

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145703	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2024
NAME OF PROVIDER OR SUPPLIER Illini Restorative Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1455 Hospital Road Silvis, IL 61282	

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 - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30899</p> <p>Based on observation, interview and record review, the facility failed to incorporate hospital discharge cervical neck brace and skin care instructions into the care plan and treatment plan for one resident (R65) of six residents reviewed for skin care in the sample of 39.</p> <p>Findings include:</p> <p>Facility Policy/Skin Protocol - Prevention and Treatment of Skin Integrity Impairment dated 5/2024 documents: It is the policy of (the facility) to properly identify and assess residents whose clinical conditions increase the risk for impaired skin integrity, and pressure ulcers/pressure injuries, to implement preventative measures, and to provide appropriate treatment modalities for wounds according to (facility) standards of care. The care plan for Skin Integrity is to be initiated, or evaluated and revised based on response, outcome, and needs of the resident.</p> <p>Hospital (Trauma) Instructions dated 4/17/24 at 12:55pm document: Collar/Neck Care: Wear your collar at all times unless your doctor has given other instructions. The only time the collar may be removed is when you are lying flat, without a pillow. Remember not to turn your head. Keep movement of your head and neck to a minimum without the collar on. When you are lying flat, the collar can be removed. The neck can be washed with soap and water. The neck should be washed, and you should look for areas of skin breakdown 2 to 3 times a day. Area of skin breakdown may develop under the chin and over the collar bones. An extra set of collar pads will be provided to protect the skin. Pads should be hand washed daily with soap and water and air dried. Padding may also be used between the collar and any sore spots. Use a soft material like cotton or thin foam pad. Skin Care Under Brace: 2 to 3 times per day have another person help with skin care. Need to keep your head and neck completely still while the brace is open. While laying [SIC] flat, open front half of neck brace. Hold the front of the brace secure while the back is opened. Look at the skin for areas of redness, pressure marks, rash or blisters. Cleanse neck with soap and water, pat dry and then refasten brace. The medical team would prefer that you sponge bath until given permission to shower by your doctor.</p> <p>Physician Order Summary Report dated 5/1/24 to 5/31/24 indicates R65 was admitted to the facility on [DATE] with diagnoses that include Displaced Fracture of Second Cervical Vertebra, Left Pubis Fracture and Multiple Rib Fractures.</p> <p>Report indicates to monitor skin and pressure points under cervical collar every shift for skin breakdown and Cervical collar on at all times every shift for C-2 (Cervical-2) fracture.</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 - Few</p>	<p>Treatment Administration Record (TAR) indicates on day shift 5/1, 5/2, 5/7, 5/9, 5/10 and 5/11, 2024 skin checks were not documented as being done.</p> <p>Noted on the wall above bed was the instruction sheet for the cervical neck collar and skin care. At that time, V11, Spouse stated that the instruction sheet came with R65 from the hospital, and it was also posted above R65's bed in the skilled unit. At that time, both V11 and R65 expressed frustration that skin checks were not being done to ensure there is no skin breakdown from the collar. V11 and R65 could only remember twice having R65's skin completely checked.</p> <p>On 5/22/24 at 1:15pm V7, LPN (Licensed Practical Nurse) stated the instruction sheet should have been incorporated into R65's TAR and into R65's care plan when she was in the other unit (skilled nursing unit) and transferred into her current treatment plan.</p> <p>On 5/23/24 at 9:30am V2, DON (Director of Nursing) acknowledged the hospital instruction sheet care instructions should have been included in R65's treatment plan while residing in the skilled nursing unit.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>33970</p> <p>Based on record review and interview the facility failed to have all doors alarmed at all times. This failure has the potential to affect all residents who wander (R1, R25, R33, R34, R39, R48 and R54)</p> <p>Findings Include:</p> <p>The Facility's Elopement Precautions Policy dated 4/2023 documents It is the policy of (this facility) to promote safety for all residents and to control potential elopement and wandering of our residents. Resident will be assessed for potential for eloping or wandering upon admission and periodically thereafter, with a minimum of annual evaluations. The resident care team will be advised and the at risk resident will be placed on elopement prevention.</p> <p>The Elopement Precautions policy documents the definition of Elopement as a resident leaving without permission. All residents at risk for elopement will be placed on electronic monitoring unless in a dementia specific household. Resident on electronic monitoring will be fitted with arm or ankle bands or will have clothing fitted with tracking devices. The Interdisciplinary Team will decide which device is most appropriate.