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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>145879 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY COMPLETED<br><br>04/26/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Tri-State Village Nrsg & Rhb |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2500 East 175th Street<br>Lansing, IL 60438 |  |

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

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| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34069</p> <p>Based on observation, interview and record review, the facility failed to follow their smoking policy by not providing supervision for smokers during the 5:00 PM and 7:00 PM smoking breaks. This failure affected 5 residents (R49, R29, R46, R17, and R18) of 5 reviewed for smoking in a total sample of 17. The facility also failed to provide a privacy bag to residents with catheters for 2 (R37 and R169) of 2 residents reviewed for catheters in a total sample of 17.</p> <p>Findings include:</p> <p>1. On 4-23-24 at 6:57 AM, R17 said last Saturday he missed 2 smoking breaks because the activity aide supervising the smokers left early. R17 said there was no staff who supervised the smokers thus they missed the 5:00 PM and 7:00 PM smoke breaks. R17 said this is not the 1st time they missed smoke breaks due to no activity aide. R17 said this happens 1-2x a month.</p> <p>On 4-24-24 at 9:15 AM, R49 and R18 said they missed two smoke breaks last Saturday when the activity aide left early. Both residents said there was no staff to supervise the smokers and this was not the first time.</p> <p>On 4-24-24 at 9:20 AM, R29 said last Saturday, activity aide told the smoker group she is leaving and there will be no smoking at 5:00 PM and 7:00 PM. R29 said this is not the first time the smokers missed breaks due to no activity aide.</p> <p>On 4-24-24 at 9:22 AM, R46 said last Saturday, activity aide told the smoker group she is leaving and there will be no smoking at 5:00 PM and 7:00 PM. R46 said this is not the first time the smokers missed breaks due to no activity aide.</p> <p>On 4-24-24 at 10:01 AM, V2 (Assistant Administrator) said she is not aware of the smokers missing their 5pm and 7pm smoke breaks last Saturday. V2 said smokers can still have their smoke break when supervised by another staff. V2 said V16 (Activity Aide) should have notified administrator and she would've assigned a staff member to supervise the smokers. V2 said smoking is a privilege but the residents have the right to smoke when they follow the smoking policy.</p> <p>On 4-24-24 at 9:53 AM, V5 (Social Services Director) said she is not aware of concerns of smokers not having smoke breaks due to lack of staff supervision or activity aides. V5 said if there is no activity aide available any staff member may supervise the smokers.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>On 4-24-24 at 10:08 AM, V7 (Medical Records Coordinator) said she left the facility at 2:00 PM and was not made aware of smokers missing their 5:00 PM and 7:00 PM smoke breaks. V7 said she was not aware V16 (Activity Aide) left early on Saturday. V7 said the CNAs are supposed to do 30 min rounding in the dining area to supervise residents when no activity aide is around. V7 said the activity aide should have reported she was leaving early and staff needs to cover the 5:00 PM and 7:00 PM smoke breaks. V7 said smoking is a privilege, however if the smoker follows the policy and is safe to smoke, they have the right to smoke.</p> <p>On 4-24-24 at 9:36 AM, V12 (Activity Coordinator) said there were 2 activity staff working this past Saturday. V12 said she is aware of activity staff working their entire shift with no known call-ins or early dismissals were relayed to V12. V12 said she is not aware of concerns of no smoke breaks due to no activity staffing but due to in-climate weather. V12 said nobody made any updates about PM shift activity aide leaving duty early. V12 said staff would usually call V12 to ask for the lock code to access smoking materials for the smokers. V12 said an available CNA would be able to supervise smokers if they are free to supervise. V12 said she reviewed V16's (Activity Aide) time card and said the time card showed employee worked the full shift.