

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145795	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Tower Hill Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  759 Kane Street South Elgin, IL 60177	

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 - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36567</p> <p>Based on observation, interview and record review, the facility failed to provide grooming assistance for residents that needed extensive assistance from staff.</p> <p>This applies to 2 of 5 residents (R3, R58) reviewed for ADLs (activities of daily living) in the sample of 33.</p> <p>The findings include:</p> <p>R3's face sheet included diagnoses of cerebral infarction, functional quadriplegia, paraplegia, dysarthria following cerebral infarction, hemiplegia, unspecified affecting left nondominant side. R3's quarterly MDS (minimum data set) dated November 8, 2024 showed that R3 was moderately impaired in cognition and was dependent on staff for personal hygiene.</p> <p>On February 3, 2025 at 11:34 AM, R3 was seated in her bed and both her hands appeared contracted with the left hand more pronounced. R3's right hand fingernails appeared very long and thick with few curling in and rubbing against her palms. R3 was holding a washcloth on her left hand and the fingernails on the same hand was not visible. When asked, R3 stated that she would like her fingernails cut.</p> <p>On February 3, 2025 at 4:05 PM, V3 (Assistant Director of Nursing) was called to the room to view R3's finger nails on both hands and R3's right hand finger nails remained very long. V3 agreed that they were very long and needs to be cut.</p> <p>R3's care plan revised August 21, 2019 included that R3 has an actual ADL self care deficit related to impaired mobility and comorbidities. Interventions included that R3 will have the proper level of assistance provided with the following ADL needs: personal hygiene: extensive assistance, one person physical assist</p> <p>2. R58's face sheet included diagnoses of need for assistance with personal care, other lack of coordination, cognitive communication deficit, difficulty in walking, not elsewhere classified. R58's annual MDS dated [DATE] showed that R58 was moderately impaired in cognition and required substantial maximal assistance for 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 - Few</p>	<p>On February 3, 2025 at 10:24 AM, R58 was noted to have long facial hair on chin and upper lip. Some of the nails on R58's contracted left hand had blackish substance underneath especially the thumb. V7 (R58's Power of Attorney) stated I have done it (cut nails and take off facial hair) before but they can do it if I can. R58 agreed with V7.</p> <p>R58's nursing care plan dated November 20, 2023 showed that R58 had self-care deficit, require assist with ADLS related to muscle weakness, unsteadiness on feet, difficulty in walking. Interventions included extensive- 1 person for personal hygiene.</p> <p>On February 5, 2025 at 2:53 PM, V2 (Director of Nursing) stated that the CNAs should provide assistance to the residents for personal hygiene every shift or as needed.</p>		

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43389</b></p> <p>Based on observation, interview and record review, the facility failed to change residents' central venous catheter dressing in a timely manner to prevent the spread of infection.</p> <p>This applies to 2 of 2 residents (R310 and R309) reviewed for intravenous catheter dressing changes in the sample of 33.</p> <p>The findings include:</p> <p>1. R310's face sheet showed her to be an [AGE] year old female admitted to the facility on [DATE] with diagnoses that include Infection following a procedure, superficial incisional surgical site, subsequent Encounter, Presence of Left Artificial Hip Joint, and Unilateral Primary Osteoarthritis, Left hip.</p> <p>On February 4, 2025 at 12:35 PM during medication administration observation, V23 (Licensed Practical Nurse), observed R310's central line dressing was dated January 8, 2025, and was dingy, loosened, and detached from her skin on the top right side of her right arm. R310 stated that the dressing was placed on her arm on January 8, 2025 and no one has changed the dressing since then. R310 stated they just put another dressing on top. V23 stated there was a problem with R310's central line dressing not sticking to her skin and they reinforced it. V23 stated it is the responsibility of the night nurse to change the dressing and he did not know what the policy was for changing the central line dressings.</p> <p>R310 Intravenous Medication care plan dated January 13, 2025 showed the following: Check dressing at site daily.</p> <p>R310 has an physician order dated January 11, 2025 that showed the following: IV Therapy - check intravenous site every 8 hours for unusual redness, drainage, skin irritation, site pain, etc., and document it's condition every 8 hours.</p> <p>2. R309's face sheet showed him to be a [AGE] year old male admitted to the facility on [DATE] with diagnoses that include Multiple Sclerosis, Sepsis, and Bacterial infections of unspecified site.</p> <p>On February 4, 2025 at 10:37 AM, R309 was observed with a right upper arm central line with a dressing that was dated February 3, 2025 and the dressing was loose and not attached to R309's arm on the right upper area of the dressing.</p> <p>On February 5, 2025 at 12:01 PM, R309 was observed in hallway and near the nursing station and his central line dressing was dated February 3, 2025 and the dressing was even more loose and detached from his right arm. The entire right side of the central line dressing was detached from his right arm.</p> <p>(continued on next page)</p>		

