

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/06/2024
NAME OF PROVIDER OR SUPPLIER Ryze at Homewood		STREET ADDRESS, CITY, STATE, ZIP CODE 19000 South Halsted Homewood, IL 60430	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>40001</p> <p>Based on observation, interview, and record review, the facility failed to determine self-administration of medication was appropriate for a resident whose medication was left at the bedside for the resident to self-administer for one of one resident (R20) reviewed for self-administration of medications in sample of 26.</p> <p>Findings include:</p> <p>An order summary report, dated 12/3/2024, indicates R20 has diagnoses of atrial fibrillation, mood disorder, Hypertensive heart and chronic kidney disease, Cardiopulmonary disease, asthma, chronic respiratory failure, major depressive disorder, GERD, diabetes mellitus, and peripheral vascular disease.</p> <p>R20's has medication orders for sodium bicarbonate 650mg, tamsulosin cap 0.4mg, torsemide 20mg, tums chewable 500mg, omeprazole 20mg, citalopram hydrobromide 20mg, Eliquis 5mg, farxiga 10mg, finasteride 5mg, carvedilol 6.25mg, multivitamin with minerals.</p> <p>R20's care-plan, dated 7/18/2024, indicates an intervention to give medications as ordered by a physician and monitor and document for side effects and effectiveness.</p> <p>On 12/3/2024 at 11:00 AM, R20 said, I didn't take my medication because I do not want to take my water pill. I have some business to take care of this morning. I always ask them to leave it I'll take my medication as soon as my business is completed.</p> <p>On 12/3/2024 at 11:05 AM, V8 (Licensed Practical Nurse-LPN) said, I should have stayed until (R20) consumed his medication and (R20) should be assessed for medication-administration.</p> <p>On 12/3/2024 at 11:10 AM, V9 (Unit Manager) said R20's medication should not be at the bedside without a medication assessment completed indicating R20 can self-medicate.</p> <p>On 12/5/2024 at 10:30 AM, V2(Director of Nursing-DON) said, I expect all residents that have medication at the bedside to have a self-administration assessment completed.</p> <p>Facility Policy:</p> <p>Self-Administration of Medications - Effective 10/25/2014</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Policy:</p> <p>To maintain the resident's highest level of independence residents who desire to self-administer medications are permitted to do so if the facility's interdisciplinary team has determined that the practice would be safe for the resident and other residents of the facility and there is prescriber; s order to self-administer.</p> <p>Procedure:</p> <p>If the resident desires to self-administer medications, an assessment is conducted by the interdisciplinary team of the resident cognitive (including orientation to time), physical, and visual ability to carry out this responsibility during the care planning process.</p>

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50469</p> <p>Based on observation, interview, and record review, the facility failed to ensure resident call light was within reach. This deficiency affects two (R46, R72) of three residents in the sample for 26 reviewed for accommodation of needs.</p> <p>Findings include:</p> <p>1. R72 was admitted on [DATE], with diagnoses listed in part but not limited to cerebral infarction, covid-19, unspecified asthma, history of falling.</p> <p>R72 has a focus care plan for at risk for falls related to cerebral infarction, asthma, congestive heart failure. Intervention dated 8/19/24 -Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance.</p> <p>On 12/03/24 at 10:23 AM, R72 observed in room, in bed, and call light observed on floor behind privacy curtain.</p> <p>On 12/03/24 at 10:29 AM, V16 (Certified Nurse Aide) verified the call light was not within reach, and said R72 should have it next to her in bed in case she needs assistance to call for help.</p> <p>2. R46 was admitted on [DATE], with diagnoses listed in part but not limited to unspecified asthma, syncope and collapse, congestive heart failure.</p> <p>R46's has a focus care plan of falls related to lymphedema, congestive heart failure, asthma, headache, chronic kidney disease, syncope and collapse, renal failure impaired vision with intervention dated 7/29/24- Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance.</p> <p>On 12/04/24 at 10:59 AM, R46 observed in bed, alert, able to communicate needs, observed call light was behind bed on the floor.</p> <p>On 12/04/24 at 11:04 AM, V6 (Licensed Practical Nurse) said, (R46) is totally dependent on staff, she is unable to ambulate. If she needs assistance then she can pull call light for assistance. V6 entered room and verified call light was not within reach of the resident. V6 said she will need call light within reach in case she needs help, since she is in her room and away from staff.</p> <p>On 12/04/24 at 1:07 PM, V2 (Director of Nursing) said all call lights should be placed within resident reach for assistance, and all call lights should be answered timely.</p> <p>Facility's policy on Answering the Call light revised 8/2008.</p> <p>Purpose:</p> <p>The purpose of this procedure is to respond to the resident's requests and needs.</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4. Be sure that all call light is plugged in at all times.</p> <p>5. When the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident.</p> <p>8. Answer the resident's call as soon as possible.</p>