</p> <p>The Elopement Precautions policy documents (This facility) has electronic door alarms, which will sound when opened or triggered by a tracking device. These doors must remain activated at all times. The community's plant management department/and or clinical team checks the electronic monitoring system regularly and the department can be contacted at any time team members have concerns.</p> <p>The Facility's Elopement Risk book had pictures and information for the following residents identified as elopement risk: R1, R25, R33, R34, R39, R48 and R54.</p> <p>R39's Elopement Missing Resident Investigation dated 4/30/24 documents that R39 was found outside of the building on the sidewalk in the buildings parking lot. The investigation documents that R39 was fully dressed with jacket and gloves. R39 is quoted as saying he thought he had to go to work. R39 was assisted back inside without any troubles. The Investigation included written statements from staff who report they last saw R39 in his room fully dressed at 4:00 AM which is not unusual for this resident. The investigation documents that the security cameras showed R39 exit his room in his wheelchair and go out the ambulance door at 4:22 AM. Staff members spotted R39 outside and brought him in at 4:24 AM.</p> <p>On 5/22/24 at 1:30 PM V2 (Director of Nursing) stated that she watched the video, and she could see that R39 easily pushed the door open, stated that the door should have needed him to push for 15 seconds consecutively and R39's electronic monitoring bracelet should have also set off the doors, but it didn't. V2 stated I could see him leave with no time delay on the door and when I switch to a different view I could see staff members, they did not react to any noise which they would have if the alarm had sounded. It was clear that the alarm did not go off.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>V2 provided door monitoring logs for April and May 2024. These logs showed the Ambulance door was not being checked until after R39's elopement. V2 stated, We found out that maintenance was checking all of the doors as they should except that one door because they did not have the key to reset it once the alarm went off. V2 stated I think they quit doing it during COVID.</p> <p>On 5/23/24 at 12:30 PM V1 (Administrator) stated, I still don't know why that alarm didn't work that night (4/30/24, R39's elopement) it worked immediately afterwards and has worked since.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>33970</p> <p>Based on record review and interview the facility failed to attempt a gradual dose reduction, failed to identify target behaviors, failed to document any behaviors to justify the use of psychotropic medications, and failed to attempt nonpharmacological interventions for four (R27, R28, R39 and R48) of five residents reviewed for unnecessary medications in a total sample of 39.</p> <p>Findings Include:</p> <p>The Facility's Psychotropic Medication Use-Routine/PRN (As needed) policy dated 5/2024 documents (This facility) use of psychotropic medications will be based on a comprehensive assessment of a resident. Each (facility) must ensure that psychotropic medications will be monitored for proper dose including duplicate therapy, duration, evidence of adequate monitoring for efficacy and adverse consequences and to prevent identify and respond to adverse consequences.</p> <p>The Facility's Psychotropic Use-Routine/PRN (As needed) policy documents that behavior monitoring should address the behaviors identified that are applicable to the medication being utilized. Baseline Care Plans are to include psychotropic medications ordered and monitoring for target behaviors and adverse consequence monitoring.</p> <p>The policy also documents Dose reductions should occur in modest increments over adequate periods of time to minimize withdrawal symptoms and to monitor symptom recurrence. Requirement to perform a GDR may be met if, for example: within the first year in which a resident is admitted on a psychotropic medication or after the prescribing practitioner has initiated a psychotropic medications, a facility attempts a GDR in two separate quarters (with at least one month between the attempts) and Require PCP (Primary Care Physician) to supply clinical rationale for failure to decrease dose discontinue medications as it relates to the specific resident's needs.</p> <p>The Facility's Psychotropic Medication Use-Routine/PRN (As needed) policy documents the definition of Behavioral interventions as individualized, non-pharmacological approaches to care that are provided as part of a supportive physical and psychosocial environment, directed toward understanding, preventing, relieving, and/or accommodating a resident's distress or loss of abilities as well as maintaining or improving a resident's mental, physical or psychosocial wellbeing.</p> <p>The Facility's policy documents the definition of Gradual Dose Reduction as the stepwise tapering of a dose to determine if symptoms, conditions, or risks can be managed by a lower dose or if the dose or medications can be discontinued.</p> <p>The Facility's policy documents the definition of Indications for use as the identified, documented clinical rationale for administering a medication that is based upon an assessment of the resident's condition and therapeutic goals and is consistent with manufacturer's recommendations and/or clinical practice guidelines, clinical standards of practice, medication references, clinical studies or evidence-based review articles that are published in medical and/or pharmacy journals.