</p> <p>Resident Admission Packet documents: Attachment J Statement of Resident Rights: (a) Residents rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. Smoking Policy: Residents: All residents shall smoke only in designated areas. Residents who pose a hazard with smoking materials will have supervised smoking times provided for and may be placed in a supervised program for safe smoking.</p> <p>Smoking Policy- Residents (revised August 2008) documents: 5. Residents who meet the criteria for supervised based on the smoking risk assessment will be permitted to smoke only with a staff member from any department to supervise.</p> <p>46560</p> <p>Findings include:</p> <p>2. On 04/23/2024 at 6:59AM during observation, R37 was observed lying on bed with urine collection bag hanging on the side of the bed facing the hallway with doors open without privacy bag on.</p> <p>On 04/23/2024 at 7:25AM during observation with V20 (Licensed Practical Nurse), R37 was again observed lying on bed with urine collection bag hanging on the side of the bed facing the hallway with doors open without privacy bag on.</p> <p>On 04/23/2024 at 7:25AM during interview with V20, V20 stated R37's urine collection bags should be covered.</p> <p>On 04/26/2024 at 11:04AM during interview with V4 (Assistant Director of Nursing), all urine collection bags are expected to have privacy bags for dignity.</p> <p>Review of R37's Physician Order Report dated 03/24/2024 - 04/24/2024 indicated admitted [DATE], diagnosis of neuromuscular dysfunction of bladder, and order for suprapubic catheter with order date of 10/24/2023.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Review of R37's care plan last revised on 04/02/2024 indicated R37 requires an indwelling catheter related to (R/T) pressure ulcers of sacrum stage 4, and right hip stage 3, history (hx) of protein-calorie malnutrition, and weakness and is incontinent of bowel and bladder with approach included storing collection bag inside a protective, dignity pouch.</p> <p>On 04/23/2024 at 7:13AM during observation, R169 was observed lying on bed with urine collection bag without privacy bag on.</p> <p>On 04/23/2024 at 7:22AM during observation with V20 (Licensed Practical Nurse), R169 was again observed lying on bed with urine collection bag without privacy bag on.</p> <p>On 04/23/2024 at 7:25AM during interview with V20, V20 stated R169's urine collection bags should be covered.</p> <p>On 04/26/2024 at 11:04AM during interview with V4 (Assistant Director of Nursing), all urine collection bags are expected to have privacy bags for dignity.</p> <p>Review of R169's Physician Order Report dated 03/26/2024 - 04/26/2024 indicated admitted [DATE], and diagnoses of paraplegia and pressure ulcer of sacral region, stage 4.</p> <p>Review of facility's list of residents with catheter indicated R169's name.</p> <p>Review of facility's policy entitled Quality of Life - Dignity revised August 2017 indicated the following:</p> <p>Policy Statement: Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality.</p> <p>Policy Interpretation and Implementation</p> <p>11. Demeaning practices and standards of care that compromise dignity are prohibited. Staff shall promote dignity and assist residents as needed by:</p> <p>a. Helping the resident to keep urinary catheter bags covered</p> |  |  |

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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>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> 34069</p> <p>Based on interview and record review, the facility failed to follow the Purposeful Rounding Policy by not rounding on residents on a regular basis to meet their needs. This failure affected 1 resident (R54) of 3 residents reviewed for call lights/incontinence care (nursing care) in a total sample of 17.</p> <p>Findings include:</p> <p>On 4-23-24 at 7:17 AM, R54 stated he has no skin issues however it takes 3 hours for CNA to answer call lights.</p> <p>On 4-25-24 at 11:28, V2 (Assistant Administrator) stated she is not aware of concerns of delayed call light response or concerns of incontinence care. V2 stated any staff is capable of answering call lights within 2 minutes. If the staff cannot address the resident's specific concern, staff should seek out the staff who can address the resident's concerns. V2 stated nurses and CNAs should be rounding every 2 hours and as needed.</p> <p>On 4-25-24 at 11:29 AM, V4 (Assistant Director of Nursing) stated any staff can answer call lights and if they are unable to address the resident's concerns, the staff will report to another staff who can address the concern. V4 stated nurses and CNAs round every 2 hours and as needed.