

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145694	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Renwick Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 Hennepin Drive Joliet, IL 60435	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16746</p> <p>Based on observation, interview and record review, the facility failed to assist residents identified as needing assistance with personal hygiene, grooming and incontinence care.</p> <p>This applies to 6 of 6 residents (R13, R23, R25, R56, R71 and R76) reviewed for ADL (activities of daily living) in the sample of 19.</p> <p>The findings include:</p> <p>1. R13 had multiple diagnoses including dementia with anxiety, based on the face sheet.</p> <p>R13's quarterly MDS (minimum data set) dated September 5, 2024, showed that the resident was severely impaired with cognition. The same MDS showed that R13 had impaired functional ROM (range of motion) on both sides of his upper extremities and required total assistance from the staff with personal hygiene.</p> <p>On October 21, 2024, at 10:35 AM, R13 was in bed, alert and verbally responsive. R13's fingernails were short, but all had accumulation of black substances under the nails. R13 stated that she wanted the staff to clean her fingernails.</p> <p>On October 22, 2024, at 2:34 PM, R13 was in bed, alert and verbally responsive. R13's fingernails were short, but all had accumulation of black substances under the nails. V3 (Assistant Director of Nursing) was present during the observation and stated that R13's fingernails needed cleaning. According to V3, R13 needs staff assistance with nail care.</p> <p>R13's active care plan initiated on October 1, 2023, showed that the resident has an ADL self-care performance deficit, and her needs and participation may vary related to activity intolerance, confusion, and limited mobility. The same care plan showed multiple interventions including provision of one staff total assistance with personal hygiene.</p> <p>2. R25 had multiple diagnoses including dementia with other behavioral disturbance, based on the face sheet.</p> <p>R25's significant change in status MDS dated [DATE], showed that the resident was severely impaired with cognition. The same MDS showed that R25 had impaired functional ROM on one side of her upper extremity and required total assistance from the staff with personal hygiene.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On October 21, 2024, at 9:56 AM, R25 was sitting in her high back reclining wheelchair inside the unit dining/activity area. R25 was alert and responds to simple questions only. R25's fingernails were long, jagged with black substances under most of her nails. R25 also had accumulation of long chin hair.</p> <p>On October 22, 2024, at 9:57 AM, R25 was sitting in her high back reclining wheelchair inside the unit dining/activity area. R25 was alert but confused. R25's fingernails were long, jagged with black substances under most of her nails and she had accumulation of long chin hair. V3 was present during the observation and stated that R25's fingernails needed trimming and cleaning and the resident also needed shaving. V3 stated that R25 needs staff assistance with nail care and removal of facial hair.</p> <p>R25's active care plan initiated on July 10, 2022, showed that the resident has ADL self-care performance deficit. The same care plan showed multiple interventions including extensive assistance with personal hygiene.</p> <p>3. R76 had multiple diagnoses including type 2 diabetes mellitus, severe morbid obesity due to excess calories and arthritis (multiple sites), based on the face sheet.</p> <p>R76's annual MDS dated [DATE], showed that the resident was cognitively intact. The same MDS showed that R76 had impaired ROM on both sides of his upper extremities and required assistance from the staff with personal hygiene.</p> <p>On October 21, 2024, at 10:58 AM, R76 was in bed, alert, oriented and verbally responsive. R76 had swelling and pain on his left hand. R76's fingernails were long and jagged with black substances under some of the nails. According to R76 he had requested the staff to trim and clean his fingernails the day before, but no staff assistance was provided.</p> <p>On October 22, 2024, at 10:00 AM, R76 was sitting in his wheelchair by the door of his room. R76 was alert, oriented and verbally responsive. R76's fingernails were long and jagged with black substances under some of the nails. V3 was present during the observation and stated that R76's fingernails needed trimming and cleaning. In the presence of V3, R76 stated that he had been asking the staff to trim and clean his fingernails. V3 stated that R76 needs staff assistance with nail care.</p> <p>R76's active care plan initiated on September 9, 2023, showed that the resident has ADL self-care performance deficit. The same care plan showed multiple interventions including, need for assistance with ADL care.</p> <p>On October 23, 2024, at 2:28 PM, V3 stated that it is part of the facility's nursing care and services to assist all residents needing assistance with ADLs including shaving/removal of unwanted facial hair, especially for female residents and nail care. According to V3, all residents needing assistance with ADLs should be assisted by the staff to ensure and maintain the resident's good hygiene and grooming.</p> <p>29562</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. R23's face sheet showed that R23 is [AGE] years-old with multiple medical diagnoses which include hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side, and muscle wasting and atrophy on multiple sites of his body. Minimum Data Set (MDS) dated [DATE], shows that R23 is severely impaired with his cognitive skills for daily decision making. The same MDS shows that R23 requires total assistance for activities of daily living (ADL) care.