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49871</p> <p>Based on interview and record review, the facility failed to implement written policies and procedures that prohibits prevention of resident abuse. This deficient practice 3 of 5 residents (R29, R41, R123) reviewed for abuse prevention program in a sample of 26.</p> <p>Findings include:</p> <p>On 12/5/2024 at 11:45 AM, R29 was noted with admitted [DATE] and Criminal History Information Response Process was initiated on 11/20/2024. R41 was noted with admitted [DATE] and Criminal History Information Response Process was initiated on 11/4/2024. R123 was noted with admitted [DATE] and Criminal History Information Response Process was initiated on 11/4/2024.</p> <p>On 12/5/2024 at 12:24 PM, V18 (Admissions) stated Criminal History Information Response Process (Background check) is done within 72 hours of admission, and is impossible to do within 24 hours, because V18 does not work after hours and on weekends. V18 said they have no policy on running and checking Criminal History Information Response Process.</p> <p>On 12/5/2024 at 02:15 PM, V1 (Administrator) stated all new admissions need to have the Criminal History Information Response Process completed within 24 hours of admission.</p> <p>On 12/6/2024 at 12:10 PM, V1 stated Admissions is responsible for ensuring Criminal History Information Response Process (Background check) was done within 24 hours of admission. V1 also stated failure to complete screening on a timely manner on admission puts other residents at risk for danger.</p> <p>Review of undated policy and procedure, titled: Abuse Policy and Prevention Program indicated Pre-Admission Screening of Potential Residents - Illinois only, This facility shall check the criminal history background for any resident seeking admission to the facility in order to identify previous criminal convictions. This facility will request a Criminal History background Check within 24 hours after admission of a new resident.</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40001</p> <p>Based on record review and interview, the facility failed to submit information for preadmission screening and resident review for level I Preadmission screening and Resident Review (Preadmission screening resident review PASRR) and for a level II evaluation for 1 of 4 resident's (R20) reviewed for PASRR in a sample of 26.</p> <p>Findings include:</p> <p>An order Summary Report indicates R20 has diagnoses of Post traumatic stress disorder, Unspecified Mood (Affective) Disorder, insomnia due to other mental disorder, major depressive disorder.</p> <p>On 12/5/2024 at 12:10 PM, V23 (Unit Manager) said, (R20) has very manipulative behavior.</p> <p>On 12/5/2024 V1 (Administrator) said, I do not have a Level 1 or a Level II (PASRR) screening for (R20). I know all residents under [AGE] years of age should have a screening, and if indicated a level II, but I do not have it.</p> <p>On 12/6/2024, V18 (Admissions Director) said, I am responsible for obtaining a preadmission screening and (R20) was grandfathered in. I was not aware I had to do a PASRR level II (two).</p> <p>On 12/6/2024, V24 (Social Services Director-SSD) said, I did not know (R20) had a mental illness diagnosis. I will immediately request a PASRR II (two) and provide the correct services needed. He does have very manipulative behavior and I will care plan and notify the staff to chart behaviors.</p> <p>Facility Policy:</p> <p>PAS Screening 1/20/2024</p> <p>General:</p> <p>In accordance with Illinois regulatory standards and recommended practices, this organization requests level I (one) and Level 2 (two, where applicable) Pre-Admission screening documents prior to the individual's at the facility.</p> <p>Procedure:</p> <p>1. A facility representative shall request the complete screening packet from appropriate screening agency/referral source.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</p> <p>Based on observation, interview, and record review, the facility failed to obtain a physician order for the administration of medication, oxygen and enhance barrier precautions. This deficiency affects all five (R14, R41, R56, R108, and R177) residents in the sample of 26 reviewed for Professional Standards of Practice.</p> <p>Findings include:</p> <p>1. R177 was admitted on [DATE], with diagnoses listed in part but not limited to Alzheimer's disease, Malignant neoplasm of stomach. Active physician order sheet indicated EBP (Enhanced barrier precaution) due to urinary catheter, dated 12/3/24. Order was written after surveyor inquired.</p> <p>On 12/3/24 at 11:00AM, R177 was on enhanced barrier precaution (EBP) set up. V17, LPN (Licensed Practical Nurse), said R177 is on EBP due to indwelling catheter.</p> <p>On 12/4/24 at 10:06AM, R177 was lying in bed. She was confused. Observed medication ointment placed on 30ml medication cup, not labeled, at bedside. V17, LPN, said, It's probably barrier cream left by treatment nurse. No medication should be left at bedside.</p> <p>2. R14 was admitted on [DATE], with diagnoses listed in part but not limited to Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, Contractures on left hand and elbow, Dysphagia, Dementia, Need for assistance with personal care. Active physician order sheet does not indicate order for Polyethylene glycol 400 1% lubricant eye drop solution.</p> <p>On 12/3/24 at 11:10AM, R14 was lying in bed with entire right arm brace/splint applied. Observed R14 with right periorbital edema. Observed eye medication at bedside tray table indicated Dry eye. Polyethylene glycol 400 1% lubricant eye drop solution. R14 said he used the medication for dryness and irritation. He called the nurse to apply the medication to his both eyes. V17, LPN, said they give the medication whenever R14 requests it. V17 also stated R14 does not have order for it, so they don't need to document it. V17 said, It is okay to have eye medication at bedside, but not oral medication. V17 said R14 has multiple glaucoma eye medications for his eye. They keep those medications with physician orders in the medication cart, and document when they give it.