

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/05/2024
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NAME OF PROVIDER OR SUPPLIER BICKFORD COTTAGE - ST CHARLES	STREET ADDRESS, CITY, STATE, ZIP CODE 2875 CAMPTON RD SAINT CHARLES, IL 60175
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A 000	Initial Comment Annual Licensure Survey	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 3 (Repeat) Section 295.2040 Disaster Preparedness a) For the purpose of this Section, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the establishment. b) Each establishment shall: 1) Have a written plan for protection of all persons in the event of disasters, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan shall address the physical and cognitive needs of residents and include special staff response, including the procedures needed to ensure the safety of any resident. The plan shall be amended or revised whenever any resident with unusual needs is admitted. The plan shall also: A) provide for the temporary relocation of residents for any disaster requiring relocation; B) provide for the movement of residents to safe locations within the establishment in the event of a tornado warning or severe thunder	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>storm warning issued by the National Weather Service;</p> <p>C) provide for the temporary relocation of residents any time the temperature in residents' bedrooms falls below 55°F for 12 hours or more as a result of a mechanical problem or loss of power in the establishment;</p> <p>D) provide for the health, safety, welfare and comfort of all residents when the heat index/apparent temperature (see Section 295. Table A), as established by the National Oceanic and Atmospheric Administration, inside the residents' living, dining, activities, or sleeping areas of the establishment exceeds a heat index/apparent temperature of 80°F;</p> <p>E) address power outages; and</p> <p>F) include contingencies in the event of flooding, if located on a flood plain.</p> <p>2) Instruct all personnel employed on the premises in the use of fire extinguishers.</p> <p>3) Post a diagram of the evacuation route and ensure that all personnel employed on the premises are aware of the route.</p> <p>4) Ensure that there is a means of notification to the establishment when the National Weather Service issues a tornado or severe thunderstorm warning covering the area in which the establishment is located. The notification mechanism must be other than commercial radio or television. Notification measures include being within range of local tornado warning sirens, an operable National Oceanic and Atmospheric Administration weather</p>	A2040		

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A2040	<p>Continued From page 2</p> <p>radio in the establishment, or arrangements with local public safety agencies (police, fire, ESDA) to be notified if a warning is issued.</p> <p>5) Orient each resident to the emergency and evacuation plans within 10 days after the resident's arrival. Orientation shall include assisting residents in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative.</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>1) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>2) Ensure that all personnel on all shifts are familiar with the use of the fire fighting equipment in the facility;</p> <p>3) Evaluate the effectiveness of disaster plans, procedures and training.</p> <p>d) The establishment shall conduct a tornado drill on each shift during February of each year for employees.</p> <p>e) Drills shall include residents, establishment personnel, and other persons in the establishment.</p> <p>f) Drills shall include making a general announcement throughout the establishment that a drill is being conducted or sounding an emergency alarm. Drills may be announced in</p>	A2040		

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A2040	<p>Continued From page 3</p> <p>advance to residents.</p> <p>g) Drills shall involve the actual evacuation of residents to an assembly point as specified in the emergency plan and shall provide residents with experience using various means of escape. If an establishment has an evacuation capability classification of impractical, those residents who cannot meaningfully assist in their own evacuation or who have special health problems shall not be required to participate in the drill; however, other requirements of the Life Safety Code will apply.</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>i) Reporting Disasters</p> <p>1) Upon the occurrence of any disaster requiring hospital service, police, fire department or coroner, the establishment manager or designee must provide a preliminary report to the Department either by using the Assisted Living Complaint Registry or by fax or by electronic means. If the disaster will not require direct Department assistance, the establishment shall provide the preliminary report within 72 hours after the occurrence. This preliminary report shall include, at a minimum:</p> <p>A) name and location of establishment;</p> <p>B) type of disaster;</p>	A2040		

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A2040	<p>Continued From page 4</p> <p>C) number of injuries or deaths to residents;</p> <p>D) number of units not usable due to the occurrence;</p> <p>E) estimate of the extent of damages to the establishment;</p> <p>F) type of assistance needed, if any;</p> <p>G) other State or local agencies notified about the problem.</p> <p>2) The establishment shall submit a full written account to the Department within seven days after the occurrence, including the information specified in subsection (i)(1) of this Section and a statement of action taken by the facility after the preliminary report was filed.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the establishment failed to ensure the following: -Conduct training for the use of fire extinguisher for eight (E1, E4, E5, E6, E7, E8, E9, E10) of eight new employees reviewed. -Conduct an emergency and evacuation orientation for five (R3, R4, R5, R6, R7) five residents reviewed for emergency preparedness. -Include a documented resident participation on drills conducted and document the residents who required assistance during an evacuation. These deficient practices have the probability to affect all residents.</p> <p>Findings include:</p> <p>An onsite visit was conducted on 9/3/24 and 9/4/24.</p>	A2040		