</p> <p>On October 21, 2024, at 10:25 AM, R23 was sleeping in his bed. He was observed with overgrown dirty fingernails that has brown/black substances underneath nails, with brownish discoloration on his nail beds. R23's right wrist was folded and contracted forward causing his right middle fingernails to dig on his skin. R23 also displayed unkept overgrown facial stubbles.</p> <p>On October 22, 2024, at 1:43 PM, R23 remained with overgrown dirty fingernails and unkept overgrown facial stubbles.</p> <p>R23's active ADL care plan shows R23 exhibits a deficit in ADL self-care performance related to confusion, cerebrovascular accident (CVA), dementia, fatigue, hemiplegia, contractures, impaired balance, limited mobility, restricted range of motion (ROM), musculoskeletal impairment, and weakness. The same MDS shows R23 will be kept clean comfortable, and that R23 requires total assistance for grooming/hygiene.</p> <p>5. R56's face sheet showed that R56 is [AGE] years-old with multiple medical diagnoses which include spinal stenosis on the lumbosacral region. MDS dated [DATE], shows that R56 is alert and oriented, and requires extensive assistance with grooming/hygiene care.</p> <p>On October 21, 2024, at 4:44 PM, R56 was resting on her bed. There was a pervasive urine odor in her bedroom. There was an incontinence brief in the garbage bin on the floor beside her bed that was heavily saturated with urine. R56 said that she was last changed at 2 PM and prior to that was after breakfast. R56 also displayed facial hair to upper lip and chin. R56 stated she would like her facial hair shaven.</p> <p>On October 22, 2024, at 2:37 PM, R56 remained with overgrown facial hair, and she stated again that she would like her facial hair shaven.</p> <p>R56's active care plan shows The resident has an ADL self-care performance deficit r/t (related to) Activity Intolerance, Impaired Balance, Limited Mobility, Musculoskeletal Impairment.</p> <p>6. R71's face sheet showed s R71 is [AGE] years-old who has multiple medical diagnoses which include aphasia following cerebral infarction, cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery, and bladder disorder. R71's MDS dated [DATE], shows that she is cognitively impaired based on her BIMS (Brief Interview for Mental Status) score. The same MDS shows that R71 needs assistance with grooming/hygiene.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On October 22, 2024, at 11:17 AM, R71 came out of her bedroom tearful, she was not wearing any shirt or blouse which exposed her upper trunk including her breast. R71's hair was uncombed and tangled on a bun, she had overgrown dirty fingernails with brown/black substance underneath her nails, and overgrown facial hair on her upper lip and chin. R71 showed that she had loose stools, her hands and thighs had fecal smears. R71's bedroom had strong fecal and urine odor. V32 (Certified Nursing Assistant/CNA) came to assist R71 with the incontinence care, and assisted R71 to get dressed. Afterwards, V32 encouraged R71 to wash her hands. V32 did not provide nail and facial care.</p> <p>On October 23, 2024, at 2:15 PM, V2 (Director of Nursing/DON) stated that ADL care consist of grooming and hygiene. This includes nail care, combing, shaving, and dressing for dignity, comfort, and quality of life.</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16746</p> <p>Based on observation, interview, and record review the facility failed to assess and provide splint and therapy services to residents, to prevent further reduction in ROM (range of motion).</p> <p>This applies to 2 of 3 residents (R23 and R32) reviewed for range of motion in the sample of 19.</p> <p>The findings include:</p> <p>1. R32 had multiple diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting left dominant side and left-hand contracture, based on the face sheet.</p> <p>R32's quarterly MDS (minimum data set) dated September 25, 2024, showed that the resident was cognitively intact. The MDS showed that R32 had functional limitation in ROM on one side of her upper extremity. The same MDS showed that R32 required maximum to total assistance from the staff with her ADL's (activities of daily living).</p> <p>On October 21, 2024, at 11:07 AM, R32 was in bed, alert, oriented and verbally responsive. R32 had weakness on her left arm and her left hand, wrist and fingers had limited ROM because she was not able to move her left wrist, open her left hand and extend her left fingers without the help of her right hand. R32 had no splint or device on her left hand and wrist. According to R32 she was supposed to wear a splint/device on her left hand for at least four hours during the day and claimed that she has not used the said splint/device for at least two days, since last Saturday and Sunday (October 19 and 20, 2024). R32 was asked where she keep her left-hand splint/device. R32 pointed to a plastic drawer located by the foot side of her bed and gave permission to open the drawer. Inside the top plastic drawer was a carrot hand splint/palm protector. R32 stated that she does not know if the staff will apply her left-hand splint/device that day.