</p> <p>3. R56 was admitted on [DATE], with diagnoses listed in part but not limited to Chronic obstructive pulmonary disease, Asthma with acute exacerbation, adult failure to thrive. Active physician order sheet indicated order for oxygen at 3LPM via nasal cannula as needed may be administered for SOB (Shortness of breath) or oxygen saturation below 92 % ordered on 12/3/24, after surveyor inquired.</p> <p>On 12/3/24 at 11:20AM, R56 was lying in bed with oxygen via nasal cannula at 3LPM (liters per minute).</p> <p>4. R41 was admitted on [DATE], with admitting diagnoses listed in part but not limited to Cerebral infarction, Dysphagia, Dementia, Gastrostomy, Congestive heart failure, Acute Kidney failure. Active physician order sheet indicated order for enhanced barrier precaution related to gastric tube and oxygen at 2 LPM per nasal cannula, both ordered on 12/3/24, after surveyor inquired.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/3/24 at 11:30AM, R41 was observed on enhanced barrier precaution. He was lying in bed with enteral feeding of Nepro 1.8 at 55ml /hr. He was on oxygen via nasal cannula at 3 LPM (liters per minute). V17, LPN, said R41 was on EBP due to enteral/Gastric feeding.</p> <p>45316</p> <p>5. R108 is a [AGE] year male admitted with diagnoses not limited to hypotension, pulmonary hypertension, anemia, major depression, psychotic disturbance, mood disturbance, and anxiety.</p> <p>Care Plan, dated 8/16/2024, indicated R108 was care planned for oxygen therapy administration.</p> <p>On 12/3/2024 at 10:45AM, R108 was lying in bed. R108 was on oxygen via nasal cannula at the rate of 3 liters per minute. On 12/4/2024 at 11:00 AM, V8 (Licensed Practical Nurse) noted R108 was on oxygen via nasal cannula at the rate of 3 liters per minute.</p> <p>On 12/4/2024 at 11:02 AM, reviewed R108's physician order sheet (POS) with V8, and no oxygen order was indicated. V8 said R108 should have oxygen order before R108 receives oxygen therapy.</p> <p>On 12/4/2024 at 12:22 PM, V2 (Director of Nursing/DON) said R108 should have order for oxygen administration.</p> <p>On 12/4/24 at 9:37AM, V2 Director of Nursing (DON) said they administer medication as prescribed by the physician according to professional standards. V2 added no medication is left at bedside unless ordered by physician.</p> <p>On 12/5/24 at 9:28AM, V2, DON, said residents on enhance barrier precaution and oxygen usage should have a written physician order as a standard of practice.</p> <p>Facility's policy on Storage of Medications effective, dated 10/25/14, indicates:</p> <p>Policy: Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only by licensed nursing personnel, pharmacy personnel or staff members lawfully authorized to administer medications.</p> <p>Facility's policy on Medication Administration policy, effective date March 2014, indicated:</p> <p>Policy specification:</p> <ol style="list-style-type: none"> 1. Drugs will be administered in accordance with orders of licensed medical practitioners of the State in which the facility operates. 2. All licensed nurses assigned the responsibility of administering and recording of medications must meet the requirements of the state in which the facility operates. <p>Facility's policy on Medication and treatment order policy, effective date [DATE], indicates:</p> <p>Policy: To establish guidelines for ordering drugs and biologicals.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Policy specifications:</p> <p>6. Order of medications must include:</p> <ul style="list-style-type: none"> a. Name of physician giving the order b. Date and time the order was received c. Signature of licensed personnel receiving/transcribing the order d. Name and strength of the drug e. Dosage and frequency of administration f. Form or route of administration <p>Facility's Oxygen Administration, revised March 2024, indicates:</p> <p>Purpose: The purpose of this procedure is to provide guidelines for safe oxygen administration</p> <p>Preparation: 1. Verify that there is a physician's order for this procedure. Review the physician's orders of facility protocol for oxygen administration.</p> <p>Facility's policy on Enhanced barrier precautions, revised 3/21/24, indicated:</p> <p>Guideline: It is the practice of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organism.</p> <p>Enhanced Barrier precautions refer to the use of gown and gloves for use during high contact resident care activities for residents known to be colonized or infected with MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</p> <p>Based on observation, interview, and record review, the facility failed to follow manufacturer's recommendation in using low air loss mattress to resident who has stage 4 pressure ulcer. This deficiency affects one (R6) of three resident in the sample of 26 reviewed for Pressure ulcer Management.</p> <p>Findings include:</p> <p>R6 was admitted on [DATE], with admitting diagnoses of Dementia, Type 2 Diabetes mellitus, Peripheral Vascular Disease, Acquired absence of left leg below knee.</p> <p>R6's active physician sheet indicated: Resident to have alternating pressure air mattresses to promote wound healing. Right hip- cleanse with normal saline, pat dry, apply xeroform and cover with a bordered gauze 3 times a week and PRN (as needed). Right buttocks- cleanse with normal saline, pat dry, apply xeroform and cover with a bordered gauze 3 times a week and PRN.