</p> <p>On 4-26-24 at 9:51 AM, V25 (Certified Nurse Aide) stated R54 is alert and able to make his needs known. R54 is able to use his call light. V25 stated R54 has made concerns of delayed ADLs (incontinence care).</p> <p>Resident Grievance/ Complaint Form dated 1-8-23 documents: Describe the nature of the grievance/complaint: Resident expressed preference for CNA to answer her call light more quickly; especially when she is on the commode. Resolution: Resident was provided immediate assistance at the time of concern per nurse. ADON educated direct care staff on prompt call light response.</p> <p>Concern/ Response Form dated 3-13-23 documents: Nature and description of the concern: Resident reported that he feels his roommate did not receive timely ADL care early this morning. Please address the concern as necessary: The director of nursing spoke with resident who stated he would like the CNAs to check on him more frequently. The DON reassured the resident that she would provide guidance to direct care staff to check on him more frequently to see if her would like assistance with ADL care.</p> <p>Concern/Response Form dated 1-31-24 documents: Nature and Description of the Concern: resident reports overnight CNAs did not change him. He reports he did use his call light but the CNA did not check on him either. Follow-Up Action taken: Staff educated on rounding and the importance of check and change.</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 - Few</p>                     | <p>Concern/Response Form dated 1-3-24 documents: Nature and description of the concern: Resident states that the female CNA that worked last night 10p-6a did not perform any patient care. Follow-up Action taken: CNA was re-educated and in-serviced regarding ADL care and resident rights. Residents follow from staff confirms aides now going into resident's rooms nightly attending to all needs.</p> <p>Concern/Response Form dated 1-24-24 documents: Nature and description of the concern: Resident has expressed concern about not receiving timely ADL Care. Please address the concern as necessary: The DON was notified immediately. Mr. [NAME] was reassured that his needs are important and his concerns will be addressed. He was offered a change immediately and reassured that he can use the call light whenever necessary. The DON re-educated all nursing staff on-call light response protocols, emphasizing the importance of prompt assistance for toileting needs. Nursing staff will be monitored for adherence to call light response protocols.</p> <p>Purposeful Rounding Policy (dated 11-29) documents: Objective: The practice of Rounding is the act of checking in on patients in person on a regular basis to proactively meet their needs. Process: Assess resident specific needs to enable to anticipate needs.</p> |  |  |

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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>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46560</p> <p>Based on interview and record review, the facility failed to perform routine checks on a resident with automatic implantable cardiac defibrillator (AICD) for one of one resident (R52) reviewed for quality of care in a sample of 17.</p> <p>Findings include:</p> <p>On 04/24/2024 at 10:00AM during record review, R52's diagnoses indicated presence of automatic cardiac defibrillator. Review of R52's electronic health records did not indicate any cardiac defibrillator check documentation.</p> <p>On 04/24/2024 at 1:00PM, V4 (Assistant Director of Nursing) stated that she is still waiting for the vendor of the cardiac defibrillator to respond and obtain the defibrillator checks documentation.</p> <p>On 04/24/2024 at 2:30PM during interview with V21 (Cardiac Defibrillator Specialist) while with V4, V21 stated that the last time R52's cardiac defibrillator was checked was in July of 2023. V21 also stated that the cardiac defibrillator should be checked every 91-95 days remotely and annually in clinic. V21 also stated that R52 was last checked in clinic in February of 2023.</p> <p>On 04/26/2024 at 11:04AM during interview with V4 (Assistant Director of Nursing), V4 stated that all residents admitted with pacemaker/AICD are expected to have the device information and when the last routine check was performed in their electronic health records. V4 also stated that routine checks should be done according to manufacturer or specialist recommendation.