</p> <p>On October 22, 2024, at 10:15 AM, R32 was in bed, alert, oriented and verbally responsive. R32 had weakness on her left arm and her left hand, wrist, fingers with limited ROM and the resident was not able to move her left wrist, open her left hand and extend her left fingers without the help of her right hand. R32 had no splint or device on her left hand and wrist. In the presence of V3 (Assistant Director of Nursing), R32 was asked if the staff applied the left-hand splint/device on October 21, 2024, and the resident responded, no. V3 asked R32 where she kept her left-hand splint/device. R32 pointed to a plastic drawer located by the foot side of her bed. Inside the top plastic drawer was a carrot hand splint/palm protector. V3 stated that she will ask the restorative staff to apply the splint on R32's left hand.</p> <p>R32's active order summary report showed an order dated June 4, 2024, Patient to don (put on) left [NAME] hand orthotic as part of contracture management every morning as tolerated and off at bedtime as tolerated. Patient educated on how to doff (take off) left [NAME] hand orthotic with 100% accurate return demonstration. Staff for support in doffing left [NAME] hand orthotic as needed.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On October 23, 2024, at 12:07 PM, in the presence of V16 (Director of Rehab), V36 (OT/Occupational Therapist) stated that based on R32's occupational therapy evaluation and plan of treatment for service dates April 4, 2024 through June 2, 2024, it was documented that the resident had diagnoses of left wrist stiffness and left hand contracture. V36 stated that R32's left upper extremity ROM was impaired. V36 was informed that during observations made on October 21 and 22, 2024, R32 had weakness on her left arm and her left hand, wrist and fingers had limited ROM and the resident was not able to move her left wrist, open her left hand and extend her left fingers without the help of her right hand. V36 was informed that according to R32, her left-hand carrot splint/palm protector was not applied on October 19, 20 and 21, 2024. According to V36, R32's left hand carrot splint/palm protector should be applied daily as tolerated by the resident to maintain the ROM on the resident's left hand and to prevent possible worsening/decline of the left hand. V36 was asked why R32 only had the order for the left-hand carrot/palm protector when the resident also had limited ROM on her left wrist. V36 stated that based on R32's occupational therapy evaluation and plan of treatment from April 4 through June 2, 2024, R32's left wrist was only stiff and had no indication of ROM limitation. According to V36, she will screen R32 to determine if there was a decline in ROM on the resident's left hand and wrist.</p> <p>R32's occupational therapy screening notes dated October 23, 2024, created by V36 showed, Patient presents with decreased left wrist AAROM (active assisted range of motion) indicating hyperflexion with radial deviation. OT to evaluate and [treatment] as indicated. The same screening notes showed under recommendation, OT indicated.</p> <p>On October 23, 2024, at 2:09 PM, in the presence of V16, V36 stated that she (V36) and V16 both went to R32's room and screened the resident at around 12:30 PM that day. V36 stated that R32 was alert and very oriented during the screening. V36 stated that R32's left hand was in functional position but still with decrease in ROM and her left digits remained contracted. R32 had a decline in ROM on the left wrist which was not present in May 2024. According to V36, R32's left wrist was more flexed with the beginning of contracture and had complained of some pain during extension of the left wrist. V36 stated that R32 was only able to perform 20% of left wrist extension without pain, but pass the 20% of extension, R32 had complained of pain. V16 and V36 both stated that because of the decline in R32's left wrist ROM, the resident will be provided occupational therapy services and will be evaluated during the therapy to address possible change in the splint device to be applied on the left hand which would possibly include the left wrist.</p> <p>29562</p> <p>2. R23's face sheet showed multiple medical diagnoses which include hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side, and muscle wasting, atrophy on multiple sites of his body, and contracture, unspecified joint. R23 was admitted to facility on May 7, 2020.</p> <p>On October 21, 2024, at 10:25 AM, R23 was observed sleeping in bed. R23's right shoulder was stiff, his right elbow was bent inward close to his right chest, with his right wrist bent forward, while his right fingernails digging on his skin. There was no splint observed on any part of his right upper extremity. R23's right thigh and knee were folded abductedly (like spread eagled). At 1:45 PM, R23 remained in the same position with no visible splint.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On October 22, 2024, at 1:43 PM, R23's right extremities remained in the same position, his right fingernails still digging on to his skin (right inner forearm). There was no splint visible.</p> <p>On October 23, 2024, at 10:07 AM, R23 was awake and resting in bed. R23's right extremities were in the same position, there was no splint noted.</p> <p>On October 23, 2024, at 10:50 AM, V36 (Occupational Therapist/OT) stated R23 was referred to her and she evaluated him the day before (October 22). R23 has severe contracture to the elbow and wrist. He has history of abnormal spasticity. R23 seems to have been guarding his right upper extremity due to the spasms that's why it is contracted. At this point his right hand is the only thing flaccid, the elbow, wrist and shoulder are completely contracted. The hand could benefit from the use of palm protector or splint to prevent further hand contracture. V36 also said, she recommended an orthopedic consult, to see if he could benefit from Botox injection and tendon release.