</p> <p>R6's comprehensive care plan indicated: She has re-opened stage 4 pressure ulcer on right hip and right buttocks related to history of pressure ulcers and immobility.</p> <p>R6's admission Braden scale assessment for prediction of pressure sore risk, dated 8/4/24, and most recently done 10/2/24, indicates that she is at risk.</p> <p>R6's most recent wound assessment done by wound care physician, dated 12/3/24, indicated Stage 4 pressure wound of right hip full thickness and non-pressure wound of right lateral buttocks with partial thickness.</p> <p>On 12/4/24 at 9:59AM, R6 was lying in bed on low air loss (LAL) mattress. V17, Licensed Practical Nurse (LPN), said \R6 has pressure ulcers on Right buttocks and right hip. V17 lifted the top linen and observed a cloth pad and flat sheet over the LAL mattress. R6 was wearing disposable adult brief. V17 said R6 should only be on flat sheet over the LAL mattress.</p> <p>On 12/4/24 at 11:50AM, V4, Wound Care Nurse, performed wound care treatment to R6's stage 4 pressure ulcer on right hip and right buttocks. V4, WCN, said residents on low air loss mattress should only be on flat sheet over the mattress, as manufacturer's recommendation of avoiding multiple layers of linen of the mattress. The multilayers of linen will impede the purpose of the LAL mattress.</p> <p>On 12/4/24 at 1:00PM, V4, WCN, said they don't have manufacturer's literature recommendation for using low air loss mattress.</p> <p>On 12/5/24 at 9:28AM, V2, Director of Nursing (DON), said residents on LAL mattress should only have flat sheet over the mattress as manufacturer's recommendation.</p> <p>Facility's policy on Mattress use, reviewed January 2024, indicates:</p> <p>General: To provide a statement on the types of mattresses that are standard in the facility.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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** 39781</p> <p>Based on observation, interview, and record review ,the facility failed to implement fall preventive measures for a resident who has history of falls. This deficiency affects two (R21 and R56) of three residents in the sample of 26 reviewed for Fall prevention management.</p> <p>Findings include:</p> <p>1. R56 was admitted on [DATE], with diagnoses listed in part but not limited to Chronic Obstructive pulmonary disease (COPD), Cognitive communication deficit, adult failure to thrive, Difficulty walking.</p> <p>R56's admission Fall assessment and most recent assessment dated [DATE], indicated she is at risk for fall.</p> <p>R56's comprehensive care plan indicated she is at risk for falls related to COPD, Respiratory failure.</p> <p>R56's unwitnessed fall incident, dated 11/26/24 at 6:50 PM, indicated: The resident was found lying on the floor on the side of her bed. She stated that she was getting up to use the bathroom. She was sent to the hospital for evaluation. Fall investigation/Root cause analysis was done. New care plan intervention in placed was applying bilateral floor mat when she is in bed to prevent from injury.</p> <p>On 12/3/24 at 11:20AM, R56 was lying in a side lying position, closer to the edge of right side of the bed. The bed was not in lowest position. The bed was approximately 30 inches from the floor. The left side of the bed was pushed to the wal,l and the right side of the bed has a floor mat. V17, Licensed Practical Nurse/LPN, said R56 is high risk for falls due to recent falls. V17 said R56's bed should be in the lowest position as part of fall prevention measures. V17 adjusted the bed to its lowest position using the bed control located at the foot part of the bed.</p> <p>On 12/4/24 at 9:37AM, V2 Director of Nursing (DON) said residents with floor mats should have their bed on the lowest position as part of fall prevention measures.</p> <p>40001</p> <p>2. R21's diagnosis indicates R21 has a history of repeated falls.</p> <p>R21's care plan focus, dated 7/22/2024, indicates R21 is at risk for falls related to pain, hemiplegia, and hemiparesis, seizures, and hypertension, and an intervention to provide a floor mat while in bed.</p> <p>On 12/3/2024 at 11:35 AM, R21 was in bed, and his fall mat was between the clothes cabinet, and not on the floor next to the bed.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Ryze at Homewood		STREET ADDRESS, CITY, STATE, ZIP CODE 19000 South Halsted Homewood, IL 60430	
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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 12/3/2024 at 11:37 AM, V8, LPN, said, (R21) is a fall risk and had a fall recently. (R21's) fall mat should be on the floor beside his bed.</p> <p>On 12/5/2024, V2 (Director of Nursing-DON) said R21 is a fall risk and should have a fall mat next to his bed, and she expects the staff to follow the fall interventions for each resident.</p> <p>Facility's policy on Managing Falls and Fall risk revised August 2008 indicated:</p> <p>Policy statement: Based on previous evaluation and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling.</p> <p>Prioritizing approaches to managing falls and fall risk.</p> <ol style="list-style-type: none"> 1. The staff with the input of the attending physician, will identify appropriate interventions to reduce the risk of falls. 6. Staff will identify and implement relevant interventions to try to minimize serious consequences of falling. 		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50469</p> <p>Based on observation, interview, and record review, the facility failed to follow a physician's order for oxygen administration. This deficiency affects one (R96) of three residents in the sample of 26 reviewed for oxygen management.