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On February 5, 2025 at 3:39 PM, V2 (Director of Nursing) stated that central line catheter dressings should be changed every 7 days minimally and as needed to prevent infections. V2 stated for example, if the dressing comes undone or is soiled then the central line catheter dressing should be changed.</p> <p>R309 has an order dated February 2, 2025 to insert a midline central venous catheter to start antibiotic therapy.</p> <p>The facility's Care and Maintenance of Central Venous Catheters dated December 2024 showed the following: All vascular devices (peripheral and Central Venous) can be a source for blood stream and infection. Strict aseptic technique should be maintained at all times during insertion, dressing changes, medication administration and accessing of intravascular device: Guideline: 4. Replace semipermeable dressing every 7 days and as needed. 5. Replace gauze dressing every 2 days. 6. Replace the dressing if it becomes damp, loosened, or visibly soiled or when inspection of the site is necessary.</p>

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43389</b></p> <p>Based on observation, interview, and record review, the facility failed to manage a resident's complaint of severe pain.</p> <p>This applies to 1 of 3 residents (R41) reviewed for pain in the sample of 33.</p> <p>The findings include:</p> <p>R41 face sheet showed her to be an [AGE] year old female admitted to the facility on [DATE] with diagnoses including Fracture of shaft of right Tibia, subsequent Encounter for closed fracture with routine healing, Low back pain, , Pain in Left hip, chronic pain, pain in right hip, and Unspecified Osteoarthritis.</p> <p>As of February 5, 2025 at 10:25 AM, R41 did not have a care plan for pain.</p> <p>On February 3, 2025 at 10:33 AM, R41 stated she had pain in her right leg pain at 10 on a scale of 0 to 10 (0 being no pain and 10 being severe pain). R41 stated the facility does not give her pain medication timely. R41 stated she takes Hydrocodone and it helps if it is given on time.</p> <p>On February 3, 2025 at 10:40 AM, V23 (Nurse) stated that he already gave R41 pain medication this morning but he would check on her. Asked V23 what was R41's pain level at that time and V23 stated he could not recall. V23 then stated R41 is always in pain and the minute you give her some medication and the next time you see her, she is still in pain.</p> <p>Review of R41's medication administration record did not show any pain medication was administered to R41 on V23's shift that day before 10:43 AM.</p> <p>On February 4, 2025 at 3:10 PM, R41 stated her right leg pain was 10 out 10 (10/10). R41 stated V23 gave her pain medication around 11:00 AM today. On February 4, 2024 at 3:11 PM, surveyor informed V23 regarding R41's pain. V23 stated the doctor is aware that R41 is always in pain. V23 stated again, if you give her pain medication and go back to check on her she still says she is in pain all the time. Surveyor asked V23 had the doctor considered scheduling her medication. V23 stated he will contact the doctor about R41's pain medication.</p> <p>On February 5, 2025 at 11:54 AM, R41 had just arrived back from a dental appointment. R41 stated she is always in pain because they don't stay on top of her pain. R41 stated they say they will come but don't come. R41 stated she waited all day yesterday for pain medication. R41 stated yesterday they gave her pain medication around 11 AM and didn't give her another pain pill until 11:00 PM that night. R41 stated she kept asking the nurse for pain medication. R41's daughter (V24) was present and stated the facility has not been controlling her mother's pain. V24 stated she has been telling the staff and that they need to give her mother (R41) the pain medication she was prescribed. V24 stated R41 has hydromorphone 2 mg every 4 hours that they could give R41. V24 stated the doctors changed it in the hospital from 4mg every 8 hours to 2mg every 4 hours. V24 stated I told the staff she (R41) can handle the medication. R41 stated she was waiting for the nurse to give her (R41) some pain medication now.</p> <p>(continued on next page)</p>

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R41's Medication administration record showed R41 received Hydrocodone Acetaminophen 5-325 MG on February 4, 2025 at 12:06 PM and then not again until 11:10 PM.</p> <p>On February 5, 2025 at 1:49 PM, V10 (Licensed Practical Nurse) stated she gave R41 some Acetaminophen for a pain level of 6/10. V10 stated she gives hydrocodone or something stronger for pain of 7/10 and up. On February 5, 2025 at 1:52 PM, R41 (with V24 present) stated that when she got back from her dentist appointment today, she told V10 her pain level was an 8/10. R41 stated her pain level is now an 8/10 also and getting worse. On February 5, 2025 at 11:55 AM, Surveyor informed V10 (LPN) of R41's pain. Shortly after at 11:59 AM Surveyor and V10 entered R41's room. R41 daughter (V24) was still in the room. R41 told V10 that her pain was now 10/10 in her right leg.</p> <p>On February 5, 2025 at 3:11 PM, R41 stated that a tolerable level of pain is 4-5/10. R41 stated if they maintain her pain medication and give it around every 4 hours then the pain is not bad and it stays at a comfortable level, it's high because they don't consistently give her pain medication. R41 daughter was still present in the room.</p> <p>As of February 5, 2025 at 10:25 AM, R41 did not have a care plan for Pain Management</p> <p>R41 has orders for the following pain medication:</p> <ol style="list-style-type: none"> <li>1) Acetaminophen 20.3 ml via G-tube every 6 hours as needed for pain dated November 19, 2024.</li> <li>2) Hydrocodone-Acetaminophen 5-325 Milligrams (MG), give 1 tablet by mouth every 4 hours as needed for pain dated November 19, 2024.