</p> <p>R23's Occupational Therapy/OT evaluation treatment dated October 22, 2024, shows:</p> <p>Reason for Referral: Patient is [AGE] years-old with recent referral to skilled OT by nursing due to right hand, wrist, and elbow contracture. High complexity evaluation completed with inability to passively range right elbow and wrist. However, clinician was able to slightly engage patient in PROM of right digits including thumb. Patient will benefit from gentle splinting/orthotic recommendations well as an orthopedic consult for exploration of a possible surgical route to address the severity of right elbow, and right wrist contracture.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29562</p> <p>Based on observation, interview, and record review, the facility failed to provide perineum and catheter care in a manner that would prevent potential urinary tract infection (UTI).</p> <p>This applies to 4 of 5 residents (R23, R56, R71, R79) reviewed for incontinence and catheter care in the sample of 19.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Face sheet shows R71 is [AGE] years-old who has multiple medical diagnoses which include bladder disorder. R71's MDS (Minimum Data Set) dated September 3, 2024, shows that she is cognitively impaired based on her BIMS (Brief Interview for Mental Status) score. The same MDS shows that R71 needs assistance with toileting. On October 22, 2024, at 11:17 AM, R71 came out of her bedroom tearful and asking for help. R71 had a loose stool, her hands and thighs were smeared with fecal matter. V32 (Certified Nursing Assistant/CNA) came and assisted R71 for incontinence care. V32 used the wet wipes to clean R71's rectum and buttocks, and in between thighs. V32 proceeded to apply clean incontinence brief and pants, and confirmed to surveyor that she completed the incontinence care. V32 did not clean the frontal perineum, in addition, R71's right anterior thigh remained with fecal smear. Face sheet shows R79 is [AGE] years-old who has multiple medical diagnoses which include dementia, and benign prostatic hyperplasia with lower urinary tract symptoms. MDS dated [DATE], shows R79 is cognitively impaired based on his BIMS (Brief Interview for Mental Status) score. The same MDS shows that R79 requires total assistance for toileting care. On October 22, 2024, at 12:17 PM, V32 and V33 (Both CNA) rendered incontinence care to R79 who was wet with urine and had a bowel movement. V33 cleaned from front to back. However, V33 did not retract R74's uncircumcised penis, and did not clean the inner fold of the bilateral groins. Face sheet shows R56 is [AGE] years-old who has multiple medical diagnoses which include spinal stenosis on the lumbosacral region. MDS dated [DATE], shows that R56 is alert and oriented, and requires total assistance for toileting care. On October 22, 2024, at 2:37 PM, V30 (CNA) rendered incontinence care to R56 who was wet with urine and had a bowel movement. V30 cleaned R56 from front to back of the perineum. However, V30 did not clean the pubic area, V30 cleaned R56's outer labia in an up and down stroke, and she did not separate the labia to clean its inner folds. Face sheet shows R23 is [AGE] years-old who has multiple medical diagnoses which include retention of urine, urinary tract infection (UTI), and ESBL (Extended Spectrum Beta Lactamase) . Minimum Data Set (MDS) dated [DATE], shows that R23 is severely impaired with his cognitive skills for daily decision making. The same MDS shows that R23 requires total assistance for activities of daily living (ADL) care including toileting. <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29562</p> <p>Based on observation, interview, and record review, the facility failed to label and date medications once it was opened to determine the expiration date, and failed to remove or dispose narcotic medications that were in a broken sealed container.</p> <p>This applies to 10 residents (R56, R81, R9, R64, R76, R69, R24, R46, R62, R57) reviewed for medication storage and labeling.</p> <p>The findings include:</p> <p>On [DATE], at 9:45 AM, the medication room of the 100 and 200 halls was inspected with V25 (Nurse).</p> <p>R56's Insulin Lispro Kwik Pen was opened and not dated. The Pharmacy audit assistance service shows this medication expires 28 days after it was opened.</p> <p>R81's Insulin Glargine-YFGN was opened and not dated. The Pharmacy audit assistance service shows this medication expires 28 days after it was opened.</p> <p>R9's Novolin R Flex Pen was opened and not dated. The Pharmacy audit assistance service shows this medication expires 42 days after it was opened.</p> <p>On [DATE], from 3:40 PM to 3:55 PM, the medication carts of the 300 and 400 halls were inspected with V20 and V26 (both Nurses). The following was observed:</p> <p>R64's Norco ,d+[DATE] milligrams (mg) tablets, the seal was broken and taped over for the number 10 and number 16 tablets.</p> <p>R76's Tramadol 50 mg tablets, the seal was broken and taped over for number 9 tablet.</p> <p>R69's Incruise Ellipta 62.5 mcg was opened and not dated. Manufacturer's guideline shows to discard Incruise Ellipta 6 weeks after opening the foil tray or when the counter reads 0 whichever comes first.</p> <p>R24's Incruise Ellipta 62.5 mcg opened and not dated.</p> <p>R46's Insulin Lispro label showed that it expired on [DATE].</p> <p>R62 has two bingo card containers of Norco ,d+[DATE] mg tablet, one is used and the other one was full. The used Norco bingo card had a seal broken and taped over for #11 tablet. The other Norco bingo card which was full had multiple broken seals and were taped over for numbers 2, 7, 10, 12, 16, 21, 25, and 30 tablets.