</p> <p>Findings include:</p> <p>R96 was admitted on [DATE], with diagnoses listed in part but not limited to chronic obstructive pulmonary disease, unspecified asthma, unspecified chronic bronchitis, hypoxemia, dependence on supplemental oxygen. Active physician order sheet indicates: Change oxygen tubing weekly every night shift, Oxygen @ 4LPM (liters per minute) per nasal cannula, continuously.</p> <p>On 12/03/24 at 10:42 AM, R96 was observed in dining area, sitting in wheelchair with oxygen concentrator @ 6LPM (liters per minute) via nasal cannula, and no date or label on oxygen tubing.</p> <p>On 12/03/24 at 10:45 AM, V13 (Registered Nurse) verified R96 was receiving oxygen at 6LPM (liters per minute) via nasal cannula. V13 verified R92's physician order states R96 should be receiving oxygen at 4LPM (liters per minute) via nasal cannula. V13 also said oxygen tubing should be changed weekly and dated to verify when the last time it was changed.</p> <p>On 12/05/24 at 1:07 PM, V2 (Director of Nursing) said R96 can potentially be at risk for carbon dioxide levels to be high when administering higher levels of oxygen. V2 said her expectations for all nurses is to follow physician's orders for oxygen administration, and to change oxygen tubing as ordered with date and label on tubing.</p> <p>Facility's policy on Oxygen Administration- Revised 3/2024.</p> <p>Purpose</p> <p>The purpose of this procedure is to provide guidelines for safe oxygen administration.</p> <p>1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration.</p> <p>Steps in the Procedure</p> <p>5. Start the flow of oxygen as ordered.</p> <p>18. Make sure the oxygen humidifier jar is labeled properly.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</p> <p>Based on observation, interview, and record review, the facility failed to act upon and implement medication recommendations in a timely manner. This deficiency affects two (R56 and R114) in the sample of three residents in the sample of 26 reviewed for Pharmacy medication review.</p> <p>Findings include:</p> <p>1. R114 was admitted on [DATE], with diagnoses listed in part but not limited to Alzheimer's disease, Fracture of right femur, Abnormality of gait and mobility, Repeated falls.</p> <p>R114's active physician order sheet indicated Aricept (Donepezil HCl) tablet 5mg give 1 tab by mouth one time a day for dementia ordered date 10/25/24. November 2024 indicated Aricept 5mg (Donepezil) 1 tablet by mouth given at 9AM daily.</p> <p>R114's Pharmacist drug regimen review, dated 11/11/24, indicated: Please take the following action described below. See report.</p> <p>R114's Pharmacist recommendation note to attending physician, dated 11/11/24, indicated, This resident has an order of Aricept (Donepezil) at 9am. Aricept should be dosed at bedtime per the manufacturer and can cause syncope, dizziness and fatigue which can contribute to falls as well as other adverse events. Please consider giving Aricept (donepezil) at bedtime. The physician response marked agreed, dated 12/4/24.</p> <p>On 12/3/24 at 11:08AM, R114 was observed up in wheelchair by the nursing station. R114 was closely supervised due to high risk for fall.</p> <p>2. R56 was admitted on [DATE], with diagnoses listed in part but not limited to Chronic obstructive pulmonary disease, Cognitive communication deficit, adult failure to thrive, Unsteadiness on feet, Difficulty walking.</p> <p>R56's active physician order sheet indicated Aricept (Donepezil HCl) tablet 5mg give 1 tab by mouth one time a day for dementia, ordered 8/23/24. November 2024 indicated Aricept 5mg (Donepezil) 1 tablet by mouth given at 9AM daily.</p> <p>R56's Pharmacist drug regimen review, dated 11/11/24, indicated: Please take the following action described below. See report.</p> <p>R56's Pharmacist recommendation note to attending physician, dated 11/11/24, indicated, This resident has an order of Aricept (Donepezil) at 9am. Aricept should be dosed at bedtime per the manufacturer and can cause syncope, dizziness and fatigue which can contribute to falls as well as other adverse events. Please consider giving Aricept (donepezil) at bedtime. The physician response marked agreed, dated 12/4/24.</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>On 12/3/24 at 11:16AM, R56 was observed lying in bed, not in lowest position. Floor mat on right side of the bed.</p> <p>On 12/4/24 at 9:37AM, V2, Director of Nursing (DON), said the Pharmacist comes on a monthly basis to conduct residents medication record review. The recommendations made were given to DON on the day the review was conducted. The DON then will give to the unit managers to notify resident's physician of pharmacist recommendation and implement as ordered. They should act upon it within the same day. Requested for Pharmacist recommendation response for R56 and R114, dated 11/12/24.</p> <p>On 12/4/24 at 1:00PM, V2, DON ,provided copy of pharmacist recommendation response for both R56 and R114.</p> <p>On 12/4/24 at 1:24PM, V2, DON, said, It was not acted upon immediately. Both (R56's) and (R114's) primary care physician were notified of pharmacist recommendation when surveyor follow up for the recommendation made last 11/11/24.</p> <p>Facility's policy on Documentation and communication of consultant pharmacist recommendations effective date 10/25/14 indicates:</p> <p>Policy: The consultant pharmacist works with the facility to establish a system whereby the consultant pharmacist observations and recommendations regarding residents' medication therapy are communicated to those with authority and or responsibility to implement the recommendations and responded to an appropriate and timely fashion.