</p> <p>Review of R52's general order dated 08/28/2023, 11/07/2023 and 03/05/2023 all indicated order for pacemaker checks.</p> <p>Review of R52's nursing progress notes dated 08/28/2023 indicated right chest AICD.</p> <p>Review of R52's nurse practitioner (NP) progress notes dated 08/30/2023 indicated right chest AICD.</p> <p>Review of facility's policy entitled Care of Resident with a Permanent Cardiac Pacemaker/Implanted Cardiac Device-Defibrillator revised 03/2017 indicated the following:</p> <p>Objective: To initiate and maintain the heartbeat when the normal pacemaker fails to do so in such condition as a AV (atrioventricular) block and in [NAME] arrhythmias.</p> <p>Procedure:</p> <p>11. Perform pacemaker checks as ordered.</p> |  |  |

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| <p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46560</p> <p>Based on observation, interview and record review, the facility failed to label and date tube feeding bottles before administering it for two of two residents (R24, R169) reviewed for tube feeding in a sample of 17.</p> <p>Findings include:</p> <p>On 04/23/2024 at 6:52AM during observation, R24 was observed lying on bed with ongoing unlabeled and undated tube feeding.</p> <p>On 04/23/2024 at 7:22AM during observation with V20 (Licensed Practical Nurse), R24 was again observed lying on bed with ongoing unlabeled and undated tube feeding.</p> <p>On 04/23/2024 at 7:22AM during interview with V20, V20 stated that tube feeding bottles of R24 should have been labeled and dated before giving it to the resident.</p> <p>On 04/26/2024 at 11:04AM during interview with V4 (Assistant Director of Nursing), V4 stated that all tube feeding bottles are expected to be completely labeled with date and time before giving it to the residents.</p> <p>Review of R24's Physician Order Report dated 03/24/2024 - 04/24/2024 indicated admitted [DATE], diagnoses of gastrostomy status and severe protein-calorie malnutrition, and order for tube feeding with start date of 02/13/2024.</p> <p>On 04/23/2024 at 7:13AM during observation, R169 was observed lying on bed with ongoing unlabeled and undated tube feeding.</p> <p>On 04/23/2024 at 7:22AM during observation with V20 (Licensed Practical Nurse), R169 was again observed lying on bed with ongoing unlabeled and undated tube feeding.</p> <p>On 04/23/2024 at 7:22AM during interview with V20, V20 stated that tube feeding bottles of R169 should have been labeled and dated before giving it to the resident.</p> <p>On 04/26/2024 at 11:04AM during interview with V4 (Assistant Director of Nursing), V4 stated that all tube feeding bottles are expected to be completely labeled with date and time before giving it to the residents.</p> <p>Review of R169's Physician Order Report dated 03/24/2024 - 04/24/2024 indicated admitted [DATE], diagnoses of encounter for attention to gastrostomy and dysphagia following cerebral infarction, and order for tube feeding with start date of 04/12/2024.</p> <p>Review of facility's policy entitled Gastric Tube Feeding revised 5/17 indicated the following:</p> <p>Procedure:</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>7. All bags, bottles, syringes and tubing must be timed and dated to determine discard date.</p>                       |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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>41846</p> <p>Based on observation, interview and record review, the facility failed to follow it's policy on discarding expired house stock medication for one of one medication rooms reviewed for medication storage and labeling. This deficient practice has the potential to affect all 23 residents receiving medication from the south wing medication room.</p> <p>Findings include:</p> <p>During medication observation on 4/24/24 at 8:55am in the south wing medication room, a can of Magnesium 500mg was observed with an expired date of 3/2024 and Aspirin Low Dose 81mg with a date of 3/2024.</p> <p>During an interview on 4/24/2024 at 9:00am with V22(LPN), V22 stated that expired medication should be sent back to the pharmacy.</p> <p>On 4/26/24 at 9:00am, V4(Assistant Director of Nursing) stated that expired house stock medications are discarded by nursing staff. V4 stated that nurses are responsible for getting rid of expired medication.