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R57's Lorazepam 0.5 mg tab has a seal broken and taped over for number 10 tablet.</p> <p>On [DATE], at 1:51 PM, V2 (Director of Nursing/DON) stated staff are to date the insulin and inhalers once it was opened to determine the expiration dates. V2 added if the narcotic container seal is broken, the medication should be discarded and witnessed by another nurse; this is to prevent diversion of medication and for infection control.</p> <p>The facility's policy and procedure for Storage of Medications dated [DATE], shows:</p> <p>Policy: Medication and biologicals are stored safely, securely, and properly, following the manufacturer's recommendations or those of the suppliers.</p> <p>Procedures:</p> <p>H. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from inventory, disposed of according to procedures for medication disposal.</p> <p>I. Medication storage are kept clean, well lit, and free of clutter, and extreme temperatures, and humidity.</p>		

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43389</p> <p>Based on observation, interview, and record review the facility failed to follow up on dental care recommendations of a resident who was experiencing tooth pain for over 6 months and required tooth extractions.</p> <p>This applies to 1 of 1 resident (R3) reviewed for dental services in the sample of 19.</p> <p>The findings include:</p> <p>R3's electronic medical record showed her to be an [AGE] year-old female admitted to the facility on [DATE], with diagnoses that include Cerebral Infarction affecting right dominant side, rheumatoid arthritis, and poly neuropathy.</p> <p>On 10/21/2024 at 11:03 AM, R3 was alert and oriented and stated her mouth and teeth hurt. R3 stated she has been seen by the dentist three times since she has been at the facility, but they did not do anything. R3 stated her teeth hurt and some of her teeth are broken. R3 stated, she ate some of her broken teeth mistakenly. R3 stated she had a mouth full of teeth when she was admitted to the facility two years ago. R3 stated it hurts when she chews.</p> <p>On October 23, 2024, at 4:00 PM, R3 was observed that she did not have many teeth. R3's upper teeth had black substance around the base of the teeth, and she was noted to have one stub to the lower left gum.</p> <p>An email sent by the V35 (Social Service Director) dated March 14, 2024, showed that R3's diet was downgraded by the Director of Nursing because the resident was found to be having difficulty chewing. R3 has a physician order for a mechanical soft diet dated March 13, 2024.</p> <p>Oral Assessment form from the dentist dated April 19, 2024, showed that R3 was seen for a limited exam. Patient complained of pain and discomfort caused by root tips of teeth #(number) 5, 21, and 25 and extractions were recommended. Heavy generalized plaque on the teeth and gingival inflammation present.</p> <p>Email dated September 5, 2024, from V2 DON (Director of Nursing) to the business office manager showed the following: R3 still has concerns about her teeth being extracted and her being sized for dentures. Can you let me know from her financial standpoint what needs to be done because this is a concern for [R3] daily and [R3] continues to express this?</p> <p>R3's nursing note dated October 18, 2024, showed the following: R3 told the writer that her teeth were broken, and they were very painful. R3 stated she would like to visit the dentist.</p> <p>On October 23, 2024, at 03:34 PM, V29 (Dental Company, Clinical Support Manager) stated that they recommended R3 have four extractions V29 stated sometimes these teeth are asymptomatic, so once they become symptomatic, they recommend extraction because they are non-restorable teeth. V29 stated on the April 24 visit, there was already inflammation present around those teeth.</p> <p>(continued on next page)</p>		

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On October 23, 2024, at 9:40 AM and 9:41 AM, V1 stated that she nor her DON are aware of any tooth extractions R3 has had in the last 6 months.</p> <p>On October 22, 2024, at 1:15 PM, V1 (Administrator) stated that she informed R3's daughter today about R3's painful teeth and told her they can have the her tooth extracted for a cost, but the daughter stated she was not going to pay for it and that she wanted to find something that was free with R3's insurance.</p> <p>The facilities Dental services Policy dated August 2008 showed that routine and emergency dental services are available to meet the resident's oral health services in accordance with the resident's assessment and plan of care.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>36567</p> <p>Based on observation, interview and record review, the facility failed to serve portion sizes as shown on the menu spreadsheets for the pureed diets.</p> <p>This applies to 6 of 6 residents (R23, R27, R42, R57, R61 and R79) reviewed for pureed diets in the sample of 19.</p> <p>The findings include:</p> <p>Diet spreadsheet for Spring Summer Menu 2024 (cycle day 2) included braised pork chop, carrot raisin brown rice and broccoli for the lunch meal. The same spreadsheet showed to use #8 scoop for the pureed carrot raisin rice and pureed broccoli. For the pureed breaded pork, scoop size was not shown.</p> <p>Pureed recipe for Pork Chop braised with apples included portion with one #6 scoop and top with 1 fluid ounce pureed apples.</p> <p>On October 21, 2024, at 9:20 AM, V6 (Cook) was noted to puree chicken instead of pork chop for the residents on pureed diets. V6 stated that some residents on the pureed diets do not like pork so he prepared pureed chicken instead.