist of 1." R12's Nutritional Risk care plan, with a revision date of 10/27/23, showed she is at potential nutritional risk related to past medical history of coronary artery disease, iron-deficiency anemia, osteoporosis, hypertension, and depression. The care plan showed "Report any signs and symptoms of difficulty chewing or swallowing to nurse (pocketing, choking, coughing, drooling, holding food in mouth, multiple attempts to swallow, refusing to eat, etc.)." R12's Risk for Aspiration care plan, with a revision date of 10/27/23, showed she is at risk for aspiration related to dysphagia. Interventions in place included keeping the head of bed elevated, monitoring, and reporting as needed any signs and symptoms of dysphagia:</p>	S9999		
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S9999	<p>Continued From page 12</p> <p>Pocketing, choking, coughing, difficulty breathing, drooling, holding food in mouth, several attempts at swallowing, refusing to eat, or appears concerned during meals.</p> <p>On 3/20/24 at 8:50 AM, R12 and her roommate (R5) both said staff do not sit with R12 during meals. R5 and R12 said speech therapy had not evaluated R12 yet for the ability to chew food and swallow safely.</p> <p>On 3/20/24 at 8:58 AM, V10 (Certified Nursing Assistant/CNA) said she was the CNA assigned to R12. V10 said R12 does not need assistance with meals, other than set-up. V10 said if the meat is tough, she will cut it up for R12, but she is able to eat in her room on her own.</p> <p>On 3/20/24 at 11:33 AM, V14 (Licensed Practical Nurse/LPN) said he was the nurse working on 3/18/24. V14 said R5 (R12's roommate) yelled that she (R12) needed help, so he went into the room. V14 said he had just been in there giving R12 her medications and was in the hall getting medications for other residents. V14 said when he went into R12's room, R12 was stiff, and her face was reddish in color. V14 added that R12's face was usually reddish in color. V14 said he heard R12 cough and went into her room to assess her. V14 said he told R12 to relax because she was stiff. V14 said he raised both of R12's arms and told her to relax and breathe in and then exhale. V14 said R12 is a one-on-one assist with meals. V14 said the CNAs will sit with her and tell her to sit upright and take sips between bites. V14 said R12 has had issues in the past and that is why she has orders for one-on-one with meals. V14 said that is why he endorsed to the oncoming nurse to ask speech therapy to evaluate R12. V14 said it is important</p>	S9999		
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S9999	<p>Continued From page 13</p> <p>to have staff with R12 during meals to monitor her, because she is an aspiration risk.</p> <p>On 3/20/24 at 12:00 PM, V2 (Director of Nursing/DON) said R12 had an order for one-on-one assist with feeding. V2 said the order was discontinued that morning (3/20/24) after V15 (Speech Language Therapist) evaluated R12. V2 said if there was a doctor's order, she would expect the facility staff to follow the doctor's orders.</p> <p>R12's Progress Notes showed no documentation from 3/13/24-3/18/24. The progress note dated 3/19/24 at 3:20 PM showed "Night nurse endorsed to this writer that resident had coughing episodes yesterday while eating, recommending for ST eval. No episodes of coughing or difficulty swallowing noted in this shift. Maintained head of the bed elevated on mealtimes. MD aware and gave order for ST eval and treatment ..."</p> <p>On 3/20/24 at 11:19 AM, V15 (Speech Language Pathologist) said she assessed R12 that morning after this surveyor spoke to R12.</p> <p>R12's Speech Therapy Evaluation and Plan of Treatment, provided by the facility on 3/20/24, showed "Patient is referred to speech therapy in order to assess swallowing." The evaluation showed R12 has a history of dysphagia related to a CVA (cerebrovascular accident-stroke). The evaluation showed the patient (R12) reports she would like to eat without choking.</p> <p>The facility was asked for their policy and procedure for one-on-one feeding assistance. No policy was provided prior to exiting the facility. On 3/20/24 at 2:44 PM, V1 (Administrator) said he did not have a policy for one-on-one feeding</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>assistance to provide.</p> <p>"C"</p> <p>Statement of Licensure Violations 4 of 6: 300.610a) 300.1210d)6) 300.2090b)</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care 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: 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>Section 300.2090 Food Preparation and Service b) Foods shall be attractively served at the proper temperatures and in a form to meet individual</p>	S9999		