</p> <p>Procedures:</p> <p>A. A record of the consultant pharmacist's observation and recommendations is made available in an easily retrievable form to nurses, physicians, and the care planning team. This should include:</p> <ol style="list-style-type: none"> 1) Documentation of the date each medication regimen review is completed on appropriate form and notation of the findings in the medical record or other designated site. 3) The consultant pharmacist documents potential or actual medication-related problems, irregularities and other medication regiment review findings appropriate for prescriber and or nursing review. <p>B. Comments and recommendations concerning medication therapy are communicated in a timely fashion.</p> <p>C. Recommendations are acted upon and documented by the facility staff and or the prescriber.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</p> <p>Based on observation, interview, and record review, the facility failed to have appropriate diagnosis for resident receiving anti-psychotic medications. This deficiency affects one (R110) of three residents reviewed for Psychotropic medication management.</p> <p>Findings include:</p> <p>R110 was admitted on [DATE], with diagnoses listed in part but not limited to Hemiplegia and hemiparesis following non traumatic intracerebral hemorrhage affecting right dominant side, Aphasia, Vascular dementia with agitation, Anxiety disorder, Depression.</p> <p>R110's active physician order sheet indicates Risperdal (Risperidone) oral tablet 0.5mg give 1 tablet by mouth one time a day for Vascular Dementia for agitation, ordered 10/11/24.</p> <p>R110's comprehensive care plan did not address the anti-psychotic medication R110 is receiving. No care plan formulated for usage of anti-psychotic (Risperdal). No qualifying diagnosis.</p> <p>R110's AIMS (Abnormal Involuntary Movement Scale) was completed by Unit Manager/Psychotropic Nurse dated 12/4/24, after surveyor requested documentation. No admission baseline AIMS assessment was done upon admission.</p> <p>R110's most recent Physician assistant psychotropic note, dated 9/19/24, indicated follow up for Depression and Anxiety. No indication of addressing usage of anti-psychotic medication (Risperdal) in the psychiatrist notes and no GDR (gradual dose reduction) documentation. No behavioral symptoms monitoring documented in medical records.</p> <p>On 12/3/24 at 11:30AM, R110 was lying in bed. He was alert and responsive, with slurred speech. V110 keeps verbalizing Ohio during conversation. V17, LPN (Licensed Practical Nurse), said R110 is from Ohio, and was transferred here to Illinois closer to his family.</p> <p>On 12/4/24 at 12:46PM, V9, Unit Manager /Psychotropic Nurse, said she is responsible for residents on psychotropic medications. V9 said V21, MDS Coordinator, is responsible for the appropriate diagnosis for usage of specific anti-psychotropic medications and development of care plan. V9 said AIMS assessment is done for prior to start of resident on anti-psychotic as baseline assessment.</p> <p>On 12/4/24 at 1:31PM, V21, MDS/Resident Assessment Coordinator, said R110 does not have qualifying diagnoses for usage of anti-psychotic (Risperdal). The qualifying diagnoses for using Risperdal (anti-psychotic medication) are Schizophrenia and Psychosis. V21 said she just uses the diagnosis listed in R110's medical records and MDS/resident assessment, which is non-Alzheimer's dementia, Anxiety and Depression.</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>On 12/5/24 at 12:05PM, requested behavioral symptoms monitoring for the usage of anti-psychotropic medication (Risperdal) as indicated in the policy. V2 said they just revised their policy last September, and it has not been implemented yet.</p> <p>Facility's policy on Behavior and Psychotropic Medication Management Guidelines revised 9/2024 indicates:</p> <p>Purpose: To promote and provide the highest practicable quality of life and a safe environment for residents and staff.</p> <p>Procedure:</p> <p>a. If psychotropic medications are needed when behaviors are harmful to self and others or interfere with function or care, complete a risk and benefits to review with the resident and or resident representative.</p> <p>b. Baseline assessment for abnormal involuntary movements, completed every 6 months and with each dose reduction and cessation of psychotherapeutic medication: AIMS</p> <p>c. If gradual dose reductions are not deemed clinically appropriate documentation regarding contraindication is completed and updates as required using this form in PCC</p> <p>7. a. Complete behavior program review to document for each resident.</p>		

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</p> <p>Based on observation, interview, and record review, the facility failed to ensure hospice coordinated communication and plan of care are available and accessible to facility staff. This deficiency affects one (R177) of three residents in the sample of 26 reviewed for Hospice care services.</p> <p>Finding include:</p> <p>R177 was admitted on [DATE], with diagnoses listed in part but not limited to Alzheimer's disease, Malignant neoplasm of stomach. Active physician order sheet indicates that she is on hospice care upon admission.</p> <p>R177's comprehensive care plan indicates she is receiving end of life services with admitting diagnosis of Malignant neoplasm of stomach. No intervention was written in care plan.</p> <p>On 12/3/24 at 11:16AM, R177 was lying in bed, with oxygen via nasal cannula at 3 liters per minute (LPM). She has an indwelling catheter. She was confused, and needs total care with activity of daily living and transfers. V17, Licensed Practical Nurse, said she is on hospice care.