

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146195	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/13/2025
NAME OF PROVIDER OR SUPPLIER Ignite Medical McHenry		STREET ADDRESS, CITY, STATE, ZIP CODE 550 Ridgeview Drive McHenry, IL 60050	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**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 a resident's midline catheter dressing was changed according to standard of practice for 1 of 3 residents (R2) reviewed for venous catheters in the sample of 3.</p> <p>The findings include:</p> <p>On 1/13/25 at 9:34 AM, R2 was sitting at the bedside and had a midline line catheter (a type intravenous (IV) line for administering IV medications) in his right arm. R2's midline line had a gauze like dressing at the insertion site of the line underneath a transparent bandage. The gauze was visibly and completely saturated with dried blood. R2's midline line dressing was dated 1/9/25. R2 said the hospital put the line in the day he was discharged to the facility so he could get antibiotics.</p> <p>On 1/13/25 at 11:50 AM, V4 Registered Nurse (RN) said PICC (Peripherally Inserted Central Catheter - a type of IV line for administering IV medications) or midline dressings are changed every 7 days or as needed and there is an order that comes up in the Medication Administration Record when it is due to be changed.</p> <p>On 1/13/25 at 11:52 AM, V5 RN said PICC or midline dressings are changed every 7 days or as needed if the dressing is loose or soiled in order to prevent infection. V5 said she had not looked at R2's line yet and was not aware of when R2's catheter was inserted or when the dressing was changed. V5, with this surveyor, observed R2's right arm midline. V5 confirmed the dressing was dated 1/9/25. R2's gauze dressing at the insertion site was still visibly saturated with blood and appeared to have some oozing at the site. V5 said R2's dressing needs to be changed.</p> <p>On 1/13/25 at 12:05 PM, V2 Director of Nursing said the facility policy for PICC or midline care consists of checking the site for signs and symptoms of infection and changing the dressing every 7 days and as needed in order to prevent infection.</p> <p>R2's Physician Orders (POS) shows R2 was admitted to the facility on [DATE] with diagnoses of Type 2 diabetes with foot ulcer and cellulitis of both lower extremities. This same POS does not contain orders for dressing changes/care of R2's midline catheter.</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
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146195	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/13/2025
NAME OF PROVIDER OR SUPPLIER Ignite Medical McHenry		STREET ADDRESS, CITY, STATE, ZIP CODE 550 Ridgeview Drive McHenry, IL 60050	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's Central Line Care Policy dated 04/2023 shows PICC line care dressing change, maintenance and removal will be completed according to standard of practice by Licensed Nurses only. If the PICC line insertion occurred within 24 hours an RN must change the dressing. Following the initial 24 hours dressing change and RN or LPN will change the injection cap and dressing at a minimum weekly or any time the dressing becomes moist, loosened or soiled.</p>		