</p> <p>On October 21, 2024, at 12:30 PM, during the lunch meal tray line service, V9 and V10 (Dietary aides) were plating the food on the steam table. V10 put out a ivory colored scoop for serving the pureed meat, pureed broccoli and mashed potato. When asked what portion size the ivory-colored scoop is, V10 stated that she is not sure and turned the scoop and showed that it was #10 scoop. V6 who was in the vicinity, pointed to a color-coded scoop guidance chart posted on the wall titled Portion Control Menu Planner which showed that #10 scoop = 3 oz/ounce capacity and #8 scoop =4 oz capacity, #6 =5+1/3 oz capacity. When asked why the residents on pureed diets received mashed potatoes instead of pureed rice, V6 stated that some of the residents on pureed diet do not like pureed rice so he prepared mashed potatoes instead.</p> <p>R23, R27, R42, R57, R61 and R79 received pureed meat, pureed broccoli and mashed potatoes respectively served with a #10 scoop for the lunch meal.</p> <p>On October 23, 2024, at 10:19 AM, V18 (Dietitian) stated that the facility should use the right scoop size as it shows the determined amount of protein and nutrients for the menu.</p> <p>Facility Diet Order Listing included that R23, R27, R42, R57, R61 and R79 were on pureed diets.</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>36567</p> <p>Based on observation, interview and record review, the facility failed to follow sanitary practices during food preparation and service.</p> <p>This applies to 92 residents that receive foods prepared and served from the facility kitchen.</p> <p>The findings include:</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid dated October 21, 2024, showed the facility census was 92 residents. Facility provided information that no residents were on NPO (nothing by mouth) status.</p> <p>On October 21, 2024, at 9:20 AM, during initial tour V6 (Cook) stated that V5 (Food Service Manger) is unwell and has not come in. V6 was seen washing a blender in the prep sink that had food debris and brownish substance inside the sink. V6 had a beard which was not covered. V6 placed the washed lid inside the same sink and put the washed blender that still had food debris on the blender motor. V6 took the lid from the dirty sink and put it on the blender. V6 stated that he is about to start pureeing the cooked chicken that was seen in a container which was set on a workstation with multiple spills and food debris and a soaking wet rag. V6 was notified that the blender and lid were not clean and had to be rewashed before starting the pureed process. V6 stated You are frustrating me, and I have to do all the purees and mechanical soft. I am running behind. You are telling me that I have to wash it (blender) and run it in there (dish machine) all the time? This sink is clean.</p> <p>V6's phone was seen on the main prep counter which also included an opened box (28 ounce) of cream of wheat. V6 stated I didn't use it. It was like that when I came in.</p> <p>The walk-in cooler had several bowls of pudding like items that were not covered and stored on a rack. V6 remarked that they were placed there the night before. Other items seen on the shelves included as follows: undated container containing 6 baked potatoes covered in foil, undated container of diced chicken, a container of noodles with prep date October 15, 2024 and use by October 18, 2024, a container of black eyed peas with prep date October 8, 2024 and use by October 11, 2024, a container raw diced potatoes with prep date October 12, 2024 and use by October 17, 2024, a container of brow color liquid that was undated.</p> <p>The reach in freezer had an open packet that contained frozen breaded chicken.</p> <p>Next to the steam table multiple (washed) domed lids were seen stacked on a counter that had dust and food debris. Some of the lids still had food and dust on them.</p> <p>On October 21, 2024, at 12:29 PM, V8 (Dietary Aide) was also seen with uncovered facial hair doing chores in the kitchen area. V8 stated that he recently started working in the kitchen and was not notified about covering facial hair.</p> <p>(continued on next page)</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>On October 21, 2024, at around 12:30 PM, V7 (Food Servicer Manager) from another facility who had come in to cover for V5, was notified of above observations. V7 stated that the dietary staff with facial hair (beard) should wear a beard cover.</p> <p>Facility Policy (dated June 2023) titled Food Storage included as follows-</p> <p>Policy: It is the policy of [facility] that all food products will be stored under proper conditions of sanitation, temperature, light moisture, ventilation, and security.</p> <p>Purpose: To meet all federal and state guidelines and protecting the safety of the resident from any cross contamination and food borne illnesses.</p> <p>Process:</p> <ol style="list-style-type: none"> 1. Food storage areas shall be clean at all times. 15. Food and non-food supplies are to be clearly labeled. 16. Leftover foods are labeled, dated, immediately placed under refrigeration, and used within 72 hours or discarded. 17. All exposed foods should be stored tightly covered. 18. No personal items will be stored with food items. <p>Facility Policy (dated June 2023) titled Food Preparation-Temperature and Cross Contamination Control included as follows-Policy: The person in charge should ensure that:</p> <ol style="list-style-type: none"> 6. Cross-contamination is prevented by: <ol style="list-style-type: none"> d. cleaning and sanitizing utensils and work surfaces between uses.

