

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>IL6008874</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>05/16/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ASCENSION SAINT BENEDICT</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6930 WEST TOUHY AVENUE<br/>NILES, IL 60714</b> |
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| S 000              | Initial Comments  | S 000         |   |                    |
| S9999              | <p>Annual Licensure and Recertification Survey</p> <p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.1210a)<br/>300.1210b)3)<br/>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 resident to meet the total nursing and personal care needs of the resident.</p> | S9999         |   |                    |

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
Electronically Signed

TITLE

(X6) DATE  
06/10/24

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| S9999              | <p>Continued From page 1</p> <p>3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to monitor and assess for signs of urinary catheter obstruction and monitor urine output for one (R21) of one resident reviewed for urinary tract infections on the sample list of 37. This failure resulted in R21's emergent hospitalization and diagnosis of severe sepsis and acute kidney injury.</p> <p>Findings include:</p> <p>R21 is a 92-year-old female admitted to the facility on 02/01/2024 with diagnosis including but not limited to Metabolic Encephalopathy; Alzheimer's Disease; Age related Osteoporosis; Anemia; and Peripheral Vascular Disease.</p> <p>R21's physician order dated 02/01/2024 reads in part, "(Urinary) catheter care every shift; Change (Urinary) catheter as needed."</p> <p>R21's care plan reads in part, "Problem onset: (R21) has (urinary) catheter to assist in unstageable sacral pressure ulcer. Approaches:</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 2</p> <p>Ongoing assessment of color, clarity and character of (R21's) urine; Ongoing assessment of (R21's) for symptoms of urinary trac infection; Change (R21's) catheter tubing/bag per protocol and as needed."</p> <p>On 05/15/24 at 11:04 AM V16 (Licensed Practical Nurse) stated in summary: Urinary catheter care is split between nurses and Certified Nursing Assistants (CNAs). Nurses flush urinary catheter if there is an order. CNAs do catheter perineal care and empty urinary catheter bags and report to the nurse if there are any changes in urine appearance. If a CNA reports to the nurse that there is a sediment or change in urine appearance or output volume, the nurse will call the doctor and obtain flush order unless there is existing order. Nurses are obligated to assess the catheter every shift. I might have worked with R21 on days prior to her hospitalization but I did not notice any changes in the urine output or appearance. We don't document catheter assessments if there are no concerns, we are not obligated to document on routine catheter assessment.</p> <p>On 05/15/24 at 11:17 AM V3 (Quality Director/Infection Preventionist) stated in summary: Urinary catheter care is divided between nurses and CNAs. Nurses insert urinary catheter, flush it, and obtain specimen samples. CNAs do perineal care along with catheter care and change the bag if needed. Nurses and CNAs are required to assess urinary catheters every shift (three shifts a day). Urinary catheter assessment is done to prevent infections and to monitor for symptoms of dehydration. Nurse's urinary catheter assessment should consist of urine appearance, signs of occlusion, determination whether catheter is intact and</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 3</p> <p>patent, scheduled bag or catheter change, and flushing. CNAs would change urinary bag if catheter went from full bag to a leg bag and opposite, and they are also required to clean the catheter tube. On 04/22/2024, Agency nurse was on duty, and she called me to further assess R21. R21's blood pressure was dropping, and she was unresponsive. I went and called the doctor and said that we will be sending R21 to the hospital.</p> <p>On 05/15/24 at 11:54 AM V17 (Certified Nursing Assistant) stated in summary: Certified Nursing Assistants have to make sure urinary bags are emptied by the end of the shift. I was told to report if I see any blood in the urine, resident experiences pain from the catheter, or if something looks different in general. Facility's expectation for catheter monitoring is every time I provide perineal care. Catheter perineal care should be done at the beginning of each shift, especially, to make sure bag is empty. If a urinary catheter is obstructed the urine will not drain to the bag and that should be reported to the nurse. We are required to document that urinary catheter is present but not that the bag was emptied, or care was provided.</p> <p>On 05/15/24 at 12:32 PM V18 (Certified Nursing Assistant) stated in summary: I took care on R21 on the morning of 04/22/024. I noticed that R21 was "out of it", and she didn't look good, so I notified the nurse (V16) on duty. I performed R21 perineal care before earlier that morning, I didn't notice anything different with her catheter, there was no urine or sediment in the tubing and urinary bag was empty.