

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ASL510048</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/12/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AVONLEA COTTAGE/ STERLING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 E LEFEVRE RD STERLING, IL 61081</b>
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A 000	Initial Comment  Annual Licensure Survey Conducted	A 000		
A2040	<p>Section 295.2040 Disaster Preparedness</p> <p>This Regulation is not met as evidenced by: Annul Survey Entrance 8/6/24, Exit 8/12/24</p> <p>Type 3 Violation</p> <p>Section 295.2040 Disaster Preparedness</p> <p>c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to ...</p> <p>d) The establishment shall conduct a tornado drill on each shift during February of each year for employees ...</p> <p>h) A written evaluation of each drill shall be submitted to the establishment manager and shall be maintained for one year from the date of the drill. The evaluation shall include the date and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation.</p> <p>This requirement was not met, as evidenced by:</p> <p>Based on interview and record review, the establishment failed to ensure a tornado drill was conducted on each shift during the month of</p>	A2040		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A2040	<p>Continued From page 1</p> <p>February. They failed to provide a written evaluation to show drills were conducted on a bimonthly basis.</p> <p>The findings include:</p> <p>On 8/6/24, the establishment tornado and fire drills were reviewed.</p> <p>The establishment could not provide written evaluations to show drills were conducted on a bimonthly basis. The establishment showed drills were scheduled 10/12/23, 12/7/23, 2/8/24, 4/4/24, and 6/6/24, but there was no evaluation for the April and June drill.</p> <p>On 8/7/24, E1 (Executive Director) confirmed she provided all evaluations available.</p> <p>The establishment did not conduct a drill on each shift, during the month of February, with the only document drill dated 2/8/24, third shift.</p> <p>On 8/7/24, E1 confirmed they conducted only one tornado drill.</p>	A2040		
A3030	<p>Section 295.3030 Initial Health Eval for Dir Care and FS empl</p> <p>This Regulation is not met as evidenced by: Type 3 Violation</p> <p>Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees</p> <p>a) Each direct care and food service</p>	A3030		

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A3030	<p>Continued From page 2</p> <p>employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, residents, or visitors.</p> <p>b) The initial health evaluation shall be conducted not more than 30 days prior to and no later than 30 days after the employee's initial employment in the establishment ...</p> <p>e) Each employee shall have a tuberculin skin test in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). The test must meet one of the following time frames:</p> <p>1) The test must be completed no more than 90 days prior to the date of initial employment in the establishment; or</p> <p>2) The test must be commenced no more than ten days after the date of initial employment in the establishment.</p> <p>This requirement was not met, as evidenced by:</p> <p>Based on interview and record review, the establishment failed to ensure a direct care employee had a health evaluation within 30 days after initial employment. They failed to ensure employees had a two-step TB test within ten days after initial employment. This applies to 3 of 8 employees (E2, E6, and E8). These failures create a substantial probability of harm to a resident or residents, as they pose an undue risk of infection to themselves, other employees, residents, or visitors</p> <p>The findings include:</p>	A3030		

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A3030	<p>Continued From page 3</p> <p>On 8/6/24, E8's (Aide) employee record was reviewed and showed the date of hire (DOH) as 3/6/24. There was no documentation that E8 had an initial health evaluation.</p> <p>On 8/7/24, E1 (Executive Director) indicated E8 had a health evaluation only a couple of weeks ago and but not have the evaluation form.</p> <p>On 8/6/24, the following employee records were reviewed and showed they did not have a two-step TB test within ten days of initial employment:</p> <p>E2 (Director of Nursing) - DOH 1/5/24 - step one administered 1/22/24, step two administered 3/5/24</p> <p>E6 (Activity Coordinator) - DOH 1/3/24 - step one administered 1/22/24, step two administered 2/6/24</p> <p>E8 (Aide) - DOH 3/6/24 - step one administered 6/27/24, step two administered 7/6/24</p> <p>On 8/7/24, E1 confirmed these findings.</p>	A3030		
A4010	<p>Section 295.4010 Service Plan</p> <p>This Regulation is not met as evidenced by: Type 2 Violation</p> <p>Section 295.4010 Service Plan</p>	A4010		

