

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6013601</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARBOR HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>760 OLD MCHENRY ROAD WHEELING, IL 60090</b>
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S 000	Initial Comments  Annual Licensure Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations:  1 of 8  330.1160a)b)c)d)  Section 330.1160 Vaccinations  a) A facility shall annually administer or arrange for a vaccination against influenza to each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that are most recent to the time of vaccination, unless the vaccination is medically contraindicated, or the resident has refused the vaccine. Influenza vaccinations for all residents aged 65 and over shall be completed by November 30 of each year or as soon as practicable if vaccine supplies are not available before November 1. Residents admitted after November 30, during the flu season, and until February 1 shall, as medically appropriate, receive an influenza vaccination prior to or upon admission or as soon as practicable if vaccine supplies are not available at the time of the admission, unless the vaccine is medically contraindicated, or the resident has refused the vaccine. (Section 2-213 of the Act)  b) A facility shall document in the resident's medical record that an annual vaccination against influenza was administered, refused, or medically contraindicated. (Section 2-213 of the Act)	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>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>These requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review the facility failed to offer and provide vaccination against pneumococcal pneumonia and influenza vaccination to three of three residents (R1, R3, and R4) reviewed for vaccination. The facility failed to administer influenza vaccine to two of two resident (R2 and R5) reviewed for influenza vaccine. The facility failed to administer pneumococcal pneumonia vaccine to one of one resident (R6) reviewed for pneumococcal pneumonia vaccine.</p> <p>Findings include:</p> <p>R1 is an 85-year female admitted on 2/20/24 with diagnosis of dementia. R1's electronic medical record did not indicate that R1 received the pneumococcal or influenza vaccine and no</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>documentation of refusal provided.</p> <p>R2 is an 85-year female admitted on 2/23/24 with diagnosis of dementia. R2's electronic medical record did not indicate that R2 received the influenza vaccine and no documentation of refusal provided.</p> <p>R3 is a 60-year male admitted on 9/7/2019 with diagnosis of anxiety. R3's electronic medical record indicates a last influenza vaccine was received on 9/30/21. There was no record to indicate that R3 received the pneumococcal vaccine and no documentation of refusal provided.</p> <p>R4 is a 64-year-old male admitted on 3/18/23 with diagnosis of major depressive disorder. R4's electronic medical record indicates a last influenza vaccine of 11/2/22. There was no record to indicate that R4 received the pneumococcal vaccine and no documentation of refusal provided.</p> <p>R5 is an 82-year male admitted on 11/17/21 with diagnosis of mood disturbance. R5's electronic medical record indicates a last influenza vaccine was received on 12/2/21. There was no documentation of refusal provided.</p> <p>R6 is an 82-year male admitted on 12/1/23 with diagnosis of depressive disorder. There was no record to indicate that R6 received the pneumococcal vaccine and no documentation of refusal provided.</p> <p>On 3/7/23 at 2:00pm, V1 (Executive Director) stated that she does not understand why the vaccine was not given. V1 stated that she took office 2 weeks ago.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Facility policy titled, Immunization. Policy: All residents are offered the Pneumovac and Influenza vaccine on move-in. The influenza vaccine will be offered to all residents on an annual basis.</p> <p>(C)</p> <p>2 of 8</p> <p>330.792</p> <p>Section 330.792 Testing for Legionella Bacteria</p> <p>a) A facility shall develop a policy for testing its water supply for Legionella bacteria. The policy shall include the frequency with which testing is conducted. The policy and the results of any tests and corrective actions taken shall be made available to the Department upon request. (Section 3-206.06 of the Act)</p> <p>b) The policy shall be based on the ASHRAE Guideline "Managing the Risk of Legionellosis Associated with Building Water Systems" and the Centers for Disease Control and Prevention's "Toolkit for Controlling Legionella in Common Sources of Exposure". The policy shall include, at a minimum:</p> <p>1) A procedure to conduct a facility risk assessment to identify potential Legionella and other waterborne pathogens in the facility water system.</p> <p>2) A water management program that identifies specific testing protocols and acceptable ranges for control measures; and</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>3) A system to document the results of testing and corrective actions taken.</p> <p>These requirements were NOT MET as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to provide, upon request, documentation that the facility is currently following their Water Management Program to Reduce Legionella Growth and Spread in Buildings and failed to provide any results of water testing. This failure has the potential to affect all 32 residents currently residing in the facility.