

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/08/2024
NAME OF PROVIDER OR SUPPLIER  Greenfields of Geneva		STREET ADDRESS, CITY, STATE, ZIP CODE  0n801 Friendship Way Geneva, IL 60134	

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 - Some</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46409</p> <p>Based on observation, interview, and record review, the facility failed to safely store medications for residents who were not assessed or ordered to have medications kept at bedside. This applies to 4 of 4 residents (R24, R13, R7, R19) reviewed for medication storage in a sample of 17.</p> <p>The findings include:</p> <p>1. On November 6, 2024 at 11:31 AM, R24 had an eye drop bottle of Prednisolone Phosphate 1% Moxifloxacin 0.5% Bromfenac 0.075% on his bedside table. R24 said he was having cataract surgery on November 7, 2024 and needed to apply one drop four times a day. R24 said the nurses set the appointments up for his surgery, but he was not sure if they were aware he was putting the drops in. R24 said he had muscular dystrophy, and he may miss the first drop but there was enough liquid in the bottle to keep trying until he was able to administer the drop.</p> <p>R24's face sheet showed he was admitted to the facility with diagnoses including muscular dystrophy and cognitive communication deficit. R24's MDS (Minimum Data Set) dated September 4, 2024 showed R24 was cognitively intact. R24's POS (Physician Order Sheet) did not show an order for the Prednisolone Phosphate 1% Moxifloxacin 0.5% Bromfenac 0.075%, to self-administer medications, or to store medications at bedside. The Evaluations section of the EMR (Electronic Medical Record) did not have an assessment to show R24 was safe to self-administer medications or to store medications at the bedside.</p> <p>2. On November 6, 2024 at 11:26 AM, R13 had Nystatin topical powder 100,000 units per gram, Chlorhexidine gluconate liquid solution 4%, and Triamcinolone acetonide topical aerosol 0.147 mg/gm (Milligram/Gram) with spray on his side table. R13 said the supplies were for his ostomy but the Chlorhexidine was seldom used and was probably for his bed sores. The Chlorhexidine gluconate liquid solution was dated May 17, 2024. On November 7, 2024 at 11:57 AM, the medications were still observed at the bedside.</p> <p>R13's face sheet showed he was admitted to the facility with diagnoses including ileostomy status. R13's MDS dated [DATE] showed R13 was cognitively intact. R13's POS did not have an order for the Chlorhexidine gluconate liquid solution 4%, and no orders to keep the Nystatin powder and Triamcinolone aerosol spray at the bedside. The POS showed the Chlorhexidine gluconate liquid solution was discontinued on June 20, 2024. The Evaluations section of the EMR did not have an assessment to show R13 was safe to self-administer medications or to store medications at the bedside.</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 - Some</p>	<p>3. On November 6, 2024 at 10:39 AM, R7 had a bottle of Phenol 1.4% oral spray on her tray table dated October 16, 2024. R7 said she had the bottle for a while and the facility staff had given it to her. R7 said she would spray it onto the right side of her mouth every once in a while. R7 said the last time she took it as a few weeks ago. R7 said she was not sure if she really needed the medication. On November 7, 2024 at 12:13 PM, R7's tray table did not have the spray on it and she said she did not know where it went. R7 then opened her side dresser drawer, and the Phenol 1.4% oral spray was in the top drawer of her side dresser. R7 said she had used it since the surveyor had asked her about it.</p> <p>R7's face sheet showed she was admitted to the facility with diagnoses including a cough, mood disorder, osteoarthritis, major depressive disorder, and cognitive communication deficit. R7's MDS dated [DATE] showed R7 was cognitively intact. R7's POS did not show an order for Phenol 1.4% oral spray, nor did it show orders for R7 to self-medicate or store medications at the bedside. The Evaluations section of the EMR did not have an assessment to show R7 was safe to self-administer medications or to store medications at the bedside.</p> <p>4. On November 6, 2024 at 10:24 AM, R19's side dresser table had an unopened tube of hydrocortisone 2.5% cream with adaptor. R19 said she was not sure how or when the cream came to her room. On November 7, 2024 at 12:11 PM (during the survey), R19's tube of hydrocortisone 2.5% cream was no longer in her room.</p> <p>R19's face sheet showed she was admitted to the facility with diagnoses including constipation. R19's MDS dated [DATE] showed R19 was cognitively intact. R19's POS showed an order dated October 29, 2024 for Anusol-HC External Cream 2.5% (Hydrocortisone (Rectal)). R19's POS did not show any orders for R19 to have medications kept at bedside. The Evaluations section of the EMR did not have an assessment to show R19 was safe to self-administer medications or to store medications at the bedside.