</li> <li>3) Hydromorphone HCL oral tablet 2 MG, give 1 tablet by mouth every 4 hours as needed for pain.</li> </ol> <p>On February 5, 2025 at 3:39 PM, V2 (Director of Nursing) stated that staff should address a resident's pain right away. V2 stated that if a resident has pain level of over 5/10 then nurses should give the resident something stronger than an over the counter acetaminophen.</p> <p>The facility's Pain Management policy dated May 2024 showed the following: The pain management program is based on a facility-wide commitment to resident comfort. Pain Management is defined as the process of alleviating the resident's pain to a level that is acceptable to the resident and is based on his or her clinical and established treatment goals. Pain management is a multidisciplinary care process that includes the following: b. effectively recognizing the presence of pain, e. developing and implementing approaches to pain management, g. monitoring for the effectiveness of interventions; and h. Modifying approaches as necessary.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48308</b></p> <p>Based on observation, interview and record review, the facility failed to maintain central venous catheter dialysis access site in accordance with infection control standards and their policy.</p> <p>This applies to 1 of 4 residents (R119) reviewed for dialysis in the sample of 33.</p> <p>The findings include:</p> <p>R119 was admitted to the facility on [DATE], with multiple diagnoses including end stage renal disease with dependence on renal dialysis, diabetes, essential hypertension, chronic pain syndrome, and secondary and unspecified malignant neoplasm of lymph nodes, multiple regions.</p> <p>R119's MDS (Minimum Data Set) dated January 16, 2025, showed R119 was moderately cognitively impaired and required assistance with ADLs (Activities of Daily Living) including set up assistance with eating, personal, oral, toilet hygiene and toilet transfer.</p> <p>R119's care plan for dialysis created January 9, 2024, showed to monitor access site for signs of infection but did not address care of insertion site for the central venous catheter device.</p> <p>R119's physician order summary dated February 5, 2025, showed R119 has an order to administer hemodialysis through in facility vendor and to monitor access site dressing and change PRN (as needed). The order did not include the type of dressing that should be used.</p> <p>On February 3, 2025, at 11:26 AM, R119 was observed sitting in his wheelchair in his room, just coming out of the bathroom self-propelling his wheelchair. R119 stated he did not go to dialysis that day because he was having diarrhea and could not sit in the dialysis chair without having to use the bathroom. R119 moved his shirt to reveal his dialysis access catheter. It was a central venous catheter inserted in his right chest and there was not a dressing covering the insertion site. R119 was touching the catheter to manipulate it. V17 (LPN/Licensed Practical Nurse) was made aware that the R119 did not have a dressing over the catheter site.</p> <p>On February 4, 2025, at 11:40 AM, R119 was in his room sitting in his wheelchair and there was no dressing over the central venous catheter insertion site on the right chest. V15 (RN/Registered Nurse) was informed. At 11:50 AM, V15 stated she put a gauze dressing over the insertion site and at the end of the catheter tip because there was no cap.</p> <p>On February 5, 2025, at 9:30 AM, V13 (Dialysis RN) stated R119 came to dialysis that day with no dressing over the right chest central venous catheter access site. V13 stated it is very important to maintain a dressing over the catheter site to prevent infection. V13 stated R119 had come to dialysis many times without a dressing to the access site. V13 stated the access site dressing should be a border foam dressing covered with a transparent dressing to discourage R119 from picking at the site or removing the dressing. V13 provided documentation of the dialysis treatment.</p> <p>(continued on next page)</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The dialysis treatment record dated February 5, 2025, showed under access site assessment, [R119] came with no dressing on catheter site. [R119] well aware of the dangerous situation of infection. The dialysis progress note dated November 1, 2024, showed [R119] came with no dressing on catheter site and [R119] was scratching the catheter site. [R119] was advised not to scratch the site, but still continued to scratch. MD (Medical Doctor) aware and will continue to monitor.</p> <p>The facility uses a communication tool to share clinical information between the facility nursing staff and the dialysis treatment staff for each dialysis treatment. Staff from the facility and staff from dialysis both document on the form, before dialysis and after dialysis. The communication form showed a statement regarding the care of CVC (Central Venous Catheters). The communication tool showed For Catheters CVC the dressing must remain intact and clean and dry at all times. If removed by the patient or is soiled, make sure the limb clamps are closed and catheter caps are in place. Cleanse the exit site with alcohol pad, chloral prep or betadine swab and apply sterile dressing after cleansing agent has dried. Promptly notify dialysis staff if this occurs.</p> <p>R119's hospital discharge summary dated October 22, 2024, showed R119 was treated for sepsis due to MRSA (Methicillin Resistant Staff Aureus) MDRO (Multidrug Resistant Organism) of the blood.</p> <p>On February 5, 2025, at 11:03 AM, V2 (DON/Director of Nursing) stated the CVC dialysis catheter insertion/exit site should always remain covered. V2 stated nurses need to monitor and reinforce or change the dressing as needed.