

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009435	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2024
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NAME OF PROVIDER OR SUPPLIER ALTA REHAB AT WAUCONDA	STREET ADDRESS, CITY, STATE, ZIP CODE 176 THOMAS COURT WAUCONDA, IL 60084
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S 000	Initial Comments First Probationary Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 2: 300.610a) 300.1210d)2) 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 300.1210 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: 2) All treatments and procedures shall be administered as ordered by the physician. These Regulations are 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

TITLE

(X6) DATE

Electronically Signed

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S9999	<p>Continued From page 1</p> <p>review the facility failed to ensure the prescribed treatment orders were in place for a resident with a right heel ulcer and failed to change a resident's intravenous central line dressing. This applies to 2 of 5 residents (R9, R1) reviewed for treatments in the sample of 9.</p> <p>The findings include:</p> <p>1. R9's Physician Order Sheets (P.O.S.) dated April 2024 shows he is a 68-year-old male admitted on 3/27/24 with diagnoses including sepsis, heart disease, peripheral vascular disease, hemiplegia, and hemiparesis affecting left non-dominant side, type 2 diabetes with diabetic neuropathy, congestive heart failure and morbid obesity.</p> <p>On 4/15/24 at 9:42 AM, R9 was observed in his room lying in bed. Gauze dressings with kerlix wraps were in place to both lower legs from his calf to his feet. R9 said he has sores on his feet.</p> <p>R9's Physician Wound Progress note dated 4/8/24 shows a right heel diabetic ulcer measuring 2.5 cm (centimeters) x 4.2 cm x 0.1 cm. The treatment orders include to apply betadine and cover with foam dressing every other day.</p> <p>R9's P.O.S. dated April 2024 shows orders 7 days later on 4/15/24, right heel cleanse with normal saline, apply betadine to heel, cover with ABD pad and wrap with kerlix and gauze three times weekly.</p> <p>On 4/16/24 at 11:37 AM, V7 (Wound Nurse) said R9 has multiple wounds on his legs. He is being followed by the wound physician and podiatry regarding his surgical wounds on his legs/toes.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>R9's orders were confusing because of the two physicians following his wounds. The wound physician is following his right heel ulcer and he rounds weekly. The orders get faxed or emailed to the facility and they come late. V7 said she did not know R9's right heel order was changed by the wound physician on 4/8/24. V7 said I don't always get the wound physician orders to verify the correct treatment order is in place.</p> <p>The facility's Skin Condition Assessment & Monitoring Pressure and Non-Pressure Policy revised 2018 states, "To establish guidelines for assessing, monitoring and documenting the presence of skin breakdown, pressure injuries and other non-pressure skin conditions and assuring interventions are implemented ...Physician ordered treatments shall be initialed by the staff on the electronic Treatment Administration Record after each administration ...".</p> <p>2. On 4/15/24 at 9:25 AM, R1 was in her room sitting in her wheelchair. R1's shirt was pushed up over R1's left arm and a central venous catheter was visible. The dressing of R1's catheter was undated and had multiple pieces of tape over the transparent catheter dressing. The bottom right corner of the dressing was loose and lifting.</p> <p>On 4/15/24 at 1:50 PM, V4 Registered Nurse (RN) said central catheter dressings are changed weekly and are supposed to be dated and initialed. V4 said if the dressing is loose it needs to be changed right away. V4 said it can be very dangerous because the patient could get an infection.</p> <p>On 4/15/24 at 1:52 PM, V5 RN Supervisor said</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>she administered R1's intravenous antibiotic through R1's central venous catheter earlier and had not noticed any concerns with R1's dressing. V5 said the dressings are changed weekly on Friday and should be initialed and dated when changed.</p> <p>R1's Physician Orders dated 4/1/24 shows "Dressing Change: Change Catheter site dressing-Q (every) week and prn."</p> <p>The facility's Central Venous Access Devices: Site Care and Dressing Change Policy dated 12/2014 shows "The catheter insertion site is a potential entry site for bacteria that may cause a catheter related infection. Dressing changes using transparent dressing are performed: If the integrity of the dressing has been compromised (wet, loose, soiled).</p> <p>(C)</p> <p>Statement of Licensure Violations 2 of 2: 300.610a) 300.696d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>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</p>	S9999		