</p> <p>On November 8, 2024 at 10:18 AM, V6 (Registered Nurse/RN) said if a resident was allowed to self-medicate or store medications at the bedside, they needed an order from the doctor after an assessment for safe administration was done by the resident. V6 said he only had one resident who was allowed to store medications at bedside and self-administer. V6 said if there was a medication at the bedside, there should be an active order for the medication. V6 said the medications should be put in the drawer in their original packaging, and not kept out as another resident could take it or housekeeping could accidentally throw it away. V6 said if the medications did not have orders, it should be kept in the nurse's locked medication cart.</p> <p>On November 8, 2024 at 10:25 AM, V7 (RN) said she did not have any residents who were allowed to have medications at the bedside. V7 said the doctor needed to give an order after the resident demonstrated they were safe to store and self-administer medications. V7 said it was not the facility's practice to keep medications at the bedside. V7 said if a medication was found, there should be an active order for the medication, as well as orders to keep the medications at the bedside. V7 said it was the facility's preference that the nurses were the only ones to administer medications to the residents. V7 said the medications should be stored in the nurse's cart, but if they have an order to keep the medications at the bedside, they should be kept in a locked drawer in the rooms.</p> <p>(continued on next page)</p>		

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On November 7, 2024 at 3:45 PM, V2 (Director of Nursing) said residents are allowed to have medications at the bedside if they have been educated on how, a return demonstration was done to show they were able to safely administer and ordered by the doctor. V2 said there was an assessment that gets filled out and an order needed to be put into the POS. V2 said there should be an order for a medication if it is at the bedside.</p> <p>The facility's Medication and Treatment policy dated February 1, 2024 showed An order for medication or treatment must be dated, signed by the prescriber and must be current and consistent with the resident's assessment.</p> <p>The facility's Medication Labeling and Storage policy revised February 2023 showed the facility stores all medications and biologicals in locked compartments under proper temperature, humidity, and light controls.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>46003</p> <p>Based on observation, interview, and record review the facility failed to administer medications as ordered. There were 30 opportunities with 2 errors resulting in a 6.67 % error rate. This applies to 1 of 5 residents observed in the medication pass.</p> <p>Finding include:</p> <p>R3 admitted to the facility with diagnoses that includes fracture of left femur, hyperlipidemia, hypertension, anxiety, obstructive sleep apnea, (COPD) chronic obstructive disease and asthma. R3's physician orders includes fluticasone-salmeterol 250/50 MCG/ACT (Micrograms/ Actuation) one puff daily for COPD and Metoprolol Succinate 50 MG (Milligrams) on capsule by mouth daily for hypertension. R3's care plan states Actuation/he has asthma/COPD, sleep apnea and will display optimal breathing patterns. Interventions include to give aerosol or bronchodilators as ordered. R3 has hypertension and will remain free of signs, symptoms and complications related to hypertension. Interventions include to give anti-hypertensive medications as ordered.</p> <p>On 11/07/24 at 09:32 AM, during the medication observation V6 (Registered Nurse/RN) did not administer fluticasone-salmeterol 250/50 MCG/ACT one puff daily or Metoprolol Succinate 50 MG to R3.</p> <p>Review of the EMR (Electronic Medical Record) showed V6 (RN) documented fluticasone-salmeterol 250/50 MCG/ACT (Micrograms/Actuation) one puff and Metoprolol Succinate 50 MG (Milligrams) one capsule was administered to R3 that was not administered during the medication pass observation.</p> <p>On 11/08/24 at 11:40 AM, V2 (Director of Nursing) stated nurses should not document a medication was administered if was not administered. If it was not administered, it should be documented appropriately. The outcome for missing a medication depends on the medication. If Metoprolol is missed the resident could have an elevated heart rate or blood pressure. If fluticasone-salmeterol is missed the resident could have increased wheezing and shortness of breath after missing the medication.