</p> <p>On 12/4/24 at 10:12AM, V19, Social Service (SS), said Social Services, Admissions, and the clinical/nursing team coordinates with hospice services. V19 said they have hospice binder for R177. Review R177's hospice binder only had nursing. No other documents observed. V19 said she does not know why the hospice documentation was not available in R177's hospice binder. V19 said she will follow up with hospice services.</p> <p>On 12/4/24 at 10:20AM, V20, Medical records, said she has not uploaded any documents from hospice services for R177 to her electronic medical records.</p> <p>On 12/4/24 at 11:00AM, V1, Administrator, R177's hospice binder should have referral/admission packet, Hospice consent/agreement, Hospice certification, Plan of care, Level of care, and medication list.</p> <p>On 12/4/24 at 1:20PM, V2, Director of Nursing, provided copies of facility's hospice policy and hospice provider agreement contract to the facility. The hospice service provider representative did not sign the contract, only V1, Administrator, signed the contract, dated 12/1/24. Per facility's policy, both hospice representative and facility's representative should sign the contract before hospice care is provided.</p> <p>Facility's policy on Hospice Care, revision date 1/2024, indicates:</p> <p>General: To provide guidance on how hospice services will be administered within the facility. A written agreement with the hospice that is signed by an authorized representative of the hospice provider and an authorized representative of the LTC facility before hospice care is furnished.</p> <p>(continued on next page)</p>		

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Purpose: Ensure that the hospice services meet the professional standards and principles that apply to individuals providing services in the facility and to the timeliness of the services.</p> <p>Protocol:</p> <ol style="list-style-type: none"> 2. The hospice's responsibilities for determining the appropriate hospice plan of care 3. The Services the LTC facility will continue to provide based on each resident's plan of care. 4. A communication process, including how the communication will be documented between the facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day. <p>Agreement to provide hospice services to facility residents, dated 12/1/24, indicates:</p> <p>I. Hospice Services: Hospice shall provide the following services in a safe and effective manner through qualified personnel to facility resident who are eligible for services in accordance with the IDT plan of care and CMS regulations and who elect to receive services from hospice, in accordance with the following:</p> <p>F. Hospice shall provide facility with a copy of Resident's plan of care and the hospice RN shall coordinate its implementation with the facility staff.</p>

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>49871</p> <p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>Based on interview and record review, the facility failed to ensure its Quality Assurance Performance Improvement (QAPI) program effectively identified quality deficiencies and described how the facility would evaluate the effectiveness of corrective actions and performance improvement activities to address repeated deficiencies regarding infection control. This deficient practice had the potential to affect all residents residing in the facility.</p> <p>Findings include:</p> <p>Review of the facility survey history, documented in [NAME] Report 003D Provider History Profile, updated on 11/19/2024, revealed repeated non-compliance at Federal tag F880, infection control for 11/2021, 10/2022, and 9/2023. The facility's corrective actions following these deficiencies included re-educating nursing staff on infection control, and requiring the Director of Nursing (DON) or designee to conduct facility-wide infection control audits to ensure staff adherence to proper practices.</p> <p>Further review of training and education documentation, dated 9/26/2023, indicated facility staff were provided education on infection control. Additionally, facility's Infection Control Report for QA October 2024 included an action plan to Continue to educate staff on hand hygiene and donning/doffing PPE upon hire and annually, with surveillance rounds implemented weekly.</p> <p>On 12/4/2024 at 9:47 AM, V9 (Licensed Practical Nurse) entered R51's room, which displayed signage for Enhanced Barrier Precautions (EBP). V9, without performing hand hygiene, put her gloves on and proceeded to the room without wearing the required PPE gown. V9 assessed R51's tube feeding stoma and its surrounding area, directly touching R51 skin. After the assessment, V9 removed her gloves then exited the room without performing hand hygiene, despite a hand sanitizer dispenser being available on the wall in the hallway.</p> <p>On 12/5/2024 at 10:32 AM, V3 (Infection Preventionist/IP) stated periodic spot checks are conducted to monitor staff adherence to hand hygiene protocols.</p> <p>On 12/5/2024 at 1:15 PM, V2 (Director of Nursing/DON) acknowledged her expectation was for staff to adhere to infection control practices. V2 explained ongoing education should be provided through in-service training, and monitoring and auditing staff compliance should be implemented, with results reported during QA meetings. V2 also indicated V3 should conduct regular surveillance rounds and educate staff on proper infection control practices, either in one-on-one or group settings.</p> <p>On 12/3/24 at 11:16AM, R177 was observed lying in bed with indwelling catheter drainage bag and tubing in contact with the floor. V17 (Licensed Practical Nurse) confirmed urinary drainage bags and tubing should not touch the floor as part of infection control protocols.</p> <p>On 12/5/2024 at 2:15 PM, V1 (Administrator) stated the QAPI Committee should review and evaluate the corrective actions related to infection control concerns.