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S9999	<p>Continued From page 15 needs.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure coffee was served at a safe temperature. This has the potential to affect all residents in the facility. This failure resulted in R2 experiencing a second degree burn to her inner thigh.</p> <p>The findings include:</p> <p>The facility resident roster printed on 3/19/24 showed 120 residents reside in the facility.</p> <p>R2's face sheet printed 3/19/24 showed diagnoses including but not limited to osteoarthritis, chronic obstructive pulmonary disease, heart failure, muscle weakness, lack of coordination, and legally blind. R2's facility assessment dated 3/6/24 showed moderate cognitive impairment and staff assistance required for eating, oral hygiene, transfers, and walking. R2's skilled charting report dated 3/11/24 showed supervision or touching assistance required for eating.</p> <p>On 3/19/24 at 10:24 AM, R2 was lying in bed and stated she was waiting for the CNA (Certified Nursing Assistant) to change her wet incontinence brief. R2 said it was rubbing on her inner thigh directly against the area she has a sore. R2 stated the sore was from a hot cup of coffee she spilled on herself. R2 stated it happened about one week ago while she was drinking it alone in her room. R2 said it happened sometime after dinner. V9 (CNA) entered the room and began incontinence care for R2. R2's groin area was observed and a half-dollar size,</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>white dressing was on her left inner thigh. The dressing was wet with urine and the skin surrounding the area was reddened to a baseball size diameter. R2 said that is where she was burnt from the hot coffee. R2 said the coffee is still served hot so she is very careful with it.</p> <p>On 3/19/24 at 11:05 AM, V5 (Licensed Practical Nurse/LPN) stated the dressing on R2's inner thigh is from an "incident" of a coffee spill. V5 said R2 spilled coffee on her thigh and the bandage is covering a blister that has opened. V5 said the wound care nurse is aware of the burn and is also following R2. V5 said it happened last week sometime in the evening while R2 was drinking coffee.</p> <p>On 3/19/24 at 11:15 AM, V4 (Wound Care Nurse) stated she was notified of the burn to R2's thigh the evening on 3/12. The physician was notified, orders for cool compresses three times per day, and to monitor for blistering was received. V4 said she assessed the burn area the next morning on 3/13. Documentation of that assessment showed: "Pinkish color on the skin, denied pain, small blister forming". V4 said she reassessed the burn area on 3/16. Documentation of that assessment showed: "Left medial thigh-wound/burn 1.7 x 3.2 x 0.1 cm (centimeter), light serous drainage. 50% granulation tissue, 50% discoloration". V4 said the physician was notified and treatment orders for three times per week were obtained. V4 said she assesses the wound daily and it is a second-degree burn.</p> <p>On 3/19/24, the facility provided R2's incident report dated 3/12/24 and timed 18:27 (6:27 PM). The report showed staff reported R2 spilled coffee on her thigh and a small area of pinkish</p>	S9999		
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S9999	<p>Continued From page 17</p> <p>color, blanchable skin was noted on her thigh area.</p> <p>On 3/19/24 (7 days after R2's coffee burn) random lunch service coffee temperatures were taken by V8 (Dietary Aide) while the survey team members observed. At 12:50 PM, the 500-hall coffee measured 157°F (degrees Fahrenheit). R2 still resides on the 500-hall. At 12:53 PM, the 100-hall coffee measured 150.4°F. At 12:55 PM, the 200-hall coffee measured 159.4°F. While measuring the coffee temperatures, V8 stated, "I can already tell that the coffee is too hot."