</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 - Some</p>	<p>1) R27's Physician Order Sheet dated May 2024 documents a diagnosis of dementia with moderate severity with psychotic symptoms.</p> <p>R27's Physician Order Sheet documents that R27 takes Olanzapine (antipsychotic) 2.5 mg (milligrams) daily.</p> <p>R27's Care Plan dated 7/13/2023 documents The resident uses antipsychotic medications. R27's care plan did not include any target behaviors.</p> <p>R27's Pharmacist's Recommendation to Prescriber dated 4/5/24 documents (R27) has been on the following antipsychotic for dementia related behaviors for more than 3 months (since 4/2023): Olanzapine tab 2.5 mg (milligrams) take 1 tablet by mouth daily. Antipsychotics are potentially inappropriate in older adults due to risk of falls and tardive dyskinesia, and they carry a Black Box Warning for increased risk of death when used in elderly patients with dementia-related psychosis. Recommendation: Trial discontinuation of Olanzapine tab 2.5 mg. V15 (Nurse Practitioner) marked Disagree. Prescriber Comments: Resident is tolerating medications without difficulties and has not had any worsening behaviors. Continue current dose.</p> <p>On 5/22/24 at 1:30 PM V2 (Director of Nursing) confirmed that no GDR (Gradual Dose Reduction) had ever been attempted on R27's Olanzapine. V2 confirmed that R27's documentation did not include any target behaviors for the use of the antipsychotic medication either.</p> <p>2) R28s undated Facesheet documents diagnosis of Unspecified Depression.</p> <p>On 5/22/24 at 11AM, R28 stated he does feel depressed and has made nurses aware that his antidepressant doesn't work.</p> <p>R28's current Physician order sheet dated May 2024 shows that on 5/19/23 R28 was started on Trazadone (antidepressant) 50 mg (milligrams) at bedtime for depression. Record review and verbal confirmation from V2, Director of Nursing showed no attempts to do a gradual dose reduction were done.</p> <p>R28s Medical Record indicates Trazadone 50 mg daily at bedtime was started 5/2023.</p> <p>R28's Electronic Medical Record does not show a gradual dose reduction.</p> <p>Pharmacy Recommendation states According to documentation, (R28) is a candidate for a gradual dose reduction (for Trazodone). Dose reductions should occur in modest increments over adequate periods of time to minimize withdrawal symptoms and to monitor system reoccurrence.</p> <p>Physician Order Summary Report indicates R28 also has orders for Sertraline (antidepressant) 75 mg daily. On 5/9/24 V15, NP (Nurse Practitioner) declined gradual dose reduction stating, Gradual dose reduction could worsen his depression and he suffers from insomnia this could make it difficult to sleep.</p> <p>On 05/22/24 12:54 PM V2 stated We went thru a period of time with changing management and pharmacies and I'm going to be honest the assessments were not being done but we have a PIP (Performance Improvement Plan) in place to correct it.</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 - Some</p>	<p>3) R39's Physician Order Sheet dated May 2024 documents diagnosis of major depressive disorder and unspecified dementia, unspecified severity without behavioral disturbance, psychotic disturbance and anxiety.</p> <p>R39's Physician Order Sheet dated May 2024 documents that R39 takes Quetiapine (antipsychotic) 12.5 mg (milligrams) every night for depression.</p> <p>R39's Current Care plan dated 8/24/23 documents This resident uses an antipsychotic medication related to recurrent major depressive disorder. R39's care plan did not include any identified target behaviors or personalized non-pharmacological interventions.</p> <p>On 5/23/24 at 9:00 AM V2 (Director of Nursing) confirmed that there were no identified target behaviors or personalized care plan interventions related to R39's use of antipsychotic medication for depression.</p> <p>50430</p> <p>4) R48's Physician Order Sheet dated May 2024 documents a diagnosis of Bipolar Disorder current episode manic without psychotic features, depressive episodes, anxiety disorder and schizoaffective disorder.</p> <p>R48's Physician Order Sheet dated May 2024 documents that R48 takes Quetiapine (antipsychotic) 25 mg (milligrams) every day, Lorazepam 1 mg in the morning and 2 mg at night and Citalopram 20 mg at bedtime.</p> <p>R48's Current Care Plan dated 5/15/24 documents The resident uses antipsychotic medications related to behaviors secondary to Bipolar Disorder and Schizoaffective Disorder. The care plan does not document what the identified behaviors are for the use of the antipsychotic medication. The Current Care Plan dated 5/15/24 does not include any information related to the antidepressant or the anti-anxiety medication that R48 takes.</p> <p>R48's Pharmacist's Recommendation to Prescriber dated 4/5/24 documents According to documentation, R48, may be a candidate for gradual dose reduction. The indication stated for the citalopram is depression. She is also taking olanzapine 12.5mg at bedtime for schizoaffective disorder and lorazepam 1 mg in the morning and 2 mg at bedtime for anxiety. No significant behaviors have been documented recently. Dose reductions should occur in modest increments over adequate periods of time to minimize withdrawal symptoms and to monitor symptom recurrence. Recommendation: Gradual dose reduction (GDR) to Citalopram tab 10 mg: take 1.5 tablet (15 mg at bedtime).</p> <p>R48's Pharmacist Recommendation to Prescriber dated 4/5/24 documents that V15 marked Disagree and wrote GDR potentially could exacerbate underlying psychiatric condition. Mental health is stable at this time.</p> <p>On 5/23/24 at 9:00 AM V2 (Director of Nursing) confirmed that there were no documented GDRs on any of R48's current psychotropic medications. V2 also confirmed that R48's care plan did not include any identified target behaviors or any personalized nonpharmacological interventions.</p>