</p> <p>The Facility's policy titled Dialysis Protocol dated 10/24, showed Guideline .4. Residents who have CVCs; the dressing must remain intact and clean and dry at all times. If removed by the resident or soiled, make sure the limb clamps are closed and catheter caps in place. Cleanse exit site with alcohol prep pad, Chlora prep pad or betadine swab and apply a sterile dressing after cleansing agent has dried. Promptly notify dialysis staff if this occurs .5. CVC dialysis dressing should be monitored every shift.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45303</p> <p>Based on interview and record review the facility failed to follow their policy to have the physician respond in a timely manner to the pharmacist's monthly Medication Regimen Review recommendations. The facility also failed to follow their policy to conduct monthly Medication Regimen Reviews for a resident.</p> <p>This applies to 3 of 5 residents (R39, R122, and R128) reviewed for unnecessary medications in the sample of 33.</p> <p>The findings include:</p> <p>1. The EMR (Electronic Medical Record) showed R122 was admitted to the facility on [DATE], with multiple diagnoses including atrial fibrillation, depression, muscle weakness, and history of falling.</p> <p>R122's MDS (Minimum Data Set) dated November 29, 2024, showed R122 had moderate cognitive impairment. The MDS continued to show R122 had not received any as needed pain medication and did not have any pain present.</p> <p>R122's Order Summary Report dated February 5, 2025, showed an order dated April 2, 2024, for hydrocodone-acetaminophen (narcotic pain medication) oral tablet 5/325 mg (milligrams), give one tablet by mouth every six hours as needed for pain.</p> <p>R122's Consultant Pharmacist Recommendation to Prescriber dated November 30, 2024, showed Recommend discontinue of [as needed] [hydrocodone-acetaminophen] order due to no use in 30 plus days. The recommendation continued to show no physician addressed the pharmacist recommendation.</p> <p>The facility does not have documentation to show a physician was notified of the pharmacist recommendation.</p> <p>On February 4, 2025, at 3:24 PM, V2 (DON/Director of Nursing) said she does not have documentation to show R122's physician was notified of the pharmacist recommendation, or the recommendation was addressed by the physician. V2 continued to say the hydrocodone-acetaminophen order is still active on R122's order summary.</p> <p>41855</p> <p>2. R39's EMR (Electronic Medical Record) showed R39 was admitted to the facility on [DATE], with diagnoses that included vascular dementia, major depressive disorder, psychotic disorder with delusions due to known physiological condition, unspecified psychosis not due to a substance or known physiological condition, and anxiety.</p> <p>R39's MDS (Minimum Data Set) dated November 8, 2024, showed R39 had severe cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R39's care plan identified her use of anti-anxiety medication, anti-depressive medication, and anti-psychotic medication. Interventions included attempt dosage reduction gradually as able and pharmacy consultant review as indicated.</p> <p>R39's POS (Physician Order Set) showed Ativan 0.5 mg, give one tablet by mouth in the evening for anxiety. Mirtazapine 15 mg, give one tablet at bedtime for depression. Risperidone 0.25 mg, give 1 tablet by mouth at bedtime related to unspecified psychosis not due to a substance or known physiological condition.</p> <p>The Facility was unable to provide MRRs for May 2024, June 2024, July 2024, August 2024, September 2024, and October 2024.</p> <p>3. R128's EMR showed R128 was admitted to the facility on [DATE], with diagnoses that included Alzheimer's Disease and major depressive disorder.</p> <p>R128's Psychiatrist note from October 2, 2024, showed R128 had major neurocognitive disorder without behavioral disturbances, anxiety disorder, unspecified psychotic disorder with delusions due to known physiological condition.</p> <p>R128's MDS dated [DATE], showed R128 had severely impaired skills for daily decision making.</p> <p>R128's care plan showed R128 uses anti-anxiety medication related to anxiety. R128 uses antidepressant medication related to major depressive disorder. R128 uses psychotropic medications related to psychosis.</p> <p>R128's POS showed Quetiapine (Seroquel) 50 mg, 1.5 tablet two times a day for antipsychotic. Bupropion (Wellbutrin) 150 mg ER (Extended Release), one tablet by mouth daily for antidepressant. Sertraline (Zoloft) 100 mg, two tablets by mouth daily for antidepressant. Clonazepam (Klonopin) 0.5 mg, one by mouth three times a day for anxiety, agitation.</p> <p>Mirtazapine (Remeron) 7.5 mg, give one tablet by mouth at bedtime for depression.</p> <p>Facility provided the pharmacy consultant regimen review for R128 from April 1, 2024, to present. On April 30, 2024, the MRR showed the pharmacist noted [R128] is receiving the following antipsychotic and an approved indication was not found at the time of review to support its use. Seroquel for antipsychotic .if indication is unknown, please assess for a dosage reduction trial and monitor for increased behaviors and/or psychiatric symptoms. There was no physician signature on form to indicate anyone had reviewed it. On June 30, 2024, the MRR showed, Indication for Seroquel is needed to support its use-is the indication Depression? There was no physician signature on form to indicate anyone had reviewed it. On August 31, 2024, the MRR showed, [R128] . Nursing, recommend updating the indication to support Seroquel with medication order in EMR, it currently reads 'for antipsychotic.' There was no documentation to show anyone reviewed the recommendation.