</p> <p>On 3/20/24 at 8:45 AM, V6 (Regional Operations/Food Service Manager) stated coffee temperatures should be taken in the kitchen, before going to the resident hallways and dining rooms. Kitchen staff should be documenting the temperatures three times per day, at every meal. V6 said the coffee should be warm but not super-hot. The acceptable temperature is 135 to 150°F. If the temperature is too hot in the kitchen, staff should leave it to stand for 10 to 15 minutes to cool, prior to leaving the kitchen. A second temperature should be taken to ensure it has lowered to the safe range. V6 stated residents can be burned by any liquid above the 150* temperature. V7 (Cook) was questioned about the kitchen staff measuring coffee temperatures. V7 said nothing was checked today. The coffee temperatures were measured yesterday only because the survey team requested it. V7 said the coffee temperatures are never checked or recorded. V7 said the last time she could recall any temperature logs being done was over one year ago.</p> <p>On 3/20/24 at 9:00 AM, random coffee temperatures were taken by V6 while this</p>	S9999		

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S9999	<p>Continued From page 18</p> <p>surveyor observed. The 200-hall coffee measured 166.4°F. The 300/400 hall coffee measured 163°F. The 100-hall coffee measured 156.6°F. The main dining room measured 150.3°F. The 600-hall coffee measured 151°F. The temperatures were taken after the breakfast coffee had already left the kitchen, been served to residents, and been returned to the kitchen for cleaning. V6 was asked to provide the March 2024 coffee temperature log and stated the there is no record available. V6 said the kitchen staff have not been taking or recording any coffee temperatures until today. V6 said coffee over 150 degrees has the potential of burning a resident and causing third degree burns. V6 said he was sure of it because he had heard of it happening in the past.</p> <p>On 3/20/24 at 9:25 AM, V2 (Director of Nurses) stated it is unsafe for beverages to be served over 150°F. Residents can easily be burned if they spill on themselves. V2 said the kitchen should be keeping temperature logs to ensure the hot beverages are served at a safe temperature. V2 said she was aware R2 had received a second degree burn to her inner thigh from hot coffee sometime last week. V2 said she was unaware that the kitchen did not measure coffee temperatures prior to serving the residents.</p> <p>The facility's undated Hot Liquids policy states: "Hot beverages and other liquids will be served at temperatures considered safe for an elderly population. Hot liquids will be served at a temperature 135 F-150 F-hotter is not better. Dining Service Staff shall monitor temperature of hot liquids/beverages for each meal and record on the production sheet or designated form."</p> <p>The facility's Water Temperature-Safety policy</p>	S9999		
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S9999	<p>Continued From page 19</p> <p>dated 5/10/20 states: "Hot beverages and food temperatures will be monitored on a regular basis to assure appropriate temperatures at the point of service". The policy showed exposure times and water temperature levels to receive third-degree burns. Temperatures at 148F and above have the potential of producing burns after one second of exposure.</p> <p>The facility provided Coffee Temp Log dated March 2024 was reviewed. The entire form was blank, except for the temperatures taken at the lunch meal on 3/20/24 (8 days after R2 sustained the thigh burn).</p> <p>"A"</p> <p>Statement of Licensure Violations 5 of 6: 300.610a) 300.1210d)6) 300.3130c)3)4)</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing</p>	S9999		

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S9999	<p>Continued From page 20</p> <p>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>Section 300.3130 Plumbing Systems c) Water Supply Systems</p> <p>3) Hot water distribution systems shall be arranged to provide hot water of at least 100 degrees Fahrenheit at each hot water outlet at all times.</p> <p>4) Hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees Fahrenheit.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure water was at a safe temperature, failed to lock utility room doors, and failed to secure shaving razors. This applies to all 120 residents in the facility that were reviewed for safety and supervision.</p> <p>The findings include:</p> <p>1. On 3/19/24 at 12:15 PM, general environmental observations were made throughout the facility. The clean utility rooms on 100 hall, 200 hall and 500 hall had doors with keypad locks that did not consistently lock when the doors would shut on their own or when they were pulled shut. The clean utility rooms</p>	S9999		

