

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER St Anthony's Nsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 767 30th Street Rock Island, IL 61201	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>32189</p> <p>Based on record review and interview, the facility failed to ensure residents cares were implemented for four of six residents (R1, R2, R4, R6) reviewed for improper nursing care in a sample of six.</p> <p>Findings include:</p> <p>The Wound Care Policy, no date, documents If the residents Braden score equals out to high risk, they will continue to have appropriate interventions in place deemed necessary by wound care nurse/Director of Nursing. Any high-risk resident or a resident with a wound will receive the appropriate pressure relieving devices deemed appropriate by the wound care nurse/Director of Nursing.</p> <p>The Scabies Policy, reviewed 01/01/24, documents 5. Identification Regular skin assessments should be conducted for all residents to identify signs and symptoms of scabies. 6. Diagnosis Skin scrapings should be obtained to confirm the presence of mites.9. Monitoring and Follow-up Reassess residents forty-eight hours after treatment to ensure the effectiveness of the treatment and absence of new symptoms.</p> <p>1. R1's 3/11/24 Wound Care Notes documents R1's Left Distal Thigh wound type is surgical; Left Hip wound type was surgical and Left Posterior Knee wound type was a result from trauma.</p> <p>R1's 5/1/24 through 5/31/24 Treatment Administration Record noted the following:</p> <p>Left posterior knee wound care was not conducted 16 of 31 days;</p> <p>Left Distal Thigh wound care was not conducted 10 of 31 days;</p> <p>Left Hip wound care was not conducted 16 of 31 days.</p> <p>Weigh once daily on Monday, Wednesday and Friday was not conducted ten of 14 days;</p> <p>Apply Barrier Cream twice daiy was not conducted per order 13 of 62 ordered treatments;</p> <p>Extensor brace to left leg twice daily was not conducted 14 of 62 ordered treatments.</p> <p>R1's 6/1/24 through 6/31/24 Treatment Administration Record noted the following:</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Left posterior knee wound care was not conducted seven of 30 days;</p> <p>Left Distal Thigh wound care was not conducted four of 30 days;</p> <p>Left Hip wound care was not conducted two of ten days.</p> <p>Weigh once daily on Monday, Wednesday and Friday was not conducted seven of 12 days.</p> <p>R1's 07/1/24 through 0/31/24 Treatment Administration Record noted the following:</p> <p>Left posterior knee wound care was not conducted two of eight days;</p> <p>Left Distal Thigh wound care was not conducted two of four days;</p> <p>Left Hip wound care was not conducted one of two days;</p> <p>Gentamycin Ointment apply to left hip every day was not conducted three of eight days;</p> <p>Weigh once daily on Monday, Wednesday and Friday was not conducted two of three days.</p> <p>R1's Braden Scale for Predicting Pressure Ulcer Risks conducted on 08/23/23, 07/27/23 and 05/2/23 documents R1 is a t High-Risk for the development of pressure ulcers.</p> <p>R1's 01/25/24 Careplan documents R1 is totally dependent on one to two staff for repositioning and turning in bed every two hours and as necessary.</p> <p>On 07/30/24, R1 was observed to be in bed lying in a supine position at 9:45 AM, 10:30 AM, 11:05 AM, 1:30 PM, 2:30 PM and 3:15 PM.</p> <p>2. R2's 07/10/24 at 5:44 PM Progress Notes documents R2 was seen by the physician regarding scabs scattered around arms and legs. The physician believes them to be scabies.</p> <p>R2's Medication Administration Record documents on 07/11/24 (discontinue date 07/12/24) the physician's order for Ivermectin give three grams (incorrect dose) by mouth two times a day for scabies was administered on 07/11/24 and 07/12/24.</p> <p>R2's Medication Administration Record documents on 07/15/24 (discontinued 07/22/24) the physician's order for Ivermectin give twenty-one grams (incorrect dose) by mouth one time a day every two weeks on Monday for scabies for two weeks twenty-one milligrams (correct dose) by mouth every two weeks was administered on 07/15/24.</p> <p>R2's Medication Administration Record documents on 07/23/24 Ivermectin three milligrams give twenty-one milligrams by mouth one time only for possible scabies was administered on 07/23/24, 13 days after the initial diagnosis of suspected scabies.</p> <p>R2's Medication Error Report completed by V2 (Director of Nursing) on 07/22/24 documents on 07/15/24 Ivermectin three milligrams was administered and not the twenty-one milligrams as ordered.