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility provided their undated policy titled Role of the Consultant Pharmacist. The policy showed Procedure: .2. The consultant pharmacist will complete Medication regimen Reviews at least monthly (as per agreement). Recommendations will be made based on the information available in the resident's health record at the time of the review .4. The consultant pharmacist will provide a report noting any irregularities to the Director of Nursing and/or Administrator at the completion of the review. The facility must ensure the attending physician and/or Medical Director are provided with copies of the recommendations and the response is timely in accordance with the accepted clinical practice.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45303</p> <p>Based on interview and record review, the facility failed to follow their policy to attempt gradual dose reductions for residents receiving psychotropic medications.</p> <p>This applies to 3 of 5 residents (R73, R91, and R128) reviewed for unnecessary medications in the sample of 33.</p> <p>The findings include:</p> <p>1. R73's EMR (Electronic Medical Record) showed R73 was admitted to the facility on [DATE], with multiple diagnoses including unspecified dementia with other behavioral disturbance, seizures, generalized anxiety disorder, major depressive disorder, and unspecified psychosis.</p> <p>R73's MDS (Minimum Data Set) dated November 7, 2024, showed R73 had severe cognitive impairment. The MDS continued to show R73 did not exhibit any behaviors of psychosis, physical behavior symptoms directed toward others, verbal behavioral symptoms directed toward others, or other behavioral symptoms not directed towards others.</p> <p>R73's Order Summary Report dated February 5, 2025, showed an order dated May 24, 2023, for clonazepam (antianxiety medication) tablet 1 mg (milligram), give one tablet by mouth three times a day for anxiety. The report continued to show an order dated August 17, 2023, for quetiapine (antipsychotic medication) oral tablet 25 mg, give 25 mg by mouth three times a day for anxiety/restlessness/agitation related to unspecified psychosis not due to a substance or known physiological condition.</p> <p>On February 4, 2025, at 3:00 PM, V2 (DON/Director of Nursing) provided documentation of R73's last GDR (Gradual Dose Reduction) dated June 14, 2023.</p> <p>The facility does not have documentation to show a GDR was attempted or contraindicated for R73 since June 14, 2023.</p> <p>R73's antipsychotic medication care plan dated March 5, 2022, showed [R73] uses antipsychotic medications [quetiapine] to manage psychosis diagnosis with agitation and aggression behaviors. GDR contraindicated June 6, 2023. The care plan continued to show multiple interventions dated March 5, 2022, including Consult with pharmacy, physician to consider dose reduction when clinically appropriate.</p> <p>43389</p> <p>2. R91's EMR showed R91 was admitted to the facility on [DATE] with diagnoses that include Insomnia, Type 2 Diabetes Mellitus with Hyperglycemia, Muscle Weakness, and other Lack of Coordination.</p> <p>R91 had an order for Restoril (Temazepam) 15 milligrams once a day at night for insomnia dated October 27, 2023.</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>R91 psychiatrist notes dated April 25, 2024, May 15, 2024 and October 22, 24 make no mention of a Gradual Dose Reduction (GDR) evaluation for Restoril.</p> <p>R91's Consultant Pharmacist Recommendation to Prescriber form dated October 30, 2023, April 30, 2024 and January 31, 2025 all recommended that R91 have a GDR evaluation for Restoril.</p> <p>On February 6, 2024 at 2:30 PM, V2 (Director of Nursing) stated the new psychiatrist had not seen the R91 yet. V2 also stated the facility does not have a GDR evaluation for R91.</p> <p>41855</p> <p>3. R128's EMR showed R128 was admitted to the facility on [DATE], with diagnoses that included Alzheimer's Disease and major depressive disorder.</p> <p>R128's Psychiatrist note from October 2, 2024, showed R128 had major neurocognitive disorder without behavioral disturbances, anxiety disorder, unspecified psychotic disorder with delusions due to known physiological condition.</p> <p>R128's MDS dated [DATE], showed R128 had severely impaired skills for daily decision making.</p> <p>R128's care plan showed R128 uses anti-anxiety medication related to anxiety. R128 uses antidepressant medication related to major depressive disorder. R128 uses psychotropic medications related to psychosis.</p> <p>R128's POS showed Quetiapine (Seroquel) 50 mg, 1.5 tablet two times a day for antipsychotic. Bupropion (Wellbutrin) 150 mg ER (Extended Release), one tablet by mouth daily for antidepressant. Sertraline (Zoloft) 100 mg, two tablets by mouth daily for antidepressant. Clonazepam (Klonopin) 0.5 mg, one by mouth three times a day for anxiety, agitation.</p> <p>Mirtazapine (Remeron) 7.5 mg, give one tablet by mouth at bedtime for depression.</p> <p>Facility provided the pharmacy consultant regimen review for R128 from April 1, 2024, to present. On April 30, 2024, the MRR (Medication Regimen Review) showed the pharmacist noted [R128] is receiving the following antipsychotic and an approved indication was not found at the time of review to support its use. Seroquel for antipsychotic .if indication is unknown, please assess for a dosage reduction trial .</p> <p>On August 31, 2024, the MRR showed, [R128] is due for a GDR (Gradual Dose Reduction) evaluation of psychotropic regimen. Currently the resident is receiving Seroquel, Klonopin, Zoloft, and Wellbutrin . Facility was unable to provide R128's GDR.</p> <p>The facility provided their undated policy titled, Medication Ordering and Prescribing Psychoactive Medication Use. The policy showed, Policy: I. A psychoactive medication will be prescribed only when necessary to treat a specific condition .1. General information .b. Within the first year in which a resident was admitted on a psychotropic medication or after the facility has initiated a psychotropic medication - GDR attempts in two separate quarters with at least one month between attempts. - The GDR must be attempted annually thereafter unless clinically contraindicated.