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29562</p> <p>Based on observation, interview, and record review, the facility failed to follow their Infection Prevention and Control Program and conduct infection surveillance. The facility also failed to follow their water management plan for legionella. The facility also failed to follow their policy for hand hygiene and [NAME] use during provisions of care, and to follow their policy for Enhanced Barrier Precautions.</p> <p>This applies to all 92 residents residing in the facility.</p> <p>The findings include:</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid dated October 21, 2024, showed the facility's census was 92 residents.</p> <p>1. On October 23, 2024, at 9:07 AM, V1 (Administrator) said V3 (ADON/Assistant Director of Nursing) is the facility's current Infection Preventionist. V1 said the previous Infection Preventionist's last day working in the facility was on October 10, 2024, and then V3 took over the Infection Preventionist duties.</p> <p>On October 23, 2024, at 9:12 AM, V3 said she took over as the Infection Preventionist on October 14, 2024, because the facility was supposed to have a vaccination clinic that day and someone needed to organize it. V3 continued to say in the last couple days she has been trying to update the Infection Control Surveillance logs. V3 said she has not received any assistance with the Infection Control Program from the DON (Director of Nursing) or the corporate nurse consultants. V3 said she has not completed an infection surveillance tool since she started as the Infection Preventionist on October 14, 2024. V3 continued to say there have been residents with infections since that time who should have had the surveillance tool completed.</p> <p>On October 23, 2024, at 2:14 PM, V42 (Regional Nurse Consultant) said the Infection Preventionist nurse is responsible for infection surveillance and antibiotic tracking. V42 continued to say the Infection Preventionist nurse should be completing the Infection Screening Evaluation in the EMR (Electronic Medical Record). V42 said the facility does not have Infection Screening Evaluations for any resident infections from September 1, 2024, to present.</p> <p>The facility does not have documentation to show Infection Screening Evaluations were completed from September 1, 2024, to present.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility's policy titled Infection Prevention and Control Program dated January 24, 2024, showed Mission of program: The primary mission is to establish and maintain Infection Prevention and Control Program (IPCP) designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Guideline: It is the practice that this facility's Infection Prevention and Control Program, is based upon information from the Facility Assessment including the Infection Control Risk Assessment and follows national standards and guidelines to prevent, recognize and control the onset and spread of infection whenever possible: The Infection Prevention and Control Program includes: 1. A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to regulatory requirements and following accepted national standards. 2. Written standards, policies, and procedures for the program, which include: A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility . Elements of the Program Include: .Surveillance, including process and outcome surveillance, will include monitoring, data analysis, documentation, and communicable diseases reporting (as required by State and Federal law and regulation). Surveillance activities will be conducted to identify practice, infection trends and early identification of new infections and potential outbreak situations .</p> <p>2. On October 23, 2024, at 10:46 AM, V1 said V11 (Maintenance Director) should be completing the monitoring as shown in the water management plan for legionella.</p> <p>On October 23, 2024, at 11:05 AM, V11 said he started working as the maintenance director on October 7, 2024. V11 continued to say he is not doing any monitoring for the water management plan for legionella because he didn't know about the plan and has not seen the water management plan for legionella. V11 said he does not record the temperature gauge of the hot water tank daily and does not test the water for chlorine levels or bromine levels. Requested previous three months logs of water temperature checks and water testing.</p> <p>On October 23, 2024, at 12:50 PM, V11 said he could not find any logs of the temperatures of the domestic hot water tanks or any of the water testing for chlorine or bromine levels.</p> <p>On October 23, 2024, at 3:00 PM, V1 said V11 should be following the monitoring as shown in the water management plan for legionella. V1 said the previous maintenance director was not performing any monitoring for the water management plan for legionella.</p> <p>The facility's water management plan for legionella dated August 21, 2024, showed the facility's hot water tank heater and/or hot water storage and mixing valve is at high risk for microbiological growth and daily temperature gauge checks should be performed. The plan continued to show the facility's cooling tower/condenser water system is at high risk for microbiological growth and weekly checks of the free residual oxidants, chlorine, or bromine levels, should be performed. The plan showed the facility's cold-water distribution is at medium risk for microbiological growth and weekly chlorine levels should be monitored.</p> <p>The facility does not have documentation to show daily checks of the hot water tank temperature gauge were performed. The facility does not have documentation to show weekly chlorine or bromine levels were checked in the facility's cold-water distribution or in the cooling tower.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3. On October 22, 2024, at 11:17 AM, V32 (Certified Nursing Assistant/CNA) rendered incontinence care to R71 who had loose stools. V32 provided peri-care, opened the closet door to get items for R71, assisted R71 to get dressed, and cleaned the floor which was soiled with loose stools. V32 changes her gloves inconsistently between tasks but no hand hygiene was performed from dirty to clean tasks and during change of gloves.</p> <p>4. On October 22, 2024, at 12:17 PM, V32 and V33 (Both CNA) rendered incontinence care to R79 who was wet with urine and had a bowel movement. V33 cleaned R79's frontal perineum, then she changed her gloves without hand hygiene. V33 continued to clean the back perineum and applied the barrier cream using the same gloves. After she applied the barrier cream, she changed her gloves without hand hygiene and continued to assist R79 to dress and to transfer to the wheelchair.</p> <p>5. R56's active care plan shows that R56 is on Enhance Barrier Precaution (EBP) related to presence of wound. EBP will reduce the spread of infectious agent, minimize transmission of the infection, and reduce the risk of colonization. The same care plan shows, to use gown and gloves when performing high-contact resident contact activity, practice good hand washing, and use principles of infection control and enhanced barrier precautions.