</p> <p>Findings include:</p> <p>On 3/7/2024 at 11:00am V5 (Maintenance Director) stated that the water comes from the village and he does not perform any testing for legionella. V5 stated that he only monitors water and room temperature and is not sure if the person before him left any information on testing for legionella.</p> <p>On 3/7/24 at 2:00pm, V13 (Regional Maintenance) stated that he does not understand why the current facility is not being tested, testing is conducted in the sister facilities.</p> <p>Facility provided document titled, "Water Management Program to Reduce Legionella Growth and Spread in Buildings," (undated) which reads: The purpose of this program is establish minimum legionellosis risk management requirements for building water systems ...6. Team members are responsible for making sure the Program is running as designed and is effective ...7. All activities associated with the</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Program are to be documented, and procedures reviewed annually or more often, if necessary, by the Water Management Program Team.</p> <p style="text-align: center;">(C)</p> <p>3 of 8</p> <p>330.1910a)b)</p> <p>Section 330.1910 Director of Food Services</p> <p>a) Each facility shall have a full-time person, suited by training and experience, who has been designated by the administrator to be responsible for the total food service operation of the facility. This person shall be on duty a minimum of 40 hours each week.</p> <p>b) The head cook may be designated to fill this position as long as it does not interfere with the responsibilities of either position.</p> <p>These requirements were NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to have a designated individual in the position of Director of Food Services. This failure has the potential to affect all 32 residents currently residing and receiving meals from the facility.</p> <p>Findings include:</p> <p>On 3/5/24 at 9:55AM V3 (cook) and V4 (cook) both stated that they both are head cooks and share duties and split the schedule. V3 (cook) stated that there is no designated Director of</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>Food Services and states that both himself (V3 (cook)) and V4 (cook) were recently hired at the facility.</p> <p>On 3/5/24 at 2:00PM, V1 (executive director) also stated that the facility does not have a Director of Food Services.</p> <p>On 3/7/24 at 10:00AM V4 (cook) was observed preparing meals and was asked about non cooking duties such as menu preparations and schedules, in which he said that V1 (executive director) handles the schedules for himself, and V3 (cook), along with the menus. V4 (cook) stated that he did order more food supplies the day prior and that they are still working on creating more defined roles and processes.</p> <p>Document provided with facility personnel does not list anyone as Food Service Director. V3 (cook) and V4 (cook) are listed as Full-Time cooks on the document.</p> <p>Facility unable to provide policy.</p> <p style="text-align: center;">(C)</p> <p>4 of 8</p> <p>330.3130j)</p> <p>Section 330.3130 Kitchen</p> <p>j) Provide satisfactory facilities for washing and sanitizing dishes and cooking utensils. The kitchen shall be equipped with a three compartment sink for washing pots and pans. One compartment shall contain no less than 14 inches depth of water at 170 degrees Fahrenheit.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>In addition to the sink, a commercial type dishwasher is recommended.</p> <p>This requirement was NOT MET as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure proper washing and sanitation of dishes and cooking utensils. This failure has the potential to affect all 32 residents residing and receiving meals from the facility.</p> <p>On 3/5/24 at 9:55AM, during an observation of the kitchen a three-compartment sink was noted and a small, commercial dishwasher. Upon interview, V3 (cook) was asked if surveyor can observe the testing of the sanitizing solution and he replied that they currently do not have any testing strips and have not been testing the solution.</p> <p>On 3/5/24 at 2:00PM, V1 (executive director) stated that she is aware that they do not have any testing strips, but that they have been ordered.</p> <p>On 3/7/24 at 1:45PM, during observation and interview for the washing and sanitation of dishes and utensils, V4 (cook) stated that they still have not received any test strips. When surveyor asked about checking and maintaining water temperatures in the three-compartment sink, V4 (cook) states that he just makes sure the water is hot by using his hand to feel if it is hot enough. V4 (cook) stated that they do not check or record the water temperatures used in the three-compartment sink and no thermometers were observed by the surveyor. V4 (cook) also states that the thermometer on the dishwasher does not work and reads the same temperature</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>whether it is in use or not.</p> <p>Facility provided policy titled Kitchen and Servicing which states: Manual Cleaning Instructions, 3 Sink Compartment Process, 4) Use Betco Symplicity Sanibet Multi-Range Solution to fill third sink. Test concentration with provided test strips and make sure it is at a safe concentration. It shall not exceed 21 CFR 178.1010 OR should test between 50 ppm (Parts Per Million) but not to exceed 200 ppm.