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R2's Progress Notes documents a physician's order to test R2's skin for scabies was received on 07/22/24.</p> <p>R2's record lacked documentation of the results of final scabies test as of 07/30/24.</p> <p>R2's record lacks documentation of ongoing skin assessments to determine effectiveness of treatment.</p> <p>3. R4's 07/10/24 at 5:44 PM Progress Notes documents R4 was seen by the physician regarding scabs scattered around arms and legs. The physician believes them to be scabies.</p> <p>R4 Medication Administration Record documents on 07/11/24 (discontinue date 07/12/24) the physician's order for Ivermectin give three grams (incorrect dose) by mouth two times a day for scabies was not administered and the record lacked documentation as to the reason the medication was not administered as ordered.</p> <p>R4's Medication Administration Record documents on 07/15/24 (discontinued 07/22/24) the physician's order for Ivermectin give twenty-four grams (incorrect dose) by mouth one time a day every two weeks on Monday for scabies for two weeks twenty-four milligrams (correct dose) by mouth every two weeks was administered on 07/15/24.</p> <p>R4's Medication Error Report completed by V2 (Director of Nursing) on 07/22/24 documents on 07/15/24 Ivermectin twenty-four milligrams (correct dose) was not administered.</p> <p>R4's Medication Administration Record documents on 07/23/24 Ivermectin three milligrams give twenty-four milligrams by mouth one time only for possible scabies was administered on 07/23/24, 13 days after the initial diagnosis of suspected scabies.</p> <p>R4's Progress Notes documents a physician's order to test R4's skin for scabies was received on 07/22/24.</p> <p>R4's record lacked documentation of the results of final scabies test as of 07/30/24.</p> <p>R4's record lacks documentation of ongoing skin assessments to determine effectiveness of treatment.</p> <p>On 07/31/24 at 11:00 AM, V2 (Director of Nursing) stated R4's Ivermectin was not administered on 07/15/24. V2 stated R4's scabies test was not conducted due to confusion between the laboratory and facility specimen collection protocol.</p> <p>On 7/29/24 at 10:55 AM, R4 stated The scabies diagnosis is not confirmed and I have new bites on back of head, arms, both sides (flanks) and legs. They gave him a couple pills for it (scabies) last Monday.</p> <p>4. R6's record documents R6's coccyx wound type is a pressure wound, left great toe and penis wound type is related to traumatic and left hip wound type is a pressure ulcer.</p> <p>R6's 6/1/24 through 6/31/24 Treatment Administration Record noted the following:</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Coccyx wound care was not conducted three of seventeen days;</p> <p>Left Great Toe wound care was not conducted two of two days;</p> <p>Penis wound care was not conducted three of seventeen days.</p> <p>R6's 07/01/24 through 07/31/24 Treatment Administration Record noted the following:</p> <p>Coccyx wound care was not conducted three of sixteen days;</p> <p>Right Ischium wound preventative care was not conducted one of three days;</p> <p>Penis wound care was not conducted eight of 30 days.</p> <p>On 7/30/24 at 2:00 PM, V3 (Assisting Director of Nursing) reviewed R1 and R6's record and confirmed wound care and intervention were not conducted as ordered.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>32189</p> <p>Based on record review, observation and interview, the facility failed to implement isolation precautions as ordered for suspected scabies for one of two residents (R4) reviewed for infection control practices in a sample of nine.</p> <p>Findings include:</p> <p>The Scabies Policy, reviewed 01/01/24, documents PPE (Personal Protective Equipment) Usage: Staff should use gloves and gowns when providing direct care to residents suspected or confirmed to have scabies. Contact Precautions: Implement Contact Precautions for residents with confirmed or suspected scabies, including the use of gloves, gowns, and dedicated equipment.</p> <p>R4's Progress Notes, 7/10/24 at 5:44 PM, documents R4 was seen by the physician regarding scabs scattered around arms and legs. The physician believes them to be scabies. R4 placed on contact isolation.</p> <p>R4's Physician's Order, dated 7/10/24, documents R1 is to be on strict contact precaution isolation related to scabies.</p> <p>On 7/29/24 at 10:15 AM, R4's room lacked a Contact Precaution signage and personal protective equipment.</p> <p>On 7/29/24 at 10:15 AM, R4 stated I'm in isolation. Everyone is to wear gowns and gloves. I don't know what's going on. I have new bites on the back of my head, arms, both sides (pointed to flanks) and legs.