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S9999	<p>Continued From page 21</p> <p>contained toiletries such as toothpaste, lotion, deodorant, nail files, cuticle sticks, nail brushes, toothbrushes, lemon glycerin swab sticks, incontinence briefs, positioning devices, wipes, linen, cups, straws, and coolers with ice.</p> <p>On 3/19/24 at 12:45 PM, the "spa room" had a shower room on the left, a storage room in the middle and a shower room to the right. In the shower room on the left there was a clear plastic container sitting on the sink containing 26 new disposable razors. There was a container of germicidal bleach wipes with the lid off, with wet wipes inside and dry wipes hanging over the side. The label on the wipes showed first aid instructions if the product gets into the eyes and to call the poison control center or doctor for treatment advice. The wipes were hazardous to humans and animals. The shower room to the right had a plastic container with 33 new disposable razors inside of it. Inside that bucket was a gray spit basin with 2 used razors. V13 CNA (Certified Nursing Assistant) walked into the "spa" area with a mechanical lift to put it away. V13 was stopped just prior to leaving the "spa" area and was taken into the shower room on the left to observe the open germicidal wipes on the sink and the disposable razors in the container. V13 put the lid on the germicidal wipes and stated the lid was supposed to be on the container otherwise someone could grab it and use them as a regular wipe. V13 went into the shower room on the right and was shown the container with the uncovered, dirty razors with the blades exposed in the spit basin that was sitting on top of all the clean disposable razors. V13 stated razors are not to be left out because they can be hazardous to the residents; especially hazardous if they are not discarded after being used. V13 stated they have residents that wander the halls.</p>	S9999		
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S9999	<p>Continued From page 22</p> <p>On 3/29/24 the facility highlighted 3 names on the resident roster and identified R13-R15 as residents that wander in the facility. R14's Minimum Data Set dated 3/1/24 showed severe cognitive impairment. R15's MDS dated 1/24/24 showed severe cognitive impairment.</p> <p>On 3/20/24 at 8:47 AM, V2 (Director of Nursing) stated, after the razors are used, they are to be discarded in a sharps container for safety because residents and employees can be injured by sharps. V2 stated the disposable razors are normally kept in the clean utility rooms that are locked. V2 stated the razors were left in the shower rooms today because staff were going to shave residents.</p> <p>On 3/20/24 at 11:30 AM, V12 (Maintenance Director) stated, the locks on the doors should lock on their own when the door closes; it is for the resident's safety.</p> <p>The facility's Sharp Object Disposal policy (7/14/23) showed, all sharps including needles, syringes, scalpels, and razors are disposed of in an appropriate sharps container.</p> <p>On 3/20/24 at 1:45 PM, V1 (Administrator) did not have any policy at the facility related to the safety and supervision of residents. V1 stated he had messages out to other facilities to locate this policy.</p> <p>2. On 3/20/24 at 11:12 AM, water temperatures were checked with V12 (Maintenance Director); he used his own thermometer as the surveyor observed. The water temperatures were all measured in degrees Fahrenheit: The water temperatures in residents' room (sinks) were as</p>	S9999		
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S9999	<p>Continued From page 23</p> <p>follows: room 104 was 120 degrees; room 306 was 118 degrees; and room 405 was 115 degrees. The water temperatures in the shower rooms (sinks) were as follows: 100 hall shower room was 116 degrees; 200 hall shower room was 117 degrees; and 500 hall shower room was 115 degrees. V12 stated that water temperatures are to be kept at 110 degrees, so the resident doesn't get burnt. V12 stated the residents complain if the water is too cold for showers.</p> <p>On 3/20/24 at 1:35 PM, V12 (Maintenance Director) stated he has been at the facility a long time; he was here with the previous company. V12 stated the policy with the previous company was the water temperature could not be above 110 degrees. V12 stated he did not know what the water temperature policy was for this company and that V1 (Administrator) was looking for one.