</p> <p>(C)</p> <p>5 of 8</p> <p>330.760 c)</p> <p>Section 330.760 Personnel Files</p> <p>c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of 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>This requirement was NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to verify that the nurses' licenses are active for three of three nurses reviewed for personnel files. This failure has the potential to affect all 32 residents currently residing in the facility.</p> <p>Findings include:</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>Personnel files of V2 (Director of Nursing/LPN), V11 (Licensed Practical Nurse/LPN) and V12 (LPN) were reviewed. No professional license verification from Illinois Department of Financial and Professional Regulation documentation was observed.</p> <p>On 3/7/2024 at 10:30AM during interview with V1 (Administrator), V1 stated that V8 (Business Office Manager) stated that V8 does not check the nurses' licenses with Illinois Department of Financial and Professional Regulation. V1 added that she will make sure that in the future, nurses' licenses' status will be verified.</p> <p>Facility was unable to provide policy on the Hiring Process of Licensed Staff upon request.</p> <p style="text-align: center;">(C)</p> <p>6 of 8</p> <p>330.911</p> <p>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 comply with the Health Care Worker Background Check Act by not ensuring that background checks were completed prior to staff</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>working in the facility. This failure has the potential to affect all 32 residents currently residing in the facility.</p> <p>Findings include:</p> <p>Personnel files of V10 (Care Partner) and V5 (Maintenance Director) provided by V8 (Business Office Manager) were reviewed. V8 stated that V10 was hired on 9/10/2023 and V5 was hired on 8/16/2023.</p> <p>V10's background check was done on 9/27/2023, Illinois Department of Public Health Health Care Worker Registry Application was completed on 9/27/2023, and V10's fingerprint was done on 12/13/2023.</p> <p>V5's background check was done on 9/27/2023, Illinois Department of Public Health Health Care Worker Registry Application was completed on 9/27/2023, and V10's fingerprint was done on 12/12/2023.</p> <p>On 3/5/2024 at 1:50PM during interview with V1 (Administrator), V1 stated that all background checks should be done prior to hire.</p> <p>On 3/8/2024 at 12:00PM during interview with V8, V8 stated that background checks are done before they start on the floor. V8 added that staff has 10 days to get their fingerprints done upon hire but with V5's and V10's situation, there was a payment issue when the facility tried to pay for their fingerprints that is why their fingerprints were done not until December. V8 stated that both V5 and V10 worked on the floor before fingerprints were done as she was told by the previous Executive Director that it was okay for both V5 and V10 to work on the floor even the fingerprints</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>were not completed yet.</p> <p>Facility was unable to provide policy on Health Care Worker Background Check upon hire.</p> <p style="text-align: center;">(C)</p> <p>7 of 8</p> <p>Section 330.1155a)1) Section 330.1155b)</p> <p>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> <p>1) in an excessive dose, including in duplicative therapy;</p> <p>b) Psychotropic medication shall not be prescribed without the informed consent of the resident, the resident's guardian, or other authorized representative. (Section 2-106.1(b) of the Act) Additional informed consent is not required for reductions in dosage level or deletion of a specific medication. The informed consent may provide for a medication administration program of sequentially increased doses or a combination of medications to establish the lowest effective dose that will achieve the desired therapeutic outcome. Side effects of the medications shall be described.</p> <p>These requirements were NOT MET as evidenced by:</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>Based on interview and record review, the facility failed to follow physician's orders on change of psychotropic medication dosing, and failed to obtain informed consent for psychotropic medications for two of four residents (R3 and R4) reviewed for psychotropic medications in a sample of 6.</p> <p>Findings include:</p> <p>1. R3 is a 60-year-old male admitted in the facility on 09/17/2019 with diagnoses of not limited to Unspecified Dementia, other Anxiety Disorder, and Unspecified Mood Disorder.</p> <p>On 03/07/2024 at 2:00PM during record review with V2, R3's medical records indicated a new order was made on 01/04/2024 for Trazodone 100mg (milligrams) 1 tab (tablet) po (by mouth) at bedtime, and R3's Medication Review Report dated 03/07/2024 indicated order for Trazodone 100mg 2 tablets by mouth at bedtime with order date of 03/03/2021.</p> <p>On 03/07/2024 at 2:00PM during interview with V2, V2 stated that the new order noted on R3's medical records should have been carried out by the nurses and should reflect on the electronic medication administration record to ensure the new order is what is being administered to R3.</p> <p>Review of R3's January 2024 Medication Administration Records indicated that Trazodone 100mg 2 tablets at bedtime was being administered to R3 from January 4-11, 13, 15, 17-27 and 30.</p> <p>Review of R3's February 2024 Medication Administration Records indicated that Trazodone</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6013601</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARBOR HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>760 OLD MCHENRY ROAD WHEELING, IL 60090</b>