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A2040	<p>Continued From page 5</p> <p>Fire and Tornado drill binder was reviewed. Upon review of sign-up sheets, only the fire drill conducted on 8/21/24 at 11:35am documented the residents who participated on the drills. The fire and tornado drill evaluation forms did not list the names of residents who require assistance during an evacuation.</p> <p>There was no documented resident orientation to the establishment's emergency and evacuations plans upon move in for R3, R4, R5, R6 and R7. There was no documented training for the use of Fire extinguisher for new employees such as E1 (Executive Director), E4 (Breadbasket Manager), E5(Nurse), E6 (Certified Caregiver), E7 (Caregiver Assistant), E8 (Caregiver Assistant), E9 (Caregiver Assistant), and E10 (Caregiver Assistant).</p> <p>On 9/4/23 at 9:21am, E2 (Health and Wellness Director) said there no documented fire extinguisher training as well as resident orientation.</p>	A2040		
A3010	<p>Section 295. 3010 Manager's Qualifications</p> <p>This Regulation is not met as evidenced by: Type 3 Violation: Section 295.3010 Manager's Qualifications</p> <p>a) Each assisted living establishment shall have a full-time manager.</p> <p>b) A shared housing establishment shall have a manager who may oversee no more than three establishments if they are located within 30 minutes driving time from each other during non-rush hour and if the manager may be</p>	A3010		

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A3010	<p>Continued From page 6</p> <p>immediately contacted by an electronic communication device.</p> <p>c) The establishment shall be under the supervision of a full-time director (manager) who is at least 21 years of age and has a high school diploma or equivalent plus either:</p> <p>1) 2 years of management experience or 2 years of experience in positions of progressive responsibility in health care, housing with services, or adult day care or providing similar services to the elderly; or</p> <p>2) 2 years of management experience or 2 years of experience in positions of progressive responsibility in hospitality and training in health care and housing with services management. (Section 35(a)(2) of the Act)</p> <p>3) For the purposes of this subsection, "services management" refers to the coordination and oversight of various services provided to residents, such as healthcare, activities, and daily support. It includes, but is not limited to, ensuring resident quality of care, effective communication with establishment staff, and addressing residents' needs to enhance their overall wellbeing in the establishment.</p> <p>d) The manager shall designate an individual capable of acting in an emergency to act in their absence from the establishment.</p> <p>e) If the manager provides direct care, the manager is required to meet the requirements of the Health Care Worker Background Check Act.</p> <p>f) Changes in manager must be reported to the Department within 10 working days after the</p>	A3010		

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A3010	<p>Continued From page 7</p> <p>change.</p> <p>(Source: Amended at 48 Ill. Reg. 12026, effective July 29, 2024)</p> <p>This requirement is not met as evidenced by:</p> <p>Based on interview and record review, the establishment failed to notify the department within 10 days of the change in Executive Director.</p> <p>Findings include:</p> <p>Per staff roster, E1 (Executive Director) was hired on 8/12/24.</p> <p>On 9/5/24 at 11:0am, E1 said that the department has not been notified of the change of Executive Director.</p>	A3010		
A3020	<p>Section 295.3020 Employee Orientation and Ongoing Training</p> <p>This Regulation is not met as evidenced by: Type 3 (Repeat) Section 295.3020 Employee Orientation and Ongoing Training</p> <p>a) Each new employee shall complete orientation within 10 days after the starting date of employment that includes:</p> <p>1) The establishment's philosophy and goals;</p>	A3020		

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A3020	<p>Continued From page 8</p> <p>2) Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights;</p> <p>3) Confidentiality of resident records and resident information;</p> <p>4) Hygiene and infection control;</p> <p>5) Abuse and neglect prevention and reporting requirements; and</p> <p>6) Disaster procedures.</p> <p>b) Each employee shall also complete orientation within 30 days after the starting date of employment that includes:</p> <p>1) Orientation to the characteristics and needs of the establishment's residents;</p> <p>2) The significance and location of resident service plans;</p> <p>3) Internal establishment requirements and the establishment's policies and procedures;</p> <p>4) The employee's job responsibilities and limitations;</p> <p>5) CPR and emergency procedures for medical events, if applicable; and</p> <p>6) Training in assistance with activities of daily living appropriate to the job.</p> <p>c) Each manager and direct care staff member shall complete a minimum of 8 hours of ongoing training, applicable to the employee's responsibilities, every 12 months after the starting</p>	A3020		

