

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145524	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Accolade Hc of East Peoria		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Centennial Drive East Peoria, IL 61611	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38805</p> <p>Based on interview and record review, the facility failed to notify the Long Term Care Ombudsman of residents' transfer/discharge to the hospital for four (R3, R22, R38, R45) of four residents reviewed for emergency hospital transfer in the sample of 32.</p> <p>Findings:</p> <p>The facility's Discharge/Transfer Policy Revised 8/2023 documents: Purpose: To provide the facility with guidelines for appropriate discharge and transfer procedures. 6. All discharges and transfers will be reported to the Ombudsman on a monthly basis.</p> <p>1. R3's Progress Notes document R3 was sent to the hospital on 10/11/24 and returned to the facility on [DATE].</p> <p>2. R38's Progress Notes document R38 was sent to the hospital on 8/15/24 and returned to the facility on [DATE].</p> <p>The facility's Admission/Discharge To/From Reports submitted to the Ombudsman dated 10/1/24 to 10/31/24 does not document transfers to the hospital for R3. The facility's Admission/Discharge To/From Reports submitted to the Ombudsman dated 8/1/24 to 8/31/24 does not document transfers to the hospital for R38.</p> <p>On 11/20/24 at 3:20pm, V6 Social Services Director/SSD stated that neither R3's or R38's names were listed on the reports to the Ombudsman; V6 SSD stated that the Ombudsman did not get the accurate information; and stated that R3's and R38's names should have been on the reports because they were discharged to the hospital. V6 SSD stated, I did not realize the names were not on the list until you brought them to my attention.</p> <p>33973</p> <p>3. R22's clinical record documents R22 was transferred to the hospital on 7/28/24 and returned on 8/5/24.</p> <p>The facility's Admission/Discharge To/From Report, dated 7/1/24 to 7/31/24, does not include R22's transfer out to the hospital on 7/28/24.</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. R45's clinical record documents R45 was transferred to the hospital on the following dates: 1/24/24 and returned on 2/1/24; 2/18/24 and returned on 2/21/24, and 4/5/24 and returned on 4/15/24.</p> <p>The facility's Admission/Discharge To/From Reports dated 1/1/24 to 1/31/24, 2/1/24 to 2/28/24, and 4/1/24 to 4/30/24 do not include R45's transfers to the hospital.</p> <p>On 11/20/24, at 12:10pm, V6 Social Service Director/SSD confirmed that the lists she sends to the Ombudsman each month do not include the residents who transfer out to the hospital and return, but only admissions/discharges. V6 is unaware of why the report does not include them.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>33973</p> <p>Based on observation, interview, and record review, the facility failed to ensure glove changes and hand sanitation were completed during a resident's pressure ulcer dressing change for one resident (R33) of one resident reviewed for pressure ulcers in a sample of 32.</p> <p>Findings include:</p> <p>The facility's Hand Washing policy, dated 8/2/17, documents, Purpose: To provide guidelines for adequate hand washing in order to reduce the transmission of organisms from resident to resident, staff to resident, and from resident to nursing staff. Policy: This facility considers hand hygiene the primary means to prevent the spread of infections. All staff will properly wash hands after direct contact with any contaminated substance, after direct resident care, and as instructed. This policy also states Procedure: 6. If hands are not visibly soiled, use hand sanitizer: e. Before handling clean or soiled dressing, gauze pads, etc. f. Before moving from contaminated body site to a clean body site during resident care .h. After handling used dressing, contaminated equipment, etc</p> <p>The facility's Dressing Change policy, dated 8/2017, documents, Purpose: To provide guidelines to Licensed nursing staff for the proper procedure for completing a dressing change. Purpose of the dressing change is to protect the open wound from contamination (contamination), absorb and contain drainage, prevent infection, and promote healing. This policy also states Procedure: 4. Wash hands. 5. Put on gloves. 6. Remove soiled dressing and discard. 7. Remove gloves and discard. 8. Sanitize or wash hands. 9. Put on gloves. 10. Cleanse wound with prescribed solution and gauze. 11. Apply prescribed medication if ordered. 12. Apply dressings and secure with tape if needed. 13. Remove gloves and discard.</p> <p>R33's current Face sheet includes but is not limited to diagnoses of Quadriplegia, unspecified and Pressure Ulcer right buttock stage IV.