</p> <p>(continued on next page)</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility's undated policy, titled Quality Assurance Performance Improvement Program and Plan revealed Each LTC (Long-Term Care) facility .must develop, implement, and maintain an effective, comprehensive, data driven QAPI program .demonstrate evidence of its ongoing QAPI program .maintain documentation and demonstrate evidence of its ongoing QAPI program that meets the requirements of this section. This may include but is not limited to systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events; and documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities .A facility must design its QAPI program to be ongoing, comprehensive, and to address the full range of care and services provided by the facility. It must (1) address all systems of care and management practices. (2) Include clinical care, quality of life, and resident choice.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49871</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control practices, such as hand hygiene and used of personal protective equipment (PPE), were performed during enteral feeding assessment, and failed to ensure the urinary catheter tubing and drainage bag was not touching the floor for infection control.</p> <p>This deficient practice has the potential to affect 1 of 3 residents reviewed for enteral feeding procedure (R51) and 1 of 2 residents reviewed for urinary catheter management (R177) in a sample of 26.</p> <p>Findings include:</p> <p>1. R1's records indicate:</p> <p>Order Summary Report:</p> <p>Diagnoses: Gastrostomy Status, Dysphagia, Oropharyngeal Phase</p> <p>Order date 6/20/2024: Enteral Feed order every shift.</p> <p>Care Plan: Focus: R51 requires Enhanced Barrier Precaution d/t G-tube.</p> <p>On 12/4/2024 at 9:47 AM, V9 (Licensed Practical Nurse) entered R51's room, which displayed signage for Enhanced Barrier Precautions (EBP). V9, without performing hand hygiene, put her gloves on and proceeded to the room without wearing the required PPE gown. V9 assessed R51's tube feeding stoma and its surrounding area, directly touching R51 skin. After the assessment, V9 removed her gloves then exited the room, without performing hand hygiene despite a hand sanitizer dispenser being available on the wall in the hallway.</p> <p>On 12/4/2024 at 10:35 AM, V2 (Director of Nursing/DON) stated, PPE should be worn in an EBP room and when providing direct care like enteral feeding (Gastrostomy/G-tube) assessment. Hand hygiene should be done before and after care.</p> <p>On 12/5/2024 at 10:32 AM, V3 (Infection Preventionist) stated, EBP is an extra precaution used for residents with invasive lines like G-tube. Staff need to wear PPE- gown and gloves and should perform hand hygiene before donning and after removing PPE.</p> <p>Policy and Procedure:</p> <p>Hand-Washing/Hand Hygiene Policy, Effective Date: March 2020</p> <p>Policy: It is the policy of the facility to assure staff practice recognized hand-washing/hand hygiene procedures as a primary means to prevent the spread of infections among residents, personnel, and visitors. Alcohol based hand rubs (ABHR) can be used for hand hygiene when hands are not visibly soiled or contaminated with blood or bodily fluids.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/06/2024
NAME OF PROVIDER OR SUPPLIER Ryze at Homewood		STREET ADDRESS, CITY, STATE, ZIP CODE 19000 South Halsted Homewood, IL 60430	
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>Policy Specifications:</p> <p>4. When hands are not visibly soiled, employees may use an alcohol-based hand rub (foam, gel, liquid) containing at least 60% alcohol in all of the following situations:</p> <ul style="list-style-type: none"> a. before direct contact with residents b. after direct contact with a resident but prior to direct contact with another resident c. before donning gloves h. before and after putting on and upon removal of PPE, including gloves i. after contact with resident's intact skin k. after contact with objects such as medical devices or equipment in the immediate vicinity of a resident that may be potentially contaminated m. after removing gloves. <p>Review of the Centers for Disease Control, dated 7/12/22, titled Implementation of Personal Protective Equipment (PPE) Use in Nursing homes to prevent Spread of Multidrug-resistant organisms (MDROs) indicated Enhanced Barrier Precautions expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities .Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include: Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator.</p> <p>39781</p> <p>2. R177 was admitted on [DATE], with diagnosis listed in part but not limited to Alzheimer's disease, Malignant neoplasm of stomach.</p> <p>R177's active physician order sheet indicates indwelling catheter Fr16 10cc balloon for Gastric Cancer.</p> <p>On 12/3/24 at 11:16AM, R177 was lying in bed, with indwelling catheter drainage bag and tubing touching the floor. V17, Licensed Practical Nurse/LPN said the urinary catheter tubing and drainage bag should not be touching the floor for infection control.</p> <p>On 12/4/24 at 9:37AM, V2, Director of Nursing, said, For infection control protocol, the urinary drainage bag and tubing should not be touching the floor.</p> <p>Facility's policy on Urinary Catheter Care, revised September 2005, indicates:</p> <p>Purpose: The purpose of this procedure is to prevent infection of the resident's urinary tract.</p> <p>General Guidelines:</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>11. Be sure the catheter tubing and drainage bag are kept off the door.</p>