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A3020	<p>Continued From page 9</p> <p>date of employment. The training shall include:</p> <ol style="list-style-type: none"> 1) Promoting resident dignity, independence, self-determination, privacy, choice, and resident rights; 2) Disaster procedures; 3) Hygiene and infection control; 4) Assisting residents in self-administering medications; 5) Abuse and neglect prevention and reporting requirements; and 6) Assisting residents with activities of daily living. <p>d) All training shall be documented with:</p> <ol style="list-style-type: none"> 1) Date; 2) Starting and ending time; 3) Instructors and their qualifications; 4) Short description of content; and 5) Staff member's written signature. <p>e) An employee who has not demonstrated to the establishment that he or she is competent to perform a particular task may perform that task only under the direct supervision of an employee who has demonstrated competence in performing the task.</p> <p>These requirements are not met as evidenced by:</p>	A3020		

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A3020	<p>Continued From page 10</p> <p>Based on interview and record review, the establishment failed to ensure the required orientation topics were completed within 30 days for four (E4, E5, E6, E7) employees, and failed to ensure the required orientation topics were completed within 10 days by one new employee (E9). This deficient practice affected five of eight employees reviewed for orientation.</p> <p>Findings Include:</p> <p>An onsite visit was conducted on 9/4/24 and 9/6/24. Selected employee files were requested and reviewed.</p> <p>E4 (Breadbasket Manager) was hired 11/15/23. E4's document titled "User Learning" indicated Residents Rights, Advanced Directives and Medication Administration and Assistance with Self Administration on 12/2/23 and Phone Hospitality and BFM Tour interaction done on 11/22/23. These were the only training done within 30 days.</p> <p>E5(Nurse) was hired on 10/18/23. E5's document titled "User Learning" indicated there were no orientation topics required completed within 30 days.</p> <p>E6(Certified Caregiver) was hired on 11/28/23. E6's document titled "User Learning" indicated Residents Rights, Advanced Directives and Medication Administration and Assistance with Self Administration on 12/6/23 and Body Mechanics and Life Enrichment Activities and Dementia Cuevities completed on 12/21/23. These were the only training done within 30 days.</p> <p>E7(Caregiver Assistant) was hired on 7/25/24. E7's document titled "User Learning" indicated no</p>	A3020		

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A3020	Continued From page 11 orientation completed within 30 days. E9(Caregiver Assistant) was hired on 8/21/24. No orientation documents provided for E9. On 9/3/24 at 1:02pm, E2 (Health and Wellness Director) stated that on the first day of orientation new employees train on the computer-based Relias Training. Upon review of the orientation completed by the staff above, these staff did not complete required orientation topics in a timely manner.	A3020		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Type 3 (Repeat) Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees a) Each direct care and food service 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. 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. c) The initial health evaluation shall include the employee's immunization status.	A3030		

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A3030	<p>Continued From page 12</p> <p>d) The initial health evaluation shall include a physical examination. The examination shall include a determination that the employee appears to be physically able to perform the job functions that the establishment intends to assign to the employee.</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>These requirements are not met as evidenced by:</p> <p>Based on interview and record review the establishment failed to complete initial health evaluation as required for five (E4, E5, E6, E7, E10) eight new employees reviewed for health evaluation.</p> <p>Findings include:</p> <p>An onsite survey was conducted on 9/3/24 and 9/4/24. Selected employee files were requested for review.</p> <p>E4 (Breadbasket Manager) was hired 11/15/23. E5(Nurse) was hired on 10/18/23. E6(Certified Caregiver) was hired on 11/28/23. E7(Caregiver Assistant) was hired on 7/25/24. E8(Caregiver Assistant) was hired on 1/5/24. E10(Caregiver Assistant) was hired on 2/5/24.</p>	A3030		