</p> <p>The facility policy Administering Medications dated April 2019 states medications are administered in accordance with prescriber orders, including any required time frame.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45906</p> <p>Based on observation, interview, and record review, the facility failed to properly label, date, seal, store items, remove expired items, and wear hair restraint while serving food from facility kitchen. This applies to all residents that receive oral nutrition and foods prepared in the facility kitchen.</p> <p>Findings include:</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid (Form CMS-Centers for Medicare and Medicaid Services-671) dated [DATE] documents that the total census was 42 residents. On [DATE] at 3:20 PM, V2 (DON/Director of Nursing) said there is only 1 NPO (Nothing by Mouth) resident; all other residents eat from the facility kitchen.</p> <p>On [DATE] starting at 10:29 AM, the facility kitchen was toured in the presence of V3 (Interim Dietary Manager) and V4 (Executive Chef) and the following was found:</p> <p>In single door reach in cooler:</p> <ol style="list-style-type: none"> <li>1. Package labeled Canadian Bacon with expiration date of [DATE].</li> <li>2. Opened, not sealed large tube of ground beef labeled [DATE]. V4 said the meat is only good for 3 days once opened and expired [DATE]. Red juices dripping from package.</li> <li>3. Tubes of ground beef are stored on bottom of refrigerator, not on a pan/tray. Red/brown juices from meat leaked all over the bottom of the cooler. Red liquid dripping on floor of kitchen when expired ground beef was taken out of cooler.</li> </ol> <p>In the walk-in Cooler:</p> <ol style="list-style-type: none"> <li>4. 2 thawed oven roasted beef pot roasts with pack date of [DATE]. V3 (Interim Dietary Manager) looked up the expiration date of beef roast said they expired 1 month from pack date- [DATE].</li> <li>5. Cooked beef in a medium silver bin, not covered/sealed with expiration date of [DATE].</li> <li>6. Medium sized silver bin of what V4 says are chicken thighs. Not labeled, dated, or sealed.</li> <li>7. Medium sized silver bin of shrimp. Not labeled or dated.</li> <li>8. 2- 16 ounce packages of mozzarella slices with use by date of [DATE], expired.</li> <li>9. 10.5 ounce package of goat cheese best by [DATE], expired.</li> <li>10. 2- 5 pound bags of smoked roasted bacon with expiration date written as [DATE], expired.</li> </ol> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>11. A medium sized bin of dark red sauce that appears to be cocktail sauce. Not labeled, dated, or sealed.</p> <p>12. Medium plastic bin of what appears to be yogurt. V4 says he thinks it is frosting. Not labeled or dated.</p> <p>13. A medium sized silver bin of white cream sauce labeled line sauce not sealed. Sauce appears congealed.</p> <p>14. A small silver bin of what V4 says is white wine tomato sauce, not labeled and not sealed.</p> <p>15. A medium silver bin of cooked pasta, not sealed and dated [DATE].</p> <p>16. A small silver bin of asparagus, not sealed and wilted, dated [DATE].</p> <p>17. Half an onion, not labeled or dated.</p> <p>In the Dry Storage:</p> <p>18. Small black flies seen flying around by the canned foods</p> <p>19. Large plastic container on wheels of white sugar with broken lid. The back half of the lid is missing, so half of the container is not covered. No date or label on the white sugar.</p> <p>20. Large plastic container on wheels of brown sugar with lid left opened about an inch, exposing the sugar to contaminants.</p> <p>21. 32 fluid ounce bottle of browning and season sauce opened and sticky on the outside with expiration date of [DATE]. Small black flies flew off the bottle when it was lifted off the shelf. V3 (Interim Dietary Manager) touched the bottle and commented, sticky and wiped her hands on her pants.</p> <p>22. 1 gallon Apple Cider Vinegar with use by date of ,d+[DATE], expired. Outside of gallon is sticky.</p> <p>23. 10 pound bag of seedless raisins opened, not sealed. Small black flies flying around the bag.</p> <p>24. 5 pound bag of toasted couscous opened, not sealed.</p> <p>25. Dishes stored on rack in dry storage are sticky/dusty and stored right side up instead of upside down. V4 said this is extra storage for our dishes and they do not use these dishes as often. Then 1 minute later, a cook came into the dry storage room and removed two trays from the top of the rack to use for food preparation.</p> <p>26. Behind the dishes on the storage rack, 3 sweet potatoes were found in a small bowl labeled with expiration date of ,d+[DATE]. One onion was also found behind the dishes on the rack and V4 said, that's odd, because we keep our onions in the cooler.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>27. 