</p> <p>The Water Temperature Log dated March 2024 showed, check water with calibrated thermometer at different locations throughout the building each day. Acceptable temperatures will not exceed 110 degrees Fahrenheit. Suggested guideline is to check a minimum of 6 resident-use water sources each day (showers and hand sinks, for example). Report any temperatures at or above 110 degrees Fahrenheit immediately to the administrator.</p> <p>The facility's Water Management Plan (1/1/20) showed, Temperature - (77-108 is optimal temp for growth for legionella). Facilities should heat hot water temp to at least 140. Hot water tanks should be above 124 to limit growth Due to the immediate concern of scalding, temperatures should be no higher than 115 at outlet with 3-minute warmup.</p>	S9999		
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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014237	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/20/2024
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NAME OF PROVIDER OR SUPPLIER PEARL OF ELGIN, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2355 ROYAL BOULEVARD ELGIN, IL 60123
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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
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S9999	<p>Continued From page 24</p> <p>"B"</p> <p>Statement of Licensure Violations 6 of 6: 300.610a) 300.1620a)</p> <p>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.</p> <p>Section 300.1620 Compliance with Licensed Prescriber's Orders a) All medications shall be given only upon the written, facsimile, or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record,</p>	S9999		
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NAME OF PROVIDER OR SUPPLIER PEARL OF ELGIN, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2355 ROYAL BOULEVARD ELGIN, IL 60123
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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 25</p> <p>review the facility failed to administer medications per physician's orders. This applies to 2 of 3 residents (R10, R11) reviewed for medication administration in the sample of 15.</p> <p>The findings include:</p> <p>1)R10's medication administration record for March 2024 showed R10 receives amitizia 24mcg (with meals) and senna plus 2 tabs at 9AM and 5PM, zofran 4mg at 9AM,1PM, and 5PM, and tizanidine 4mg at 9AM,2PM, and 9PM.</p> <p>On 3/19/24 at 10:35AM, V5 (Licensed Practical Nurse) administered R10's amitizia, senna plus, zofran, and tizanidine. (1 hour and 35 minutes past the scheduled administration time).</p> <p>2) R11's medication administration record for March 2024 showed R11 receives losartan 50mg and gabapentin 300mg at 9AM and 9PM, potassium chloride extended release 10meq at 9AM and 5PM, and nifedipine extended release 30mg at 9AM, 1PM, and 5PM.</p> <p>On 3/19/24 at 10:25AM, V5 administered R11's losartan, gabapentin, potassium, nifedipine. (1 hour and 25 minutes past the scheduled administration time). V5 stated she has 25 residents to pass medications for and it is impossible to administer all of them within the required timeframe of 1 hour before and 1 hour after the scheduled time. V5 stated she started her medication pass at 7:30AM and had 4 remaining residents to pass medications on. V5 stated her morning medication pass often runs into her lunch medication pass due to the high acuity of residents she takes care of.</p> <p>On 3/20/24 at 12:45PM, V2 (Director of Nursing)</p>	S9999		

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S9999	<p>Continued From page 26</p> <p>stated, "Medications are to be passed per physician's orders. If there is a schedule time for a medication to be given, then that is what the nurses are to be following. Medications that are to be given with meals should be given at that time to avoid any side effects from occurring. There is no reason why (V5) shouldn't have had her medications passed on time."</p> <p>The facility's policy titled, "Medication Administration" reviewed on 8/10/23 showed, "All medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms and help in diagnosis..."</p> <p>The facility's policy titled, "Physician Orders" reviewed on 1/20/24 showed, "1. Licensed Professional Nurse/Registered Nurses will follow orders from physicians and documented in a timely manner ..."</p> <p>"C"</p>	S9999		