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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 use scoop size as shown for pureed diets as shown on menu.</p> <p>This applies to 3 of 3 residents (R14, R65, R90) reviewed for dining in the sample of 33.</p> <p>The findings include:</p> <p>On February 3, 2025 at 11:40 AM, the tray line was observed in the facility kitchen with V9 (Cook) serving the regular and mechanical soft consistencies and V8 (Dietary Manager) serving the pureed meals. V8 was using a #8 scoop to serve pureed chicken and pureed pasta and R14, R65 and R90 received the same.</p> <p>Menu spread sheet for fall/winter menu (week 2) that was posted on the wall at side of the tray line steam table, showed that the residents on pureed diets to receive pureed Chicken [NAME] #6 scoop =2 oz/ounce protein, pureed Penne #6 scoop.</p> <p>When asked why the #8 scoop was used instead of #6 scoop, V8 turned to V9 and stated that he was supposed to check the menu before placing the scoops.</p> <p>On February 5, 2025 at 11:37 AM, V12 (Dietitian) stated that the dietary staff should use the scoops that is called for on the menu spreadsheet. V12 added that this is to ensure that the proper portions are served to provide adequate calories and protein for the meal.</p> <p>Facility Portion Control Chart showed that #8 =4 oz and #6=5 1/3 oz</p> <p>Diet order listing showed that R14, R65 and R90 were on pureed diets.</p>

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>36567</p> <p>Based on observation, interview, and record review, the facility failed to prepare mechanical soft consistency diets for residents that had a diet order for the same.</p> <p>This applies to 4 of 4 residents (R27, R108, R111, R136) reviewed for dining in the sample of 33.</p> <p>The findings include:</p> <p>Facility Fall/Winter Menu week at a glance for mechanical soft (week 2, Tuesday, February 4) showed ground BBQ (barbeque) pork shoulder as the main entree for lunch meal.</p> <p>On February 4, 2025 at 9:41 AM, the preparation for mechanical soft consistency BBQ pork was observed in the facility kitchen. V9 (Cook) took several slices of cooked pre sliced pork and placed it on a cutting board and when asked if he is going to grind it, V9 stated that he is going to shred it into small pieces and add some broth and barbeque sauce which would make it soft. V9 then diced the pre sliced cooked pork into small pieces (about an inch) on a cutting board with a knife. V9 was notified that after preparation, the final consistency will be checked to see if appropriate for mechanical soft consistency. Prior to preparation for mechanical soft consistency, V9 was seen roughly chopping cooked BBQ pork into varying pieces and stated that it was for regular consistency diets.</p> <p>On February 4, 2025 at 11:15 AM, during tray line service, V9 was plating the food to the residents. When asked where the mechanical soft consistency BBQ pork was, V9 stated that he mixed it in with the regular consistency diets as he thought that it was all shredded. The mixed BBQ pork had varying sizes of meat and R27, R108, R111 and R136 received the same. V8 (Dietary Manager) who was present in the area, was notified that the consistency for mechanical soft diet called for ground meat on the menu spreadsheet.</p> <p>On February 5, 2025 at 11:37 AM, V12 (Dietitian) stated that the mechanical soft diets should receive ground meat as shown on the menu.</p> <p>Recipe for BBQ Pork Shoulder included to place BBQ pork in food processor and grind to appropriate consistency.</p> <p>Diet order listing showed that R27, R108, R111 and R136 were on mechanical soft diet.</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45303</p> <p>Based on observation, interview, and record review, the facility failed to provide a resident with a pureed diet per physician orders.</p> <p>This applies to 1 of 3 residents (R14) reviewed for pureed diets in the sample of 33.</p> <p>The findings include:</p> <p>On February 4, 2025, at 11:42 AM, R14 was sitting in the dining room with a meal tray on the table in front of her. The meal tray given to R14 was a regular texture meal with barbecue pulled pork, tater tots, and corn bread. The meal tray was not pureed texture. V18 (CNA/Certified Nursing Assistant) assisted R14 by cutting up the food on the tray. R14 started eating the lunch tray. V3 (ADON/Assistant Director of Nursing) said R14 had an order for a pureed diet, but the tray in front of R14 was a regular texture diet. V3 removed the tray and said the tray served to R14 was a different resident's tray and R14 should have been served the correct diet.</p> <p>The EMR (Electronic Medical Record) showed R14 was admitted to the facility on [DATE], with multiple diagnoses including stroke, dementia, dysphagia, and facial weakness following a stroke.</p> <p>R14's Order Summary Report dated February 4, 2025, showed an order dated May 18, 2024, for General diet, pureed texture, regular consistency, aspiration precautions - no straws.</p> <p>R14's nutrition care plan dated October 28, 2024, showed [R14] has a medical diagnosis of lack of coordination, generalized muscle weakness, abnormalities of gait and mobility, fracture of left pubis, chronic obstructive pulmonary disease, type 2 diabetes, peripheral vascular disease, hyperlipidemia, hypertension, gastritis, anemia, cognitive communication deficit, dysphagia, need for assistance with personal care. She receives a general puree diet with thin fluids. Weight 106 pounds, height 56 inches, body mass index 20.7. No known food allergies. Dentition is poor. The care plan continued to show multiple interventions including Provide diet as ordered.