

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001770</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/02/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CISNE REHABILITATION &amp; HEALTH CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>107 NORTH WATKINS STREET CISNE, IL 62823</b>
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S 000	Initial Comments  Annual Health Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.610a) 300.1210a) 300.1210b) 300.1210d)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 300.1210 General Requirements for Nursing and Personal Care  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	S9999		

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

TITLE

(X6) DATE  
05/25/24

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S9999	<p>Continued From page 1</p> <p>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> <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>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>Thses requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure chemical products were stored per current standards of practice and failed to ensure person centered fall interventions were</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>implemented after a fall incident for 2 (R15 and R12) of 2 dementia care residents reviewed for accidents/hazards in the sample of 22. This failure resulted in R15 experiencing nausea and vomiting.</p> <p>Findings Include:</p> <p>1. R15's "Profile Face Sheet" documented an "Original Admit Date" to the facility as 12/31/22. This form also documented R15 as being a 75 year old female.</p> <p>R15's "Cumulative Diagnosis Log" documented a diagnosis of Early onset Alzheimer's Dementia with Behavioral Disturbance.</p> <p>A "Nurses Note" dated 1/16/24 at 5 PM documented R15 was observed in her room with a bottle of "(Odor Eliminator)" in hand and large emesis on the floor. No signs of distress were noted and vital signs are documented as being stable. 30% of the liquid in the bottle is documented as remaining. V5 is documented as being contacted with orders to monitor R15's Vital Signs every 4 hours x 3, push fluids and send to the Emergency Room if any change in status is noted.</p> <p>On 05/01/24 at 11:40 AM, V2 (Director of Nursing) stated that she was working at the time R15 ingested "(Odor Eliminator)." V2 stated that R15 couldn't have drank much of the product, because it was a small trial size bottle that had been left in her bedside table, she assumes for staff convenience as R15 had been experiencing loose stools. V2 stated immediately V5 (Medical Director) and the Poison Control Center were contacted. R15 experienced a large emesis following injection of the product with no further</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>concerns noted. V5 had ordered for Vital Signs to be monitored for 3 days and send to the Emergency Room for evaluation and treatment should R15 experience any change in condition. V2 stated R15 experienced no ongoing ill effects from the consumption of the product and fluids were encouraged to help do a system flush. V2 stated all resident rooms and areas were checked to ensure potentially hazardous liquids were not obtainable by residents. V2 stated the product is no longer used by the facility. V2 confirmed that the product should not have been stored where R15 could obtain and consume it.</p> <p>R15's Minimum Data Set (MDS) with an "Assessment Reference Date" of 9/6/23 documented in Section C0500 a Brief Interview for Mental Status (BIMS) score of "99" indicating R15 was unable to complete the interview. Section C1000, "Cognitive Skills for Daily Decision Making" documented a score of "3", indicating "Severely Impaired - never/rarely made decisions."</p> <p>R15's Current Plan of Care documented a "Problem/Need" area with a stated date of 6/6/23 for having "Risk factors that require monitoring and intervention to reduce potential for self injury. (Consider medical conditions, sensory alterations, balance, gait, assistive devices, cognition, mood/behavior, safety awareness, compliance, medications, restrictions, restraints)..."</p> <p>"Approach/Interventions" listed for this area include, "Review quarterly and prn (as needed) Resident's ADL *activities of daily living), mobility, cognitive, behavior and overall medical status. IDT (Interdisciplinary Team) review of changes and needs with resident and/or responsible party (when choose to attend) during care plan."</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>A "Safety Data Sheet" found via "<a href="https://dermarite.com/wp-content/uploads/2015/05/ByeBye-Odor-Rev-03.pdf">https://dermarite.com/wp-content/uploads/2015/05/ByeBye-Odor-Rev-03.pdf</a>" with a most recent date prepared of 2/2/23, documented the recommended use for "(Odor Eliminator)" was to use as an air and fabric freshener. The same safety data sheet listed in Section XI - Toxicology Information: ingestion may cause nausea, vomiting, and diarrhea; you should drink water. Skin; flush skin with water.</p> <p>An undated facility policy titled, "Hazardous and Toxic Substances" stated, "...8. Hazardous and toxic substances shall be stored in locked cabinets or in a similar physically separate placed (sic) and used for no other purpose which is not accessible to residents."</p> <p>2. R12's "Profile Face sheet" documented R12 as 91 years old with an admission date to the facility of 05/20/2022. Diagnoses listed on "Cumulative Diagnosis Log" include Type II Diabetes Mellitus, Gout, Osteoporosis, Squamous Cell Carcinoma, Neuropathy, Peripheral Artery Disease, Coronary Artery Disease, and Dementia.</p> <p>R12's "Nurse Note" dated 03/29/24 with a time of 2:45 PM documented that R12 had a fall in her bathroom. R12 was reminded and encouraged to use call light and wait for assistance before transferring.</p> <p>R12's care plan lists a Category of "Falls" with a start date of 06/06/2022 and documents R12 has risk factors that require monitoring and intervention to reduce potential for self injury. Risk factors include diagnosis of dementia causing episodes of forgetfulness and unawareness of safety limitations at times. The Goal documents Resident will follow safety</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>suggestions and limitations with supervision and verbal reminders for better control of risk factors thru next 90 days. Interventions listed, all with start dates of 06/06/2022 include: Review quarterly and prn (as needed) Resident's ADL (Activities of Daily Living), mobility, cognitive, behavior and overall medical status. IDT (Interdisciplinary Team) review of changes and needs w/ (with) Resident and/or Responsible Party (when choose to attend) during care plan. Discuss fall related information to review and revise plan as needed. Review quarterly and as needed during daily care and services of Resident's plan for safety, giving verbal cues as needed to gain Resident participation in minimizing risk factors and injury. IDT review of function and referral to PT (Physical Therapy) as needed for change in function, and IDT review of function and referral to OT (Occupational Therapy) as needed for change in function. R12's care plan does not include information regarding the fall that occurred on 3/29/2024, nor were any updated, person centered fall interventions added after the fall incident.</p> <p>On 05/01/24 at 02:29 PM, V6 (Minimum Data Set [MDS]/Care Plan Nurse) stated she was rushing trying to complete the care plans and must have forgotten to finish them.</p> <p>On 05/01/24 at 03:05 PM, V6 stated that the most up to date care plan was in R12's chart. V6 stated if there were interventions they would be documented on the page under the specific section on the care plan.</p> <p>The "Comprehensive Care Planning" policy with a most recent revision date of 11/1/17 stated, "It is the policy of (Corporation Name) to comprehensively assess and periodically</p>	S9999		

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S9999	Continued From page 6  reassess each Resident admitted to this facility. The results of this Resident assessment shall serve as the basis for determining each Resident's strengths, needs, goals, life history and preferences to develop a person centered comprehensive plan of care for each Resident that will describe the services that are to be furnished to attain or maintaining the Resident's highest practicable physical, mental, and psychosocial well-being.... a. The CCP (Comprehensive Care Plan) shall be reviewed after each Annual, Significant Change and Quarterly MDS (Minimum Data Set) and revised as necessary to reflect the resident's current medical, nursing, and mental and psychosocial needs as identified by the IDT (Interdisciplinary Team)."  (B)	S9999		