</p> <p>On 05/15/24 at 02:21 PM V16 (LPN) stated in summary: I work on both days before R21 was hospitalized and there was nothing wrong with</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 4</p> <p>R21's catheter on 04/20/2024 and 04/21/2024, at least I didn't document anything in the progress note, which means there was nothing unusual. CNAs didn't notify me of anything unusual either. We are not required to document urinary catheter output. If there is no urine output, CNAs usually notify the nurse. Urinary catheter care consists of checking that catheter is intact, and there are no problems with it. Urinary catheter assessment is done quarterly. Nurses and CNAs are both responsible for catheter assessment. There is no daily urinary catheter assessment documentation required by the facility.</p> <p>On 05/15/24 at 03:47 PM V2 (Director of Nursing) stated in summary: Urinary output is not required to be documented; it is something we need to implement. Urinary catheter care is documented in the Treatment Administration Record, and it shows that nurses ensuring that urinary catheter care has been done properly by CNAs. Surveyor pointed out that R21's Treatment Administration Record shows that urinary catheter care was done on two shifts after R21 was transferred to the hospital on 04/22/2024, V2 (DON) stated, "I doubt nurses went to the hospital to check on R22's urinary catheter, nurses should be documenting what they truly done."</p> <p>On 05/16/24 at 11:26 AM V27 (Medical Director) stated in summary: Urinary catheter calcification is a buildup of calcium and plaque that occurs in the bladder and can transfer into catheter tubing and urinary bag. I don't know how long it takes for calcification to build up to the point of obstruction. Obstructive uropathy is an obstruction of urine drainage that can cause urinary retention. Obstruction causes urine to be stagnant in the bladder and that's what causes infection, but the time frame to develop infection depends on the</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 5</p> <p>resident. Urinary catheter should be flushed at least once a shift, I imagine it is included in the urinary catheter care. It is important to document residents' urinary output to monitor whether urinary catheter is obstructed. Urine output should be documented once a shift.</p> <p>Progress note dated 04/22/2024 at 12:37 PM written by V3 (Quality Director/Infection Preventionist) reads in part, "Today, approximately at 11:30 (AM), (R21's) bp (blood pressure) was 87/56 with spo2 (oxygen saturation) at 97%. Intact (urinary) catheter draining dark colored urine."</p> <p>Hospital record dated 04/22/2024 4:42 PM reads in part, "HPI (History of present illness): (R21) from nursing home after being found to be unresponsive today, with tachycardia and hypotension. Per (family member) at bedside, states that (R21) was eating appropriately and acting her normal self approximately 1 week ago and is nervous (R21) has developed yet another infection that has led to today symptom. Diagnosis: Severe Sepsis, Dehydration, AKI (Acute Kidney Injury). Assessment: It is clear (urinary) catheter has not been replaced for multiple days and had calcified to the point of obstruction. Obstructive uropathy with subsequent UTI (urinary trac infection) found on physical exam and laboratory findings."</p> <p>R21's (Urinary) catheter care record for February, March and April (1st to 21st) 2024 show that urinary catheter care was done inconsistently.</p> <p>R21's (Urinary) catheter care record for April 22, 2024, shows that urinary care was documented after R21's hospital transfer. Urinary catheter care record appears inaccurate and not well</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 6</p> <p>documented .</p> <p>R21's Change (urinary) catheter as needed record shows that R21's urinary catheter was never documented as changed between 02/01/2024 and 04/22/2024.</p> <p>There is no record of R21's urinary catheter output documented between 02/01/2024 and 04/22/2024.</p> <p>There is no record of R21's assessment, change in condition, or vital signs documented in days preceding to 04/22/2024. Last know vital signs set checked on 02/16/2024.</p> <p>The facility policy "Procedure: Urinary Catheter Care" dated 01/2024 reads in part, "Observe the resident's urine level for noticeable increases or decreases. If the level stays the same, or increases rapidly, report it to the physician or supervisor. It is suggested to change catheters and drainage bags based on clinical indications such as infection, obstruction, or when the closed system is compromised. Observe for other signs and symptoms of urinary trac infection or urinary retention. Report findings to the physician or supervisor immediately. If the catheter material is contributing to obstruction, notify the physician and change the catheter if instructed to do so."</p> <p>(A)</p> | S9999         |   |                    |