</p> <p>On February 5, 2025, at 2:24 PM, V2 (DON/Director of Nursing) said facility staff should be providing the correct meal trays to residents. V2 said R14 should not have been given the incorrect meal tray. V2 continued to say R14 was on a pureed diet for safety precautions.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45303</p> <p>Based on observation, interview, and record review, the facility failed to follow their policies for norovirus, contact precautions, and enhanced barrier precautions.</p> <p>This applies to 3 of 33 residents (R7, R14, and R124) reviewed for infection control in the sample of 33.</p> <p>The findings include:</p> <p>1. The EMR (Electronic Medical Record) showed R14 was admitted to the facility on [DATE], with multiple diagnoses including stroke, dementia, dysphagia, and facial weakness following a stroke.</p> <p>R14's Laboratory Result Report showed R14 had a stool specimen collected on January 31, 2025, and on February 2, 2025, it was reported norovirus was detected in the specimen.</p> <p>On February 3, 2025, at 11:35 AM, V17 (Licensed Practical Nurse) said R14 was not in her room and was in the therapy department.</p> <p>On February 3, 2025, at 12:21 PM, R14 was in the dining room eating lunch at a table with two other residents.</p> <p>On February 4, 2025, at 11:42 AM, R14 was sitting in the dining room, eating lunch at a table with three other residents.</p> <p>On February 4, 2025, at 11:55 AM, V4 (Infection Preventionist) said she was unaware R14 tested positive for norovirus.</p> <p>On February 4, 2025, at 12:12 PM, V4 said R14's laboratory test results came back positive on February 2, 2025. V4 continued to say R14 was not in contact isolation but should have been placed in contact isolation when the results were received. V4 said R14 should not be eating in the dining room and all care, including therapy, should take place in her room. V4 said R14 is currently roommates with R90, but R14 should be in a private room or cohorted with another resident who tested positive for norovirus.</p> <p>On February 5, 2024, at 2:27 PM, V2 (DON/Director of Nursing) said R14 was tested for norovirus on January 31, 2025, because R14 was experiencing diarrhea. V2 said facility staff should have placed R14 in contact isolation when R14's laboratory test results were received on February 2, 2025. V2 continued to say facility staff should notify V4 of positive norovirus results.</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 - Few</p>	<p>The facility's policy titled Norovirus dated December 2024, showed .Policy: Key Infection Control Activities: rapid identification and isolation of suspected cases of norovirus gastroenteritis; communicating the presence of suspected cases to the Infection Preventionist; promoting adherence to hand hygiene, particularly the use of soap and water after contact with symptomatic patients; enhanced environmental cleaning; and promptly initiate investigation. Patient Cohorting and Isolation Precautions: Avoid exposure to vomitus or diarrhea; place patients on Contact Precautions in a single occupancy room with dedicated bathroom if they present with symptoms consistent with gastroenteritis; place patients with norovirus gastroenteritis on Contact Precautions for a minimum of 48 hours after the resolution of symptoms .</p> <p>43389</p> <p>2. The EMR showed R124 was admitted to the facility on [DATE].</p> <p>R124 had a physician order dated December 11, 2024 that showed the following: Maintain enhanced barrier precautions to prevent infections related to urinary catheter and wound every shift.</p> <p>On February 5, 2025 at 8:57 AM. R124 had a sign on the door that showed the following: Enhanced Barrier Precautions: Providers and Staff must wear gloves and gown for the following High-Contact Resident Care Activities: Dressing, Transferring, Changing Linens, Providing Hygiene, and Wound Care: any skin opening requiring a dressing. V11 (Wound Care Nurse) and V18 (CNA) both entered R124's room without donning a gown. V11 placed the wound care dressing items on the bottom of the resident's bed. V11 and V18 repositioned R124 on her left side, and removed the cover from over her to reveal her left leg. Both V11 at times were touching and leaning onto R124's bed. V11 removed R124's left leg boot. V11 removed gloves and used hand sanitizer and donned new gloves. V11 then removed the dressing on R124's wound. V11 cleaned and dressed wound appropriately according to physician order, however, all without wearing a gown. V11 and V18 then covered R124.</p> <p>3. The EMR showed R7 was admitted to the facility on [DATE].</p> <p>R7 had physician orders dated February 3, 2025 that showed she was to be on contact isolation for Norovirus.</p> <p>On February 5, 2025 at 9:06 AM during medication administration, V10 (Licensed Practical Nurse) wheeled her medication cart outside of R7's room and took a blood pressure cuff from the top of her medication cart, entered R7's room, placed the cuff on R7's right arm and checked R7's blood pressure. R7 had a Contact Isolation sign on the door. There was also a large bin of isolation personal protective equipment (PPE) outside of the door. V10 did not perform hand hygiene and did not don a gown or gloves before entering R7's room. After taking R7 blood pressure, V10 exited the room, placed the blood pressure cuff on the top of her medication cart and then started preparing R7 medications. V10 prepared 5 medications for R7. V10 then closed all the drawers on her medication cart, locked the cart and computer, then took the medications and a cup of water into the R7's room and administered them to her. Again, V10 did not perform hand hygiene or don a gown or gloves before entering into R7's room. V10 then exited the room without performing hand hygiene and then started looking in her medication cart for liquid supplement drink for R7. Surveyor asked V10 if she should have worn PPE before entering R7's contact isolation room. V10 stated oh yes, I didn't even pay attention to that. V10 then stated she should have performed hand hygiene and donned a gown and gloves before entering R7's room. V10 also stated that she should have performed hand hygiene before leaving the R7's room.