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A3030	Continued From page 13 E4, E5, E6, E7, E8, E10 did not have an initial evaluation within 30 days before hire or no later than 30 days after hire. On 9/3/24 at 1:02pm, E2 (Health and Wellness Director) confirmed that these employees have not completed the required initial health evaluation.	A3030		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: Type 3 Violation Section 295.3040 Health Care Worker Background Check An establishment shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. (Source: Amended at 36 Ill. Reg. 13632, effective August 16, 2012) Section 955.165 Fingerprint-Based Criminal History Records Check a) Educational entities, other than secondary schools, and health care employers are required to check the Health Care Worker Registry before allowing a student to enter a training program or hiring an employee to determine: 1) Whether a fingerprint-based criminal history records check has previously been conducted, which is indicated by the identifier of "FEE_APP" or "CAAPP".	A3040		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A3040	<p>Continued From page 14</p> <p>A) As long as the student, applicant or employee has had a background check and stays active on the Health Care Worker Registry, no further fingerprint-based criminal history record checks are required. (Section 33(g) of the Act)</p> <p>B) If the individual has disqualifying convictions and a waiver has not been granted pursuant to this Part, the individual is not allowed to work as a direct care giver for a health care employer or as an individual with access to residents, the resident's living quarters, or the resident's financial, medical or personal records in a long-term care setting.</p> <p>2) Whether the individual is active on the Health Care Worker Registry.</p> <p>A) If an individual is inactive on the Health Care Worker Registry, that individual is prohibited from being hired to work as a certified nursing assistant if, since the individual's most recent completion of a competency test or the date the individual was deemed competent by the Department of Public Health, there has been a period of 24 consecutive months during which the individual has not provided nursing or nursing-related services for pay. (Section 33(g) of the Act)</p> <p>B) If the individual can provide proof of having retained his or her certification by not having a 24-consecutive-month break in service for pay, he or she may be hired as a certified nursing assistant and that employment information shall be entered into the Health Care Worker Registry. (Section 33(g) of the Act)</p> <p>C) Not retaining his or her certification does</p>	A3040		

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A3040	<p>Continued From page 15</p> <p>not prevent that individual from being hired in a position that does not require the individual to be a certified nursing assistant.</p> <p>b) If the individual has not had a background check or is not active on the Health Care Worker Registry, then the health care employer shall initiate a fingerprint-based criminal history records check. (Section 33(g) of the Act)</p> <p>c) Educational entities and health care employers shall conduct Internet searches on certain web sites, including without limitation the Illinois Sex Offender Registry, the Department of Corrections' Sex Offender Search Engine, the Department of Corrections' Inmate Search Engine, the Department of Corrections Wanted Fugitives Search Engine, the National Sex Offender Public Registry, and the website of the Health and Human Services Office of Inspector General to determine if the applicant has been adjudicated a sex offender, has been a prison inmate, or has committed Medicare or Medicaid fraud, or shall conduct similar searches as provided by the web-based application. (Section 15 of the Act)</p> <p>d) Any student, applicant, or employee to whom the Act and this Part apply and who desires to be included on the Department of Public Health's Health Care Worker Registry shall authorize the Department of Public Health or its designee to request a fingerprint-based criminal history records check to determine if the individual has a conviction for a disqualifying offense by completing and signing an authorization and disclosure form. This authorization shall allow the Department of Public Health to request and receive information and assistance from any State or local governmental</p>	A3040		

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A3040	<p>Continued From page 16</p> <p>agency. (Section 33(b) of the Act)</p> <p>1) A health care employer may initiate a fingerprint-based criminal history records check required by the Act or this Part for any of its employees or volunteers to whom the Act and this Part apply, but may not use this process to initiate background checks for residents or for employees or volunteers not covered by the Act and this Part. The results of any fingerprint-based criminal history records check required by the Act and this Part shall be entered in the Health Care Worker Registry. (Section 33(f) of the Act)</p> <p>2) No educational entity or health care employer shall use the processes and procedures provided in the Act or this Part to conduct a fingerprint-based criminal history records check for any purpose not authorized by the Act or this Part. Nothing in this Section prohibits an educational entity or health care employer from using means other than the processes and procedures provided in the Act or this Part to conduct a criminal history records check of any student, applicant, or employee who is not covered by the Act or this Part.</p> <p>e) An educational entity, other than a secondary school, conducting a certified nursing assistant training program shall initiate a fingerprint-based criminal history records check required by the Act and this Part prior to entry of an individual into the training program. (Section 33(c) of the Act)</p> <p>f) A health care employer who makes a conditional offer of employment to an applicant who is not exempt under Section 955.130, for a position as an employee, shall initiate a</p>	A3040		