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S9999	<p>Continued From page 4 and dated minutes of the meeting.</p> <p>SECTION 300.696 Infection Prevention and Control</p> <p>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):</p> <p>6) Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to implement an Enhanced Barrier Precautions (EBP) Protocol and failed to place a resident on contact isolation for a MRSA (Methicillin-resistant Staphylococcus Aureus) infected wound which applies to all 139 residents in the facility.</p> <p>The findings include:</p> <p>1. The Facility Data sheet dated 4/15/24 showed the facility census as 139 residents.</p> <p>On 4/15/24, during the initial tour, only 1 resident room had an EBP isolation sign in place.</p> <p>The facility's urinary catheter list dated 4/15/24 showed the facility had 17 residents with urinary catheters.</p> <p>The facility's wound tracking list dated 4/15/24</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>showed the facility had 15 residents with wounds needing dressing changes.</p> <p>The facility's dialysis residents list dated 4/15/24 showed the facility had 6 dialysis residents with Central Venous Catheters for dialysis accesses.</p> <p>On 4/15/24 at 11:50 AM, V5 Nursing Supervisor entered R5's room to hang an antibiotic. V5 only wore gloves into the room. R5 has a urinary catheter, pressure wound, and mid-line intravenous line. V5 stated currently gloves are the only PPE (personal protective equipment) needed for the procedure.</p> <p>On 4/15/24 at 1:50 PM, V6 Infection Control Preventionist stated R2 is the only resident currently on EBP. R2 is the "test pilot resident" for the EBP protocols the facility is putting into place. V6 stated the facility was putting an EBP protocol in place by introducing staffing education in 4 phases. The EBP protocol is currently not in place for the whole facility. It is being trialed on the 100 hallway with R2.</p> <p>On 4/15/24 at 2:50 PM, V1 Administrator and V2 Director of Nursing stated the facility's EBP protocol was not in place as of 4/1/24. V2 stated EBP will be put into place after the staff is educated with a target date of 4/22/24.</p> <p>The facility's Enhanced Barrier Precautions Policy dated 4/8/24 showed EBP isolation is indicated for residents who have been colonized with a multidrug-resistant organism or indwelling medical device which includes midlines, dialysis catheters, and urinary catheters.</p> <p>The Centers for Medicare and Medicaid Services Memorandum dated 3/20/2024 showed the</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>effective date for EBP to be initiated as a standard of care was 4/1/24.</p> <p>2. On 4/15/24 at 9:25 AM, R1 was in her room in her wheelchair. R1 had a gauze bandage on her right ankle/lower leg area. There was no isolation sign posted on or around R1's door.</p> <p>On 4/15/24 at 11:27 AM, V3 Licensed Practical Nurse said R1 has Methicillin Resistant Staphylococcus aureus (MRSA) in her wound. V3 said R1 is not on isolation.</p> <p>R1's Wound Culture Report Final dated 4/1/24 shows "Gram Stain: Rare Gram-Positive Cocci and Methicillin Resistant Staphylococcus aureus few."</p> <p>R1's Physician Progress Note dated 4/8/24 shows "R arterial wound, MRSA wound, right lower extremity (RLE) cellulitis, transitioned to Vanco Intra venous on 4/1/24 for MRSA in wound with cellulitis spreading on RLE."</p> <p>On 4/16/24 at 2:20 PM, V6 Assistant Director of Nursing/Infection Preventionist said R1's MRSA in her wound is contained so she is not on isolation. When asked how would staff know to gown/glove when providing close contact care. V6 said when we roll out Enhanced Barrier Precautions, R1 will be on them. V6 said there should be an order for staff to gown up when doing wound care.</p> <p>R1's Physician Orders for April 2024 did not show any orders for isolation or to don personal protective equipment when doing dressing changes.</p> <p>The facility's Infection Precaution Guidelines dated 5/15/23 shows "It is the policy of this facility</p>	S9999		
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S9999	Continued From page 7 to, when necessary, prevent the transmission of infections within the facility through the use of Isolation Precautions. Transmission-Based Precautions will be employed for known or suspected infections for which the route of transmission/prevention is known. (C)	S9999		