</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 - Few</p>	<p>On February 5, 2025 at 3:39 PM, V2 (Director of Nursing) stated that a gown and gloves should be donned before entering a resident's room who is on contact isolation precautions. V2 also stated that hand hygiene should be performed before entering the contact isolation room and after leaving the room. V2 stated the same should be done when providing wound care to a resident on enhanced barrier precautions. V2 stated that staff should perform hand hygiene and don personal protective equipment to prevent the spread of infection.</p> <p>On February 6, 2025 at 9:57 AM and 10: 40 AM, V2 (Director of Nursing) stated that R7 is still on isolation for Norovirus. V2 stated that R7 was put on isolation on February 1, 2025. V2 stated that R7's order for contact isolation was put into her medical record on February 3, 2025 and somehow dropped off yesterday. V2 stated R7 is still on contact isolation because she was still having symptoms.</p> <p>The facility's Enhanced Barrier Precautions (EBP) policy dated April 16, 2024 showed the following: EBP is an approach of targeted gown and glove use during high contact resident care activities, designed to reduce transmission of Staph aureus and Multidrug Resistant Organisms (MDRO). EBP may be applied to residents with any of the following: Wounds or indwelling medical devices, regardless of MDRO status.</p> <p>The facility's Standard and Transmission Based Precautions policy dated July 2024 showed the following: Hand hygiene is the most important technique utilized to stop the spread of infection. Hands must be washed: b. before and after direct guest contact, e. before preparing or administering medication, h. after removal of gloves, 5. C. for contact with non-intact skin. 7. Gowns are worn when moist body substances are likely to get on clothing. Perform hand hygiene following gown us.</p>

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual 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 have protocols in place to utilize an assessment tool or management algorithm for residents who may receive antibiotics.</p> <p>This applies to all 166 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 February 3, 2025, showed the facility's census was 166 residents.</p> <p>On February 5, 2025, at 9:31 AM, V4 (Infection Preventionist) said when a resident has an infection and an antibiotic is used, V4 does not utilize an assessment tool or criteria when assessing if a resident is appropriately receiving an antibiotic. V4 said she reviews antibiotic orders with the providers to ensure there is an indication for use.</p> <p>On February 5, 2025, at 10:56 AM, V4 provided Infection Surveillance Monthly Reports for December 2024, January 2025, and February 2025. V4 said she did not have an assessment tool for any of the antibiotics prescribed during those months. V4 said she does not complete an assessment tool for any antibiotics prescribed to residents in the facility. V4 said since she does not complete an assessment tool for antibiotic use, she does not discuss inappropriate antibiotic use at Quality Assurance and Performance Improvement meetings.</p> <p>The December 2024 Infection Surveillance Monthly Report showed 34 antibiotics were prescribed to facility residents.</p> <p>The January 2025 Infection Surveillance Monthly Report showed 35 antibiotics were prescribed to facility residents.</p> <p>The February 2025 Infection Surveillance Monthly Report showed 14 antibiotics were prescribed to facility residents.</p> <p>The facility does not have documentation to show an assessment tool was used to monitor for if the prescribed antibiotics were indicated.</p> <p>On February 5, 2025, at 2:27 PM, V2 (DON/Director of Nursing) said V4 should be using an assessment tool when residents are prescribed antibiotics to ensure an antibiotic is required. V2 said the antibiotic stewardship program is to assess if antibiotics are required for a resident.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145795	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Tower Hill Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  759 Kane Street South Elgin, IL 60177	

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility's policy titled Antibiotic Stewardship dated December 2016, showed Antibiotics will be prescribed and administered to residents under the guidance of the facility's Antibiotic Stewardship Program. Policy Interpretation and Implementation: 1. The purpose of our Antibiotic Stewardship Program is to monitor the use of antibiotics in our residents. 2. Orientation, training and education of staff will emphasize the importance of antibiotic stewardship and will include how inappropriate use of antibiotics affects individual residents and the overall community . 11. When a culture and sensitivity is ordered laboratory results and the current clinical situation will be communicated to the prescriber as soon as available to determine if antibiotic therapy should be started, continued, modified, or discontinued .</p> <p>The facility's policy does not contain a procedure for utilizing a standardized tool and criteria for assessing antibiotic use.</p>