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A3040	<p>Continued From page 17</p> <p>fingerprint-based criminal history records check on the applicant, if such a background check has not been previously conducted. A health care employer shall not use the fingerprint-based criminal history records check process provided in the Act and this Part to initiate background checks for applicants for employment positions to which the Act and this Part do not apply. (Section 33(d) of the Act)</p> <p>g) Workforce intermediaries and organizations providing pro bono legal services may initiate a fingerprint-based criminal history record check if a conditional offer of employment has not been made and a background check has not been previously conducted for an individual who has a disqualifying conviction and is receiving services from a workforce intermediary or an organization providing pro bono legal services. (Section 33(d) of the Act)</p> <p>h) When initiating a background check, an educational entity, health care employer, staffing agency, workforce intermediary, or organization that provides pro bono legal services shall electronically submit to the Department of Public Health the student's, applicant's, or employee's social security number, demographics, disclosure and authorization information in a format prescribed by the Department of Public Health within 2 working days after the authorization is secured. (Section 33 (e) of the Act)</p> <p>i) The student, applicant, or employee shall go to a livescan vendor and have his or her fingerprints collected electronically and transmitted to the Department of State Police within 10 working days after signing the authorization and disclosure form. Each individual shall submit his or her fingerprints in an</p>	A3040		

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A3040	<p>Continued From page 18</p> <p>electronic manner prescribed by the Department of State Police. (Section 33(e) of the Act)</p> <p>1) The student, applicant, or employee shall bring the portion of the livescan request form that is completed by the livescan vendor back to the educational entity or health care employer as proof that his or her fingerprints have been collected. The educational entity or health care employer shall provide the transaction control number, obtained from this portion of the livescan request form, whenever any follow-up inquiries are made about the progress of the background check being processed.</p> <p>2) If the fingerprints are rejected by the Department of State Police, the student, applicant, or employee shall go to a livescan vendor and have his or her fingerprints collected electronically a second time.</p> <p>3) If the fingerprints are rejected by the Department of State Police a second time, the educational entity or health care employer shall conduct a complete name-based UCIA criminal history records check through the Department of State Police and mail a copy of the results of the background check to the Department within 10 working days after receipt. The UCIA criminal history records check shall be requested as prescribed by the Department of State Police. The results of the UCIA criminal history records check shall have been issued by the Department of State Police no earlier than 31 days prior to hire. A UCIA name-based criminal history records check may be used only when there is proof that the individual's fingerprints have been rejected twice by the Department of State Police within the previous 12 months.</p>	A3040		

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A3040	<p>Continued From page 19</p> <p>4) If the student, applicant, or employee does not go to a livescan vendor and have his or her fingerprints collected electronically within 10 working days, the individual shall be suspended from participating in a training program if a student, or suspended from working if an employee, until such time as proof is provided that the individual has had his or her fingerprints collected electronically from a livescan vendor.</p> <p>5) If the student, applicant, or employee has not had his or her fingerprints collected electronically by a vendor within 30 days after being hired or beginning a training program, the employee shall be terminated or the student shall be dropped from the training program. The educational entity or health care employer shall withdraw the background check application from the Health Care Worker Registry.</p> <p>j) The educational entity, health care employer, staffing agency, workforce intermediary, or organization that provides pro bono legal services shall transmit all necessary information and fees to the livescan vendor and Department of State Police within 10 working days after receipt of the authorization for a criminal history records check. (Section 33(e) of the Act)</p> <p>1) Application fees shall include, but are not limited to, the amounts established by the Department of State Police to process fingerprint-based criminal history records checks and the amount charged by the livescan vendor for collecting and transmitting the fingerprints.</p> <p>2) Health care employers that are certified to participate in the Medicaid program are required to pay for certified nursing assistants' (CNA)</p>	A3040		

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A3040	<p>Continued From page 20</p> <p>application fees. These fees shall be a direct pass-through on the cost report submitted by the employer to the Medicaid agency.</p> <p>3) Any student, applicant, or employee who is not a certified nursing assistant may be required to pay all related application and fingerprinting fees. (Section 45 of the Act)</p> <p>k) The results of the criminal history records checks shall be maintained by the Department of Public Health's Health Care Worker Registry as long as the employee stays active on the Registry. (Section 33(e) of the Act)</p> <p>l) A health care employer or long-term care facility may conditionally employ an applicant for up to three months pending the results of a fingerprint-based criminal history records check required by the Act and this Part. During this time, the employee shall have adequate supervision, which is the type and frequency of supervision required to prevent abuse, neglect, or theft regarding patients, clients, or residents. (Section 33(l) of the Act)</p> <p>m) The livescan vendors may act as the designee for individuals, educational entities, staffing agencies, workforce intermediaries, organizations that provide pro bono legal services, or health care employers in the collection of Department of State Police fees and deposit those fees into the State Police Services Fund. (Section 33(b) of the Act)</p> <p>n) If the individual is not active on the Health Care Worker Registry, then the health care employer shall initiate a fingerprint-based criminal history record check required by the Act and this Part. (Section 33(g) of the Act)</p>	A3040		