</p> <p>Facility policy Medication Labeling reads.</p> <p>Policy: Medications and biologicals are stored safely securely and properly following manufacturer's recommendations or those of the supplier .</p> <p>H. All expired medications will be removed from the active supply and destroyed in the facility regardless of amount remaining. The medication will be destroyed in the usual manner.</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** 50382</b></p> <p>Based on observation, interview and record review, the facility failed to follow its infection control policy by failing to initiate isolation protocol for a bed bug infestation for one (R44) of one resident reviewed for infection control in a sample of 17 residents.</p> <p>Findings include:</p> <p>On 04/23/2024 at 9:00AM, R44 was observed in bed, under the covers. R44 was awake and alert. R44 was not under any transmission-based protocols and shared the room with another resident.</p> <p>On 04/23/2024 at 9:10AM during an interview with R44, R44 stated she had bed bugs. R44 also stated that last Sunday, 4/21/2024, her right leg was itching and she had felt something crawling around. R44 stated she informed the staff and was told she has bed bugs.</p> <p>On 04/23/2024 at 11:15AM during observation with V4 (Assistant Director of Nursing/Infection Preventionist), R44 was still in the infested room, no transmission-based precaution initiated, and roommate was not moved out of the room. At the same time, nursing staff and housekeeping staff were observed in R44's room without PPE (personal protective equipment) on.</p> <p>On 04/23/2024 at 9:53AM during interview with V14 (Licensed Practical Nurse/LPN), V14 stated knowledge of R44 having bed bugs since Sunday when it was first reported.</p> <p>On 04/23/2024 at 9:56AM during an interview with V4, V4 stated that she was not aware of any bed bug infestation on R44 and was not informed of R44's condition.</p> <p>On 04/23/2024 at 10:01AM during an interview with V4 and V10 (Housekeeping Manager), V10 stated that he was aware that R44 had bed bugs and the pest control company was scheduled for 4/23/2024 to treat R44's room, the two rooms to the right and left, and the room directly across for bed bugs.</p> <p>On 04/23/2024 at 11:15AM during interview with V4, V4 stated that their facility policy on Bed Bugs, Preventing and Managing Infestations of, was not followed. V4 and surveyor witnessed R44 still in infested room, not isolated on contact precaution, and roommate was not moved to new room. Staff and housekeeping were in R44 room not wearing PPE.</p> <p>On 04/24/2024 at 10:55AM during phone interview with V9 (LPN), V9 stated V10 saw the bugs on the R44's leg last Sunday 4/21/2024. V9 stated that V10 informed V1(Administrator) and was onsite during her shift. V9 stated that V1 and V10 were aware that R44 had bed bugs. V9 denied notifying the physician or nurse practitioner on duty 4/21/2024.</p> <p>On 04/24/2024 at 11:15AM during interview with V8 (Certified Nursing Assistant), V8 stated when she was providing care for R44 she observed between 8-10 bugs on R44's right leg and linens.</p> <p>(continued on next page)</p> |  |  |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>145879  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY COMPLETED<br><br>04/26/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Tri-State Village Nrsg & Rhb   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2500 East 175th Street<br>Lansing, IL 60438 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |  |  |
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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>On 04/26/2024 at 9:00AM during interview of V1, V1 stated that he was in the facility on 4/21/24 and was with V10 when housekeeping and staff were caring for R44. V1 stated that he observed R44 in a chair while housekeeping disposed of the mattress and clothing. V1 stated bed was cleaned, and frame was sprayed and wiped down. V1 stated V10 was going to contact pest control company to have the room treated for bed bugs. V1 stated that R44 should have been isolated and put on contact precautions.</p> <p>On 04/26/2024 at 10:19AM during interview with V10, V10 stated that room was treated by pest control company on 4/23/2024, 4/24/2024, and will be back in two weeks to provide treatment.