</p> <p>On October 22, 2024, at 2:37 PM, V30 (CNA) rendered incontinence care to R56 who was wet with urine and had a bowel movement. V30 donned gloves but she did not wear an isolation gown. V30 cleaned R56 from front to back of the perineum, she applied barrier cream, and applied new incontinence brief. V30 changed her gloves in between tasks, however she did not perform hand hygiene in between changes of gloves and tasks. R56 was observed with multiple dry scabbing all over her upper extremities and lower legs. R56 stated her skin was itchy and she has been scratching it. R56's fitted sheet and pillowcase were stained with dry blood and she has dry skin flakes on the lower part of the fitted sheet where her legs were resting. V30 did not change the fitted sheet and pillowcase.</p> <p>On October 23, 2024, at 9:54 AM, V31 (CNA) was observed assisting R56 for incontinence care. V31 was not wearing a gown during care. R56 remained on EBP.</p> <p>6. Face sheet shows R23 is [AGE] years-old who has multiple medical diagnoses which include history of ESBL (Extended Spectrum Beta Lactamase) Resistance, and Klebsiella Pneumoniae as the cause of diseases classified elsewhere.</p> <p>On October 23, 2024, at 10:07 AM, V34 (CNA) rendered hygiene and peri-care to R23 who vomited. V34 wiped R23's upper trunks, cleaned peri-care, and assisted to dressed R23 while wearing same gloves. V23 changed her gloves and washed her hands and waited for another staff to help her reposition R23. When another staff came to help reposition R23, V34 continued to clean R23's back perineum. Right after she cleaned the back perineum, V34 applied new incontinence brief and pad, she applied barrier cream to R23's buttocks, repositioned R23, and straightened his bedding while wearing same gloves.</p> <p>On October 23, 2024, at 2:04 PM, V2 (Director of Nursing/DON) stated the staff must perform hand hygiene prior to beginning of care, and in between tasks from dirty to clean. The staff must change their gloves and perform hand hygiene prior to going to a clean task. If a resident is on EBP the staff who is providing the care should wear gown and gloves. This is to prevent spread of infection and potential contamination.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On October 24, 2024, at 12:15 PM, V3 (Assistant Director of Nursing/ADON) stated that when the sheets and pillowcases are visibly soiled or dirty it needs to be changed as needed. This is for infection control to ensure that the resident would not get infected.</p> <p>43389</p> <p>7. R63's Electronic Medical Record showed her to be an [AGE] year-old admitted to the facility on [DATE], with diagnoses that include Dementia, moderate protein-calorie malnutrition, adult failure to thrive, gastrostomy status, and anorexia.</p> <p>R63's physician's order dated August 5, 2024, showed Enhanced Barrier Precautions (EBP) due to being positive for Candida Auris every shift.</p> <p>R63's care plan dated May 3, 2024, showed requires EBP due to Candida Auris. The interventions include gown and glove use when performing high-contact resident activity, and following facility's infection control and enhanced barrier precautions policies and procedures.</p> <p>On October 22, 2024, at 12:56 AM, R63's door had a EBP sign showing that gown and gloves need to be worn during care. There also was a storage bin near the entrance that contained gowns and other Personal Protective Equipment (PPE). V20 (RN) and V21 (CNA) entered the room with just gloves on. V20 stated that R63 is resistant to care and V21 needed to assist her with the medication pass because R63 will pull at her gastrostomy tube (G-tube). V21 was on R63's left side, pulled up R63 gown to reveal R63's G-tube. V20 was on R63's right side and had to lean onto and over R63's bed in order to access the G-tube. V20 adjusted the G-tube. With a large syringe in hand and after putting her stethoscope in her ears, V20 was leaning towards R63 to listen to her abdomen. Surveyor stopped V20 and asked if she needed to be wearing a gown before working with the G-tube. V20 said, No, I only need to wear gloves. V20 then proceeded use the G-tube while leaning over R63's bed. V20 injected air into the tube and listened to R63's abdomen with her stethoscope. V20 then flushed the G-tube with water and pulled the syringe back to check for residuals. Surveyor then indicated to the EBP sign about PPE specified before providing care. V20 then stopped, and went and looked at the EBP sign, and then told V21 to follow her out of the room to gown up. V20 stated, I thought it was just gloves, that I had to wear.</p> <p>The facility's EBP guidelines dated March 21, 2024, showed that EBP should be implemented with residents with infected or colonized with Centers for Disease Control (CDC)-targeted Multi-Drug Resistant Organism (MDRO) and residents who have an indwelling medical device.</p> <p>The facility's Hand Hygiene Guideline dated August 2024 showed the following: Purpose: Appropriate hand hygiene is essential in preventing transmission of infectious agents. Hand hygiene includes hand washing with soap and water and hand hygiene with alcohol-based hand rub (ABHR). Hand Hygiene is essential to prevent the spread of infection from resident to resident and to reduce the risk of infection or colonization from resident to employee. Hand-Hygiene is recommended: Before moving form work on a soiled body site to a clean body site on the same patient. After contact with blood, body fluids, or contaminated surfaces. Immediately after glove removal.</p> <p>45303</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145694	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Renwick Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 Hennepin Drive Joliet, IL 60435	

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 0881</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Implement a program that monitors antibiotic use.</p> <p>45303</p> <p>Based on interview and record review, the facility failed to follow their policy for antibiotic stewardship.</p> <p>This applies to all 92 residents residing in the facility.</p> <p>The findings include:</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid dated October 21, 2024, showed the facility's census was 92 residents.</p> <p>On October 23, 2024, at 9:12 AM, V3 (ADON/Assistant Director of Nursing) stated she took over as the Infection Preventionist on October 14, 2024. V3 continued to say she just started to review which residents were currently on antibiotics in the facility.</p> <p>On October 23, 2024, at 2:14 PM, V42 (Regional Nurse Consultant) said the Infection Preventionist nurse is responsible for the Infection Prevention and Control Program including the facility's antibiotic stewardship program.</p> <p>The facility does not have documentation to show tracking of antibiotic use in the facility from September 1, 2024, to present.</p>