</p> <p>On 11/21/24, at 10:05am, R33 was in bed lying in prone position. Wearing a face mask, gown and gloves V5 Wound Nurse entered R33's room with wound supplies. V5 removed R33's undated old dressing from R33's right buttock wound and placed it and V5's soiled gloves in a trash bin. V5 used hand sanitizer then donned new gloves. V5 soaked gauze in 0.25% Acetic Acid then cleansed R33's open wound bed and placed the soiled gauze in the same trash bin. Next V5 dipped a cotton tip applicator into the Acetic Acid and further cleansed inside R33's open wound bed then placed the soiled cotton tip applicator in the trash bin. With the same soiled gloves, V5 patted the wound with clean dry gauze, placed this gauze in the trash bin then packed the wound with gauze soaked in Acetic Acid. With the same soiled gloves, V5 covered R33's wound bed with bordered gauze. Then V5 removed his soiled gloves and gown, placed them in the trash bin and used hand sanitizer.</p> <p>On 11/21/24, at 11:45am, V5 Wound Nurse stated that he typically changes gloves after removing the old dressing then cleans the wound and puts on the dressing with the same gloves on. V5 denied that his gloves were soiled from the cleansing of the wound.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/21/24, at 11:54am, V3 Assistant Director of Nursing/ADON stated that staff should change gloves when moving from dirty to clean. So, after they remove the old wound dressing, they should remove their gloves and use hand sanitizer, clean the wound then remove gloves and use hand sanitizer then with new gloves put on the new dressing.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50962</p> <p>Based on observation, interview, and record review the facility failed to follow physician orders on oxygen flow rate for one of one resident reviewed (R2) for oxygen in the sample of 32.</p> <p>Findings include:</p> <p>The facility's Oxygen Administration policy, revised 2/24, documents, Oxygen therapy will be administered to the resident only upon the written order of a licensed physician. It will be administered by way of an oxygen mask, nasal cannula and/or a nasal catheter. It is the responsibility of the Charge Nurse to ensure that residents who have an order for oxygen are receiving the proper amount via the proper way, per physician order. Set the flow meter to the rate ordered by the physician.</p> <p>R2's current admission record documents R2 admitted to the facility on [DATE] and R2 has a diagnosis of mucopurulent chronic bronchitis, chronic respiratory failure with hypoxia, chronic obstructive respiratory disease, and centrilobular emphysema.</p> <p>R2's Minimum Data Set/MDS assessment dated [DATE] documents that R2 is cognitively intact and documents R2 uses oxygen.</p> <p>On 11/19/24, 11/20/24, and 11/21/24 R2's Oxygen concentrator was running and set at 3.5 liters (L).</p> <p>On 11/22/24 R2's Oxygen concentrator was running and set at 3 L.</p> <p>On 11/19/24 at 9:22am, R2 stated he is on oxygen continuously at 3.5L.</p> <p>R2's physician orders dated November 2024 documents an order for Oxygen at 2 liters per nasal cannula to maintain saturation of peripheral oxygen (SPO2) greater than or equal to 90 percent.</p> <p>R2's current Care Plan documents, Monitor pulse oxygen levels and provide oxygen as ordered.</p> <p>On 11/21/24 at 10:06am V7 (Licensed Practical Nurse/LPN) stated she thinks R2 is to be always on 3 L of oxygen. V7 (LPN) verified that R2's physician orders are for R2 to use 2 L of oxygen. V7 (LPN) also verified that R2's oxygen concentrator was set at 3.5 L.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>30722</p> <p>Based on observation, record review and interview the facility failed to provide an appropriate indication for use of antipsychotic medications for two of three residents (R41, R51) with a diagnosis of dementia in a sample of 32.</p> <p>Findings include:</p> <p>The facility's policy titled Psychotropic Medications Protocol revised 01/2024 documents, Residents shall only be given antipsychotic drugs when clinically indicated according to appropriate diagnosis and physician's order. It further documents, Psychotropic Medication: Medication that is used for or listed as used for antipsychotic, antidepressant, anxiolytic, or anti-anxiety behavior modification or behavior management purposes.</p> <p>1) R51's Psychiatry note dated 06/28/24 documents, This is a male patient with a history of depression, anxiety, specified disorders of adult personality behaviors, and dementia. R51's past medical history documents, Daughter reports he is taking Quetiapine for dementia-related behaviors. Diagnosis, Assessment and Plan documents, Unspecified dementia, unspecified severity, with other behavioral disturbance. R51's plan documents, Quetiapine 50 milligrams (by mouth every morning) and 25 milligrams (by mouth at nighttime) for a diagnosis of Dementia related behaviors.