</p> <p>Review of R44 face sheet indicates an admitted [DATE]. R44 is a [AGE] year-old with the following diagnosis: polyneuropathy, unspecified - Neuropathy (primary), Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side. Need for assistance with personal care. Other lack of coordination. Abnormal posture. Cerebral infarction due to thrombosis of unspecified cerebral artery. Other seizures, Essential (primary) hypertension, Major depressive disorder, single episode, unspecified, other iron deficiency anemias, Hyperlipidemia, unspecified, Radiculopathy, lumbar region, Pain in unspecified knee-Chronic knee joint pain, Gastro-esophageal reflux disease without esophagitis, Dry eye syndrome of left eye lacrimal gland, Presence of neurostimulator, Other specified disorders of eye and adnexa-itchiness of left eye. Malignant neoplasm of cervix uteri. Morbid (severe) obesity due to excess calories.</p> <p>Review of V9 progress notes from 04/21/2024 at 5:52PM resident stated to CNA that she felt something crawling on her skin. Bed searched and linen changed, resident given bed bath per resident's request. No bite marks on resident noted.</p> <p>Review of invoice #182945 dated 4/23/24 at 2:44PM and invoice#182997 dated 4/24/2024 at 5:09PM Sentry Pest Control provided treatment for bed bugs.</p> <p>Review of facility's policy entitled Bed Bugs, Preventing and managing Infestations of revised December 2011 indicated the following:</p> <p>Purpose: Staff will employ infection control strategies to prevent and manage infestation of bed bugs (Cimex lectularius).</p> <p>Steps in the procedure: Identifying and eradicating bed bugs infestation is a multi-disciplinary task, involving nursing, infection control, administration, and housekeeping. The following section identifies areas of responsibility that may be assigned to one or more disciplines.</p> <p>2. Identification:</p> <p>a. If a bug is found that meets description of a bed bug, isolate it and send to the pest control company for identification.</p> <p>b. Inspect adjacent areas in the facility for any signs of infestation.</p> <p>(1) Check residents' room at night when bed bugs are active. Use a flashlight to check linens, mattresses, etc., for signs of bed bug activity.</p> <p>(2) Use contact and standard precautions</p> <p>(continued on next page)</p> |  |  |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>145879 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY COMPLETED<br><br>04/26/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Tri-State Village Nrsg & Rhb |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2500 East 175th Street<br>Lansing, IL 60438 |  |

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

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>4. Eradication of Infestation:</p> <p>j. Contract with a licensed pest-control service to treat room.</p> <p>k. The procedure for resident belonging will be followed for roommate.</p> <p>l. Residents residing in room will be showered, provided clothing and moved to another room. Personal items will be returned after inspection and cleaning.</p> <p>Documentation: The following should be documented at the facility level:</p> <p>1. Identified instances of infestation (including who reported, how was it confirmed, and the date and time).</p> <p>2. Response to the report of infestation.</p> <p>Review of Infection Control Policy:</p> <p>Objective: The facility's written program is for the implementation of systems that provide a safe, sanitary and comfortable environment and helps prevent the development and transmission of communicable diseases and infection. The facility's infection control program includes:</p> <p>4) The facility maintains protocols and precautions to prevent transmission of infectious agents using two tiers of precautions:</p> <p>a. Standard precautions</p> <p>b. Transmission Based Precautions</p> <p>i. Contact Precautions</p> <p>Review of Infection Surveillance Guideline revised 11/27/2019:</p> <p>l. Process Surveillance: process surveillance reviews practices directly related to resident care in order to identify whether the practices comply with facility infection prevention and control procedures and policies based on recognized guidelines. Examples of this type of surveillance include but are not to:</p> <p>a. Monitoring of compliance with transmission-based precautions.</p> <p>b. Cleaning and disinfection of products, equipment or environmental surfaces</p> <p>c. Handling, storing, processing and transporting of linens according to procedure</p> |