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S9999	<p>Continued From page 13</p> <p>100mg 2 tablets at bedtime was being administered to R3 for the whole February.</p> <p>Review of R3's March Medication Administration Records indicated that Trazodone 100mg 2 tablets at bedtime was being administered from March 1-3 and 5-7.</p> <p>Review of R3's Pharmacy recommendation dated 03/05/2024 indicated R3 has received Trazodone 200mg QHS (at bedtime) since 2019 and recommended for dose reduction.</p> <p>2. R4 is a 64-year-old male originally admitted in the facility 09/07/2021 with diagnoses of not limited to Unspecified Dementia and Major Depressive Disorder. Review of R4's Medication Review Report was noted with orders for the following psychotropic medications:</p> <ol style="list-style-type: none"> <li>1. Escitalopram Oxalate 20mg tablet with order date of 03/18/2023</li> <li>2. Quetiapine fumarate 100mg tablet at bedtime with order date of 12/18/2023</li> <li>3. Quetiapine fumarate 50mg tablet at bedtime with order date of 12/18/2023</li> <li>4. Quetiapine Fumarate 25mg tablet every 24 hours as needed for psychosis with order date of 12/14/2023</li> </ol> <p>On 03/07/2024 at 2:00PM during record review with V2 (Director of Nursing), no psychotropic consents or Abnormal Involuntary Movement Scale (AIMs) assessments were found on R4's medical records.</p> <p>On 03/07/2024 at 2:00PM during interview with V2, V2 stated that R4 and/or R4's Power of Attorney (POA) are expected to be notified of any psychotropic medication use, either new or change of order, and have the consents signed</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6013601</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARBOR HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>760 OLD MCHENRY ROAD WHEELING, IL 60090</b>
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S9999	<p>Continued From page 14</p> <p>by the POA before starting to administer the psychotropic medication.</p> <p>Facility unable to provide policy on Psychotropic Medications upon request.</p> <p style="text-align: center;">(C)</p> <p>8 of 8</p> <p>300.7020b)4)</p> <p>Section 300.7020 Assessment and Care Planning</p> <p>b) The care plan shall be developed by an interdisciplinary team within 21 days after the resident's admission to the unit or center. The interdisciplinary team shall include, at least, the attending physician, a nurse with responsibility for the resident, other appropriate staff in disciplines as determined by the resident's needs, the resident, the resident's representative, and the certified nursing assistant (CNA) who is primarily responsible for this resident's direct care, or an alternate, if needed, to provide input and gain insight into the care plan. Others may participate at the discretion of the resident.</p> <p>4) The care plan shall be reviewed at least quarterly.</p> <p>These requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to review and revise the care plan for 2 of 6 residents (R2, R3, R4) reviewed for Subpart U (Alzheimer's Special Care Unit or Center Providing Care to Persons with Alzheimer's</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6013601</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARBOR HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>760 OLD MCHENRY ROAD WHEELING, IL 60090</b>
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S9999	<p>Continued From page 15</p> <p>Disease or Other Dementia) in a sample of 6.</p> <p>Findings include:</p> <p>1. R3 was admitted in the facility with diagnosis of unspecified Dementia. R3's service plan indicated last review date of 09/06/2022 and admission date of 03/18/2023.</p> <p>On 3/7/2024 at 2:15PM during observation with V2 (Director of Nursing) of R3's service plan, it again indicated last review date of 09/06/2022. V2 stated that R3's service plan should have been reviewed and revised quarterly after 09/06/2022.</p> <p>2. R4 was admitted in the facility with diagnosis of unspecified Dementia. R4's service plan indicated last review date of 06/25/2022 and admission date of 09/17/2019.</p> <p>On 03/07/2024 at 2:15PM during observation with V2 (Director of Nursing) of R4's service plan, it again indicated last review date of 06/25/2022. V2 stated that R4's service plan should have been reviewed and revised quarterly after 06/25/2022.</p> <p>3. During record review on 3/7/24, R2's care plan indicates an admission date of 2/23/23 and an initial care plan date of 3/23/23. The care plan did not indicate any quarterly revision or review date from the initial date of 3/23/23.</p> <p>On 3/7/24 at 2:00pm, V1(Executive Director) stated that care plans should be updated quarterly</p> <p>Resident Operations- Individual Service plan (ISP) Process Policy. Purpose: All Residents will have an updated, completed individual Service Plan. Plan: ISP's will be initially completed within</p>	S9999		



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S9999	Continued From page 16  30 days of admission, updated every quarter or when significant change of condition(s) occurs.  (C)	S9999		