

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146014	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2024
NAME OF PROVIDER OR SUPPLIER Mercy Harvard Hospital Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 901 South Grant Harvard, IL 60033	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34117</p> <p>Based on observation, interview and record review the facility failed to ensure a resident with a history of dysphagia was supervised and failed to ensure the recommended swallowing strategies were implemented. This applies to 1 of 8 residents (R11) reviewed for safety.</p> <p>The findings include:</p> <p>R11's face sheet shows she is a [AGE] year old female with diagnoses including aphasia, oropharyngeal dysphasia, type 2 diabetes, progressive supranuclear palsy.</p> <p>R11's Minimum Data Set assessment dated [DATE] shows she requires supervision with eating.</p> <p>R11's Swallowing/Feeding Guideline dated July 12, 2022 documents swallowing supervision-periodic, strategies: eat/feed slowly, small bites/sips, one at a time, check mouth for pocketing of food on the right, check mouth for pocketing on left, chew thoroughly, moisten solids.</p> <p>R11's Speech Language Pathology Quarterly Screen dated 3/13/23 documents swallowing ability: dysphagia, liquids are thickened to nectar consistency, decrease in function, per nursing interview .(R11) with decline in swallowing, cognition, or speech at this time, under hospice care.</p> <p>On 4/8/24 at 12:18 PM, R11 was observed in her room sitting in her recliner chair during the noon meal. She was served a bowl of minced chicken with sauce, puree sweet potato and puree cauliflower. R11 took a bite of the minced chicken and was coughing after the bite, she took another bite of the chicken, and continued to cough. She spit out pieces of the chicken into a tissue and continued to cough several times. This surveyor asked R11 to open her mouth, a quarter size of food was on the top of her tongue. R11 continued to feed herself, and spit food out on the tissue. At 12:24 PM, R11 remained in her room feeding herself. There was no staff observed going into R11's room. R11's coughing was heard from the hallway. Two CNAs (Certified Nursing Assistants) were observed in the dining room at this time and V4 Registered Nurse (RN) was in another resident's room.</p> <p>On 4/8/24 at 1:18 PM, V4 (RN) said R11 does not speak, but communicates with a board or yes/no questions. She has right sided weakness and requires supervision during meals. She tends to have coughing episodes, and tends to put food in her mouth too fast.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/9/24 at 10:44 AM, V3 Assistant Director of Nursing (ADON) said R11 likes to feed herself, she is on an altered diet and staff should be checking on her when she is eating. Staff should be checking R11's mouth for any food residual and signs of aspiration.</p> <p>The facilities Swallowing Guidelines undated Policy states, swallowing guidelines: verbiage periodic: check in during meals. RN or CNA to check in every 5-10 minutes during meals. RN or CNA to confirm resident is eating meal without difficulty. RN or CNA intervene if swallow difficulties are noted .</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>34314</p> <p>Based on observation, interview and record review the facility failed to ensure resident's received significant medications as ordered by the physician. This applies to 1 of 6 residents (R5) reviewed for medication administration in the sample of 8.</p> <p>The findings include:</p> <p>On April 8, 2024 at 9:08 AM, R5 was lying in bed. There was a small round yellow pill lying on top of her lap on the blanket. She stated, the nurse just gave her, her morning medications.</p> <p>On April 8, 2024 at 9:20 AM, V4 Registered Nurse (RN) stated, she just gave R5 her morning medications. This surveyor showed her the small round yellow pill on R5's blanket. V4 RN took the pill and confirmed the pill was her morning dose of eliquis (blood thinner). She must have dropped it.</p> <p>R5's medication administration report for April 8, 2024 shows, apixaban (eliquis) tablet 2.5 mg (milligrams), 2 times daily. The medication was signed out as given on April 8, 2024 at 9:04 AM.</p> <p>R5's medical record did not show she could self administer her medications.