</p> <p>On 7/29/24 at 1:45 PM, R4 was observed to be at the nurse's station speaking with staff.</p> <p>On 7/29/24 at 12:45 PM, V2 (Director of Nursing) stated R4 is on contact precautions for scabies, although the test was never obtained to confirm diagnosis.</p> <p>On 7/29/24 at 1:45 PM, V3 (Assisting Director of Nursing) stated R4 should be in contact isolation.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>31283</p> <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on interview, observation and record review, the facility failed to maintain an effective pest management program. This failure has the potential to affect all 80 residents residing in the facility.</p> <p>Findings include:</p> <p>On 07/29/24 at 10:15 AM, R4 stated, In the other room I was in, there were roaches and that is probably what was biting me. Last time I went to the eye doctor, I was waiting in the room and saw a cock roach coming out of my bag. I hurried and killed it and threw it away before the doctor saw it. I have not seen anyone spraying.</p> <p>On 07/29/24 at 10:30 AM, R7 stated, The roaches are big and have wings. They are very prominent in the big and little shower room and soiled linen room. There are roaches in the hall. They like to come out more at night.</p> <p>On 07/29/24 at 11:00 AM, R8 stated, We have roaches and flies down on the third floor. They are big.</p> <p>On 7/29/24 at 2:10 PM, V8 (Housekeeping Supervisor) We have water roaches mostly in the basement, but they are up on the floors too. They come through the pipes.</p> <p>On 7/29/24 at 1:45 PM, V12 (Certified Nursing Assistant) stated, We have huge monster roaches that fly. I've never seen bigger roaches. They like to come out at night.</p> <p>On 7/29/24 at 1:50 PM, V13 (Certified Nursing Assistant) stated, The insects come out at night and there are a lot of them.</p> <p>On 7/30/24 at 10:55 AM, R9 stated, Yes, I saw a roach, waterbug, some type of grasshopper in my room. I don't know what it was, but it was big. That was last month.</p> <p>On 7/30/24 at 10:55 AM, V3 (Assistant Director of Nursing) stated, We have insects here (facility). Why do you think staff keep their purses and bags wrapped in trash bags at the nurse's station? They are at the water coolers, in the elevators and patient's rooms. I've never seen anyone here to spray.</p> <p>On 07/31/24 from 10:50 AM - 11:20 AM, a facility-wide tour was conducted. At 11:05 AM, V9 (Certified Nursing Assistant) was walking toward the soiled utility room carrying a bag of trash and a bag of soiled linens on the facility's 3rd floor. V9 was asked if she had ever observed insects in the building and V9 stated, Yep. Roaches. All the time. They're all over this building, and you see more of them at night. I just stepped on one. Keep walking and you'll see it. Approximately 15 feet further down the hallway in the center of the floor, an insect resembling a cockroach was lying on it's back in the middle of the hall. The insect appeared to have a crush injury, and was slowly moving it's legs and antennae. Multiple, small, white worm-like parasites were crawling out of and around the insect resembling a cockroach.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 07/31/24 at 2:20 PM, V10 (Operational Excellence Specialist) provided copies of various documents from local pest control companies. (Local pest control company #1) Pest Elimination Services Agreement documents an agreement was established on 09/20/22. V10 stated the facility terminated their agreement and has not utilized this company after receiving a significant bill back in February 2024. V10 then provided a copy of an invoice (dated 07/07/24) from (Local pest company#2), that indicates cost of supplies purchased for April 2024 - June 2024. (Local pest control company #2) could not be located in a search directory or contacted via telephone due to a non-working telephone number noted on the form. V10 then provided a copy of a Monthly (local pest control company #3), which did not include a signature page verifying the agreement. V10 stated (local pest control company #3) was in the facility on 07/30/24. On 07/31/24 at 02:30 PM, V11 (Local pest control company #3 representative) stated (local pest control company #3) was at the facility on 07/30/24, but only to provide a quote for future service. V11 stated (local pest company #3) has never provided services for the facility as of 07/31/24.</p> <p>The facility's Daily Census Sheet (dated 07/29/24) documents 80 residents currently reside in the facility.</p>		