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>30899</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on interview and record review the facility failed to provide/have the Medical Director attend (QA) Quality Assurance meetings. This failure has the potential to affect all 72 Residents who resided in the facility.</p> <p>Findings include:</p> <p>Facility Policy/Corporate QAPI (Quality Assurance Performance Improvement) dated 4/2024 documents The QAPI</p> <p>Program consists of monthly and quarterly meetings, daily quality assurance activities and Medical Director and Leadership team will meet to collaborate on day to day decision.</p> <p>QAPI sign-in sheets dated for 3/19/2024 did not include signatures from V16, Medical Director/ Physician.</p> <p>On 05/22/24 at 08:47 AM V1, (Administrator) confirms V16, Medical Director did not attend the QA meeting on 3/19/24 or review QA information.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>33970</p> <p>Based on record review, interview and observation the facility failed to perform hand hygiene during cares for two residents (R27 and R54) of 15 residents reviewed for infection control procedures in a total sample of 39.</p> <p>Findings include:</p> <p>Facility policy Hand Washing and Hand Hygiene dated 6/2021 states Hand Hygiene must be performed after touching contaminated items and before and after performing cares.</p> <p>On 5/22/24 at 11:00 AM V6, RN (Registered Nurse) put on gloves before going in R54's resident's room and touched a computer and medication cart with gloved hands. V6 then then took insulin into R54's room and administered insulin injection without changing gloves or performing hand hygiene prior.</p> <p>50430</p> <p>2. On 5/22/24 at 1:30 PM V8, CNA (Certified Nurse Assistant) performed catheter care on R27 while she was lying in bed. V8 did not change her gloves and/or perform any hand hygiene after catheter care and before reaching into R27's bedside table for powder, redressing R27's bottom half with clean undergarment and slacks, pulled down R27's top and then put her gloved hands on R27's shoulders and adjusted her top half in the bed.</p> <p>On 5/22/24 at 2:00 PM V8 stated I should have taken off my gloves after performing cares and washed my hands before I touched anything else.</p>

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33971</p> <p>Based on interview and record review, the facility failed to ensure the Infection Preventionist, who is responsible for assessing, developing, implementing, monitoring, and managing the Infection Prevention and Control Program (IPCP) was certified. This has the potential to affect all 72 residents living in the facility.</p> <p>Findings include:</p> <p>The Infection Preventionist Job Description dated 8/1/19 states, Infection Preventionist Responsibilities: Attends all Infection Control Committee Meetings and coordinates the implementation of committee recommendations; Completes and/or trains team members to complete Infection Surveillance Reports (Logs) and supervises follow up interventions; Completes quarterly reviews of types/number of infections developed by residents after admission; Advises others of Isolation Protocol and handling of residents with infections, as needed; Assists in development and/or implementation of improved infection control measures; Assists with in-service training programs on Infection Control and Prevention; Acts as a liaison with the local health department in reporting infectious diseases in the facility, as necessary; Examines the environmental cleanliness of all departments and initiates necessary cultures; Works with the lab department to coordinate rapid, accurate culture and sensitivity reports; Completes periodic community rounds to ensure techniques and procedures are performed in accordance to standards; Participates in and makes recommendations to the Quality Assurance Committee; Compiles data from the Infection Control Log and prepares a summary for the Quarterly Infection Control Report, using the Monthly Infection Control Report.</p> <p>Upon entrance to the facility on [DATE] at 9:00 AM, V1 (Administrator) provided a list of key personnel in the facility. This form does not designate the name of the current Infection Preventionist. At this time, V1 stated V5 (Care Plan Coordinator) is the facility's current Infection Preventionist.</p> <p>On 5/23/24 at 11:36 AM, V5 (Care Plan Coordinator) stated V5 has a current Infection Prevention Certification, but V5 does not oversee the Infection Prevention Program or complete anything with it. V5 stated, I would just get the information to the appropriate person.</p> <p>On 5/23/24 at 10:07 AM, V3 (Assistant Director of Nursing) stated V3 works as the current Infection Preventionist at the facility but has not completed the Infection Preventionist Certification. V3 stated, I am halfway through the training.</p> <p>The Department of Health and Human Services Centers for Medicare & Medicaid Services Form-671, dated 5/21/2024, documents 72 residents reside in the facility.</p>		