6.37 pounds can of sliced water chestnut on circulation rack dented in 3 different spots- 2 dents around the rim and 1 large dent in the side of the can. V3 (Interim Dietary Manager) said we cannot serve that.</p> <p>28. Opened bag of vanilla wafers, no label or date.</p> <p>29. 2 boxes of individual zero calorie sweetener packets with expiration date of [DATE].</p> <p>In the double door reach in cooler:</p> <p>30. Medium sized plastic bin of prepared coleslaw with expiration date [DATE], expired.</p> <p>31. 6 prepared bowls of Mediterranean salads with expiration date of [DATE]. Lettuce has turned brownish red.</p> <p>32. On [DATE] at 12:10 PM, V5 (Server) was seen in kitchenette on the unit serving meals to residents with hairnet only covering half of her head. V5's bangs and hair on the front top half of her head was not restrained and could be seen blowing in the breeze when she walked around in the kitchenette.</p> <p>On [DATE] at 10:46 AM, V4 (Execute Chef) said all food items, including items that are prepared in the kitchen, need to be labeled and dated for food safety. V4 said servers who handle resident food in the kitchen areas on the unit are supposed to wear hair restraints covering all the hair on their heads to minimize the risk of contamination from hair falling into the food. V4 said expired foods should be thrown away by or on their expiration date for food safety; to prevent an expired food item from being served to residents with the potential to jeopardize their health. V4 said we don't want any residents getting sick, especially in this environment where many residents are compromised. V4 said all opened food items in the dry storage and coolers should be sealed/covered to avoid cross contamination and debris from getting into the food with the potential to make the residents sick. V4 said dented cans should be removed from the circulation rack because if food is served from a dented can there is a risk for botulism. V4 said if the cans are dented, there is the possibility there is a tiny hole in the can and that creates risk for contamination. V4 said all sticky food packaging should be wiped down prior to being returned to storage because sticky food items can attract bugs/flies that carry diseases and potential to contaminate food items they land on. V4 said cleaned dishes should be stored upside down so they don't risk dust particles or any other contaminants falling into the pans. V4 said opened packages of meat should be sealed before being placed back into the cooler to maintain the best quality of the meat and prevent the meat from spoiling quicker. V4 said meat should not be stored on the bottom of the cooler, but instead on a tray or pan to prevent cross contamination of other boxes or food items in the cooler.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility's policy titled, Food and Supply Storage last revised ,d+[DATE] states, Policies: All food, non-food items and supplies used in food preparation shall be stored in such a manner as to prevent contamination to maintain the safety and wholesomeness of the food for human consumption . Procedures: .Foods past the use by, sell-by, best-by. Or enjoy by date should be discarded. Cover, label and date unused portions and open packages . Discard food past the use-by or expiration date . Dry Storage: . Maintain designated area for items that are damaged (such as dented cans) that are to be returned for credit .Store foods in their original packages. Foods that must be opened must be stored in NSF approved containers that have tight-fitting lids. Label both the bin and the lid .Refrigerated Storage: . Store bulk materials in NSF approved containers that have tight fitting lids. Label both the bin and the lid . Foods that are stored on .racks must be fully covered to prevent contamination from airborne contaminants as well as from dripping condensation. Either use a bag that covers the entire cart or cover each tray individually . Sort produce daily to remove spoiled pieces.</p> <p>The facility's policy titled, Storage of pots, dishes, flatware, utensils last revised ,d+[DATE] states, Policies: Pots, dishes, and flatware are stored in such a way as to prevent contamination by splash, dust, pests, or other means. Procedures: . Store all pots, glasses, and cups in an inverted position on a clean storage surface. Invert the top plate, bowl, or dish of any stacks of dishes .</p> <p>The facility provided undated training papers titled, Personal Hygiene and Uniforms: Important information for all associates states, .Hair Restraints: Associates must wear hair restraints such as hats, hair coverings or nets, beard/mustache restraints, and clothing that covers body hair. Hair restraints must be worn so that hair effectively keep from contacting exposed food, clean equipment, utensils, linens, and single-service articles .