</p> <p>The facility's acute medication administration dated March 27, 2023 shows, Policy: Only a physician, a registered nurse or licensed practical nurse (or a respiratory therapist for inhalation meds) may administer medications to SNF (skilled nursing facility)/Sub-acute residents. Medication administration times are individualized to resident needs and personal preferences, but are generally scheduled as follows: 0830-1230-1630-2100 (8:00AM, 12:30PM, 4:30PM, 9:00PM) and/or 0800-1200-1730-2200 (8:00AM, 12:00PM, 4:00PM, 10:00PM). The medications will be passed according to the 5 R's of medications administration: 1. Right Patient, 2. Right Route, 3. Right Dose, 4. Right Time, 5. Right Medication .</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35119</p> <p>Based on observation, interview and record review the facility failed to ensure the water system was flushed to prevent Legionnaire disease in the water. This applies to all 16 resident residing in the facility.</p> <p>The findings include:</p> <p>The facility's Long-Term Care Facility Application For Medicare and Medicaid (CMS-671) dated 4/8/24 shows a facility census of 16.</p> <p>On 04/09/24 at 10:15 AM, V5 Facility Manager said the facility had a recent low level positive for bacteria on the Legionella testing. V5 said the positive water sample came from an unoccupied resident room and was found during quarterly testing of dead leg areas (water not used frequently). V5 said the water supply comes from the city and is chlorinated. V5 said the dead leg areas are to be flushed daily to prevent legionnaires in the water. V5 said the testing was done as part of preventative maintenance. V5 said since the positive result, they have increased vigilance of flushing the positive room as recommended by the water testing company and are logging the flushing done.</p> <p>The facility's Microbiological Analyses for water testing done by an outside water company on 3/13/24 shows a positive result of 0.4 CFU/ml of Legionella non-pneumophila in resident room [ROOM NUMBER].</p> <p>On 04/09/24 at 11:53 AM, V8 Outside Water Company Representative (who did the water testing on 3/13/24) said that you should not get a positive result if flushing the water daily in these rooms. V8 said the water supply comes from the city and is chlorinated. V8 said the amount of chlorine he measured in the water is sufficient to kill any legionella bacteria in the water system if the areas were being flushed. V8 said the purpose of flushing is to bring chlorinated water to the faucet and daily flushing around 15-10 minutes a day is recommended. V8 said medical facilities usually have this as part of their plan where someone goes in and turns the water on for the time period and then documents that the room has been flushed. V8 said it should be done for all rooms because even if the room is occupied, it's difficult to verify if the water in the room has been turned on that day or not. V8 said he was doing the re-testing of the facility on 4/10/24 and if there is a positive again it would mean the facility was not following the flushing recommendations and more aggressive measures would need to be taken.</p> <p>On 4/9/24 at 10:20 AM, V6 Environmental Service Supervisor said housekeeping is supposed to run the water for 20 minutes while cleaning the room each day, but this is not documented. V6 said there is route sheets filled out by the housekeepers for each room.</p> <p>On 4/9/24 at 10:25 AM, the door to resident room [ROOM NUMBER] was closed with a sign on the door to not use the 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 - Many</p>	<p>On 04/09/24 at 11:15 AM, V6 presented the route sheets done by the housekeepers. V6 confirmed with this surveyor that flushing was not documented on the route sheets presented. V6 said flushing was not listed in the job descriptions for the housekeepers and no other logs were kept for flushing. V6 said she verbally educated the housekeepers but did not have an in-service sheet or any documentation for the education.</p> <p>The facility's Mercy-Care Center route sheets shows boxes for the resident room numbers which were marked done across all boxes. There was no documentation of the forms regarding flushing.</p> <p>On 04/09/24 at 01:39 PM, V7 Environment Service said she runs the water when cleaning the rooms and if the room is empty she tries to runs the water periodically. V7 said there is no log and flushing is not documented anywhere. V7 did not recall having any in-services or education regarding flushing.</p> <p>The facility's Maintenance and Monitoring of Water Systems Policy dated 3/2024 shows Mercyhealth plans for the prevention and control of Legionellosis and other waterborne pathogens and controls risky by assuring proper systems design, function, and routine systems's inspection. Water system conditions and risk factors are assessed mitigated ongoing via control measures. Listed for each control measure are a monitoring procedure. Control measure should be documented.</p>