STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145886	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aledo Rehab & Health Care Center	304 S.W. 12th Street Aledo, IL 61231

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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 33985 Based on record review and interview the facility failed to administer an IV (Intravenous) medication as ordered by the physician for one resident (R32) of 16 residents reviewed for medication administration, in a sample of 43. Findings Include: The facility policy, revised 7/3/2013, named Medication Administration, documents the following: Drug administration shall be defined as an act in which a single dose of a prescribed drug or biological is given to a resident by an authorized person in accordance with all laws and regulations governing such acts. 22.) Notify the physician as soon as practical when a scheduled dose of a medication has not been administrated for any reason. R32's Cognitive Assessment, dated 2/7/2024, documents R32 has a BIMS (Brief Interviews for Mental Status) of 15. R32 is cognitively intact. R32's Wound culture results from the wound clinic dated 5/9/2024, documents, Culture results: Moderate growth of Methicillin Resistant Staphylococcus Aureus (MRSA) is isolated. vancomycin (antibiotic used to treat bacteria) is susceptible to the MRSA. R32's Progress Notes, dated 5/17/2024, documents, R32 readmitted to the facility from a local hospital. R32 has a PICC (peripherally inserted central catheter) line in left arm with new orders for Vancomycin for 14 days. R32's Physician Order Sheet, dated 5/18/2024, documents, Vancomycin trough drawn one hour before first dose. R32's MAR (Medication Administration Record), documents, Vancomycin (Pharmacy to dose) 8AM start. Date 5/19/2024, indicates that the Vancomycin was not given on 5/24/, 5/27, 5/28, and 5/29/2024. MAR (Medication Administration Record) also documents: Do not miss doses, call V2/DON (Director of Nurses) to administer if no RN (Registered Nurse) present. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145886	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aledo Rehab & Health Care Center	304 S.W. 12th Street Aledo, IL 61231

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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/3/2024 at 3PM R32 stated, I was not given all of my IV antibiotics. There were several doses that I did not get. I was afraid my wounds would get worse without the antibiotic not given. I am pretty lucky this did not turn bad. On 6/5/2024 at 10:50AM V21/RN (Registered Nurse) stated, I was the primary nurse that administered R32's IV (Intravenous) antibiotic. It was due every morning through R32's PICC line. Pharmacy would adjust her dose of Vancomycin according to her blood work. R32 informed me that she did not get some doses of the antibiotic. Looking at the medication administration record it does look like R32 missed at least 3 to 4 doses. I am not sure why R32 did not let someone know as soon as she realized staff missed a dose. On 6/5/2024 at 2:30PM V23/RN stated, I work 2PM - 6PM R32's Vancomycin is to be given in the morning. I did notice after the Vancomycin was done that there were a few doses that were not signed out. It didn't look like the antibiotic was given. On 6/5/2024 at 1PM V22/RN stated, No, I did not give R32 any of her Vancomycin. I noticed that there was a lot of bags left in the medication room, but I do not know anything about that. On 6/5/2024 at 9:45AM V2/DON (Director of Nurses) stated, I did not administer any doses of R32's Vancomycin. I was not asked from any of the nurses that it needed to be done. And I did not know R32 was missing doses. None of her doses of Vancomycin should have been missed. It does look like there was a few doses missed. According to her medication administration record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145886	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aledo Rehab & Health Care Center	304 S.W. 12th Street Aledo, IL 61231

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 32189 Facility failures resulted in two deficient practices. A. Based on record review, and observation, the facility failed to place signage in a conspicuous location to clearly identify the category of transmission-based precautions, instructions for PPE (Personal Protective Equipment) and/or instruction to see the nurse prior to entering the resident's room for 1 of 1 (R32) residents that required transmission-based precautions in a sample of 43 residents. B. Based on interview and record review the facility failed to have interventions in place to mitigate the growth and spread of legionella and failed to maintain logs of interventions. This has the potential to affect all 44 residents that reside at the facility. Findings include: A. The Multidrug-Resistant Organisms in Non-Hospital Healthcare Settings, revised 11/30/09, documents 2. Multi-resistant drug organisms are bacteria and other microorganisms that have developed resistance to antimicrobial drugs. Common examples of these organisms include: MRSA- Methicillin/Oxacillin-resistant Staphylococcus aureus. The Transmission-Based Precautions, revised 12/14/09, documents Contact Precautions: Are designed to reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact. The Isolation Room Set Up policy, revised 5/30/14, documents It is the policy of this facility to set up isolation for communicable diseases. Procedure: 7. Place sign on door to resident's room for visitors to inquire at nurse's desk prior to entering room. On 5/18/24, R32 was readmitted to the facility with a diagnosis of MRSA in R32's leg wounds on 5/14/24 which required Intravenous Antibiotics and daily dressing changes. Between 6/2/24 at 10:30 AM and 6/5/24 at 1:00 PM, R32's room lacked signage to identify the category of transmission-based precautions, instructions for PPE (Personal Protective Equipment) and/or instruction to see the nurse prior to entering the residents room. B. On 6/5/24 at 1:30 PM, V2 (Director of Nursing/Infection Preventionist) stated V25 (Maintenance Supervisor) oversees Legionella management and this was all V25 has and then provided a log of water flushes every two weeks dated 10/3/20 through 5/24/24. The Infection Control Plan Index, no date, lacked inclusion of a Legionella prevention policy. The Quality Assurance Performance Improvement (QAPI) Agenda, updated 8/3/17, lacked inclusion of Legionella monitoring. The QAPI scope documents Maintenance We provide comprehensive building safety, repairs, and inspections to ensure all aspects of safety are enforced, assuring the safety and well being for each resident, visitor and staff who enter the building. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145886	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aledo Rehab & Health Care Center	304 S.W. 12th Street Aledo, IL 61231

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility lacked a flow diagram of the buildings water system, measures to prevent the growth of Legionella by implementing control measures such as disinfection, water temperatures and inspections and policies and procedures of ways to monitor measures and identify acceptable ranges.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145886	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aledo Rehab & Health Care Center	304 S.W. 12th Street Aledo, IL 61231

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)
F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. 32189 Based on record review and interview, the facility failed to designate a qualified infection preventionist who is responsible for the facility's Infection Prevention and Control Plan. This failure has the potential to affect all 44 residents who reside at the facility. Findings include: The Infection Control Surveillance and Monitoring policy, dated 4/11/22, documents The facility shall employee, at a minimum, a part time Infection Control Preventionist. These duties maybe performed by the Director of Nursing with an approved Infection Control Certification. The Infection Preventionist Job Description, dated 3/3/23, documents Qualifications: 2. Must have completed Specialty Training in Infection Prevention and Control through accredited continuing education. On 6/3/24 at 11:00 AM, V2 (Director of Nursing/Infection Preventionist) stated V2 was the designated Infection Preventionist although no specialty training in Infection Prevention and Control had been completed at this time. On 6/5/24 at 2:00 PM, V1 (Administrator) stated V2 was hired on 3/19/24 and has not had the time to complete the training for Infection Prevention and Control due to other responsibilities.