</p> <p>R51's Order Summary Sheet dated 11/21/24 documents diagnoses of Other Specified Disorders of Adult Personality and Behavior and Unspecified Dementia, Unspecified Severity, with other Behavioral Disturbance.</p> <p>R51's Medication Administration Record for November 2024 documents R51 has an order for Quetiapine 25 milligrams by mouth at bedtime for delirium, and Quetiapine 50 milligrams by mouth one time a day for delirium. These two orders for Quetiapine were changed on 11/19/24 to treat a diagnosis of Other Specified Disorders of Adult Personality and Behavior instead of delirium.</p> <p>R51's Behavior Tracking Sheet has behavior areas of frequent crying, repeats movement, yelling/screaming, kicking hitting, pushing, grabbing, pinching/scratching/spitting, biting, wandering, abusive language, threatening behavior, sexually inappropriate, and rejection of care. For the month of November, it is documented that R51 had behaviors of repetitive movement two times. No other behaviors were documented.</p> <p>On 11/19/24 at 10:50 AM, R51 was sitting in his wheelchair at a table with staff in the therapy room. R51 appeared calm.</p> <p>On 11/19/24 at 12:51 PM, R51 was sitting at a table in a common area of the building and appeared calm.</p> <p>On 11/20/24 at 11:00 AM R51 was sitting in the therapy room in his wheelchair. R51 appeared calm and did not have any repetitive movements, attempts to get out of his chair or agitation.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/21/24 at 1:55 PM R51 was sitting in the therapy room manipulating a piece of white paper. R51 did not appear agitated.</p> <p>On 11/21/24 at 1:00 PM, V3/Assistant Director of Nurses stated R51's most frequent behavior is trying to get up from his chair and he is a high fall risk. V3 stated R51 is very impulsive. V3 was unsure why R51's diagnosis for Quetiapine was changed on 11/19/24 but confirmed these behaviors and R51's diagnoses are not appropriate indications for the use of an antipsychotic.</p> <p>50962</p> <p>2) R41's Admission Record documents that R41's date of admission to the facility was 2/2/23 and her diagnoses on admission include Alzheimer's Disease with early Onset, Dementia in other Diseases classified severe with agitation, adjustment disorder with Mixed Anxiety and Depressed Mood, and Other Symptoms and Signs involving Cognitive Functions and Awareness.</p> <p>R41's Minimum Data Set (MDS) assessment dated documents cognition as severely impaired per staff interview, patient not interviewable.</p> <p>R41's Physician Order dated 11/22/24 documents R41 has an order for Olanzapine (Antipsychotic) 5mg (milligrams) by mouth twice a day for adjustment disorder with mixed Anxiety and Depressed Mood, Restlessness and Agitation.</p> <p>R41's current care plan documents R41 receives antipsychotic medications related to adjustment disorder with Anxiety, Depressed Mood and Restlessness and Agitation.</p> <p>R41's psychiatry note dated 10/10/24, documents that R41 takes Olanzapine (antipsychotic) for Dementia related behaviors.</p> <p>R41's Behavior Tracking Sheets dated May 2024 thru November 2024 documents no observed behaviors.</p> <p>On 11/19/24 at 11:17am, R41's family member stated R41 takes antipsychotic medications for her behaviors of hitting and restlessness. R41's family member also stated adjustments have been made in the past to R41's medications but he refuses any further reduction because her behavior has improved.</p> <p>On 11/20/24 at 9:00am, R41 up in wheelchair in dining room, dressed in clean clothes, well groomed, calm, and awake watching television.</p> <p>11/21/24 10:37am, R41 up in wheelchair in dining room in front of television, awake, dressed in clean clothes, well-groomed and calm.</p> <p>11/21/24 2:51pm, V3 (Assistant Director of Nursing/ADON) stated that R41's diagnosis for the use of Olanzapine (antipsychotic) is not an appropriate diagnosis for the use of this medication.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>30722</p> <p>Based on observation, record review and interview the facility failed to ensure open containers in the kitchen refrigerator were dated. This failure has the potential to affect all residents living in the facility except for R14, R37 and R107 who do not receive oral intake.</p> <p>Findings include:</p> <p>A facility policy titled Food Storage (Dry, Refrigerated, and Frozen) dated 2020 documents, 1. General storage guidelines to be followed: f. Leftover contents of cans and prepared food will be stored in covered, labeled and dated containers in refrigerators and/or freezers.</p> <p>On 11/19/24 at 9:40 AM, the kitchen refrigerator contained open, undated items including salsa, sweet and sour sauce, Teriyaki sauce, pickle relish, and French dressing.</p> <p>On 11/19/24 at 9:40 AM, V10/Executive Chef, confirmed these items were not dated but should have dates written on them and stated, You got me.</p>