</p> <p>The facility's undated policy titled, Cleaning and Sanitation states, Policy: It is the policy of this facility, as part of the department's sanitation program, to conduct inspections to ensure food service areas are clean, sanitary and in compliance with applicable state and federal regulations. Policy Explanation and Compliance Guidelines: 1. All food service areas shall be kept clean, sanitary, free from littler, rubbish and protected from rodents, roaches, flies and other insects .4. Sanitation inspections will be conducted in the following manner: a. Daily: Food service staff shall inspect refrigerators/coolers, freezers, storage area temperatures, and dishwasher temperatures daily . 5. Inspections will be conducted but not limited to the following areas: a. Dry Storage .c. Refrigerators .</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46409</b></p> <p>Based on interview and record review, the facility failed to discontinue an antibiotic for a resident who did not meet criteria to continue antibiotics. This applies to 1 of 3 residents (R242) reviewed for antibiotic stewardship in a sample of 17.</p> <p>The findings include:</p> <p>On November 7, 2024 at 1:06 PM, V8 (Infection Preventionist/Registered Nurse) said R242 was admitted to the facility from the hospital on antibiotics on October 9, 2024. V8 said he had started Augmentin 875-125 MG (Milligrams) on September 28, 2024, while he was in the hospital. V8 said when R242 was first admitted to the facility, a McGeer's assessment was completed on October 9, 2024, which showed R242 did not meet criteria to continue the antibiotics. V8 said there was no evidence of infection, and his cultures were negative. V8 said she was not sure the doctor saw R242 since he was off the antibiotic by the time she came to the facility. V8 said she was not sure where the Infectious Disease note was. V8 said R242 had only received two days of the antibiotics.</p> <p>R242's POS (Physician Order Sheet) showed an order for Amoxicillin-Pot Clavulanate Tablet 875-125 MG with instructions to Give 1 tablet by mouth two times a day for bacterial infection for 5 days. R242's October 2024 MAR (Medication Administration Record) showed R242 received the following doses:</p> <p>On October 10, 2024 at 9 AM and 6 PM.</p> <p>On October 11, 2024 at 9 AM and 6 PM.</p> <p>On October 12, 2024 at 8 AM and 8 PM.</p> <p>On October 13, 2024 at 8 AM and 8 PM.</p> <p>On October 14, 2024 at 8 AM.</p> <p>R242's Infection Control Data Collection- McGeer tool dated October 9, 2024 at 6:49 PM showed on October 8, 2024 Blood cultures- no growth October 8, 2024 Urine Culture- no growth. Under the comments section, V8 wrote [Patient] has an ileostomy [due to] a colonic obstruction. No evidence of infection, does not meet McGreer's criteria for [antibiotic] stewardship, [Medical Director] referred to [Infectious Disease], will follow up with Infection Control on Thursday, October 10, 2024.</p> <p>R242's Progress Notes were reviewed from October 9, 2024 through October 25, 2024. No note was written by the Medical Director. On November 8, 2024, the facility provided a late entry note created on November 7, 2024 at 6:56 PM (during the survey) by the Infectious Disease Nurse Practitioner, which was backdated to October 10, 2024 at 6:55 PM. The Progress Note documented the following: Patient was admitted from [Hospital] on Augmentin 875 MG BID (Twice Daily) x 5 days. Hospital records are limited. Antibiotics are for bowel obstruction per [discharge] paperwork. Will complete course. Nursing to continue to monitor.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R242's face sheet showed he was admitted to the facility on [DATE] and discharged from the facility on October 25, 2024, with diagnoses including ileostomy status, malignant neoplasm of colon, and intestinal obstruction.</p> <p>The facility's Antibiotic Stewardship policy revised December 2016 showed Antibiotics will be prescribed and administered to residents under the guidance of the facility's Antibiotic Stewardship Program. Orientation, training, and education of staff will emphasize the importance of antibiotic stewardship and will include how inappropriate use of antibiotics affects individual residents and the overall community. Training and education will include emphasis on the relationship between antibiotic use and: gastrointestinal disorders, opportunistic infections (e.g., C. Difficile, candida albicans, etc.); medication interactions, and the evolution of drug-resistant pathogens.</p> <p>The facility's Unnecessary Drugs-Without Adequate Indication for Use revised February 2023 showed A medication initiated as a result of a time-limited condition .will be discontinued when the condition has resolved, or there is documentation indicating why continued use is relevant.</p>		