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A4010	<p>Continued From page 4</p> <p>b) The service plan shall be developed by:</p> <p>1) The resident, resident's representative or any individual requested by the resident;</p> <p>2) The manager or manager's designee; and</p> <p>3) A registered nurse, if the resident is receiving nursing services or medication administration, or is unable to direct self-care.</p> <p>c) The service plan shall be signed and dated by all individuals involved in its development ....</p> <p>g) Service plans shall address:</p> <p>1) The level of service the resident is receiving, including:</p> <p>A) assistance with activities of daily living; ...</p> <p>2) The amount, type, and frequency of health-related services needed by the resident;</p> <p>3) Staff responsible for the provisions of the service plan; ...</p> <p>h) The service plan shall include all support services provided or arranged for by the establishment ...</p> <p>This requirement was not met, as evidenced by:</p> <p>Based on interview and record review, the</p>	A4010		

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A4010	<p>Continued From page 5</p> <p>establishment failed to ensure service plans were signed by the manager and resident's representative. They failed to address the level of assistance required for evacuation. They failed to ensure the service plans address the amount, type, and frequency of health-related services. They failed to address the use of psychotropic and opioid medications, reason for use, and related moods/behaviors. This applies to 3 or 3 residents (R1, R2, R3) reviewed for these requirements. These failures create a substantial probability of harm to a resident or residents, as it cannot be determined that the establishment are aware of and addressed all of the residents needs and safety concerns.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>On 8/7/24, R1's medical record showed R1 moved into the establishment on 1/15/24 and has multiple diagnoses including debilitating osteoarthritis.</li> </ol> <p>R1's Service Plan, dated 6/4/24, did not address the level of assistance required for evacuation.</p> <ol style="list-style-type: none"> <li>On 8/7/24, R2's medical record showed R2 moved into the establishment on 4/11/23, resides in the memory care unit, receives hospice services, and has multiple diagnoses, including vascular dementia, Alzheimer's disease, atrial fibrillation and progressive weakness.</li> </ol> <p>R2's Service Plan, dated 7/12/24, was not signed by E1 (Executive Director) and R2's representative.</p> <p>The service plan did not address the level of assistance required for evacuation.</p>	A4010		

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A4010	<p>Continued From page 6</p> <p>The service plan did not address the frequency of hospice services.</p> <p>The service plan did not address the use of psychotropic and opioid medications, the reason for use, and mood/behaviors and concerns to be monitored for. On 8/7/24, R2's July 2024 Medication Record showed R2 takes scheduled clonazepam and Ativan (both antianxiety), scheduled Lexapro (antidepressant), as needed Tramadol and morphine (both analgesic opioids). R2's medical record showed R2 had multiple falls and these medications increase the risk of falling.</p> <p>3. On 8/7/24, R3's medical record showed R3 moved into the establishment on 7/1/24, receives home health therapy services, and had multiple diagnoses, including compression fractures and lack of coordination.</p> <p>R3's Service Plan, dated 7/1/24 was not signed by E1.</p> <p>The service plan did not address the level of assistance required for evacuation.</p> <p>The service plan did not address the provider, amount, type, and frequency of home health services for physical and occupational therapy services.</p> <p>The service plan did not address the use of opioid medications and concerns to monitor for. R3's July 2024 Medication Record showed R3 has a scheduled Fentanyl patch and as needed Norco (both analgesic opioids). R3's medical record showed R3 has a history of falls and these medications increase the risk of falling.</p>	A4010		

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A4010	Continued From page 7  On 8/7/24, these concerns were reviewed with and confirmed by E2 (Director of Nursing).	A4010		