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A3040	<p>Continued From page 21</p> <p>o) If the Department of State Police notifies the Department of Public Health that an employee has a new conviction of a disqualifying offense, based upon fingerprints that were previously submitted, then:</p> <p>1) the Health Care Worker Registry shall notify the employee's last known employer of the offense by sending an automatic e-mail to the health care employer;</p> <p>2) a record of the employee's disqualifying offense shall be entered on the Health Care Worker Registry; and</p> <p>3) the individual shall no longer be eligible to work as an employee unless he or she obtains a waiver pursuant to this Part. (Section 33(h) of the Act)</p> <p>p) The Health Care Worker Registry will indicate only those criminal convictions that are disqualifying under the Act. Nothing in this Part shall prohibit the health care employer from developing policies concerning employment of individuals whose criminal history records checks indicate convictions for offenses that are not disqualifying.</p> <p>(Source: Amended at 44 Ill. Reg. 18422, effective October 29, 2020)</p> <p>Section 955.220 Health Care Employer Files</p> <p>a) The health care employer shall retain on file for a period of 5 years records of criminal records requests for all employees. The health care employer shall retain a copy of the</p>	A3040		

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A3040	<p>Continued From page 22</p> <p>disclosure and authorization forms, a copy of the livescan request form, all notifications resulting from the fingerprint-based criminal history records check and waiver, if appropriate, for the duration of the individual's employment. The files shall be subject to inspection by the Department. A fine of \$500 shall be imposed for failure to maintain these records. (Section 50 of the Act)</p> <p>b) If the Health Care Worker Registry indicates that the employee had no disqualifying criminal offenses or administrative findings at the time of hire, then the health care employer shall retain a screen print of this information in the employee's file. If the individual was not on the Health Care Worker Registry prior to being hired, then a screen print indicating that the worker was not found shall be retained in the employee's file.</p> <p>c) The health care employer shall retain a screen print of the background check initiation page, which documents that the employer did conduct an internet search of the web sites from the links provided through the Health Care Worker Registry and found no results from those web sites that would prevent the employee from being hired. No additional screen prints from those web sites shall be required in the employee's file.</p> <p>d) The health care employer shall maintain a copy of the documents required in this Section in the employee's personnel file or other secure location accessible to the Department.</p> <p>(Source: Amended at 33 Ill. Reg. 5378, effective March 26, 2009)</p> <p>These requirements are not met as evidenced by:</p>	A3040		

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A3040	<p>Continued From page 23</p> <p>Based on interview and record review the establishment failed to complete Health Care Workers Background check requirements which include:</p> <ul style="list-style-type: none"> -Verification of new employees within 30 days of hire for eight (E1, E4, E5, E6, E7, E8, E9, E10) of eight new employees reviewed. -Conduct internet search to check the 6 registry checks for four (E4, E7, E8, E10) new employees. -Conduct annual verification for one employee (E3). <p>Findings include:</p> <p>An onsite visit was conducted on 9/3/24 and 9/4/24. Selected employee files were requested and reviewed.</p> <p>E4 (Breadbasket Manager), dietary manager was hired on 11/15/23. E4's Health Care Worker Registry done on 11/16/23 documented a "Not yet Determined" work eligibility. There was no follow up documentation, that indicate a follow up search was conducted to document E4's eligibility to be hired. There were 2 Authorization and Disclosure for Criminal History Records Information Check forms were signed E4 dated 11/16/23 and 12/27/23.</p> <p>E7 (Caregiver Assistant) was hired on 7/25/24. There was no documentation that the 6 internet searches were conducted. The only document found on file was E7's Authorization and Disclosure for Criminal History Records Information Check form signed on 7/24/24.</p> <p>E8 (Caregiver Assistant) was hired on 1/5/24. There was no documentation that the 6 internet</p>	A3040		

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A3040	<p>Continued From page 24</p> <p>searches were conducted. The only document found on file was E7's Authorization and Disclosure for Criminal History Records Information Check form signed on 12/26/23.</p> <p>E10 (Caregiver Assistant) was hired on 2/5/24. There was no documentation that the 6 internet searches were conducted. The only document found on file was E10's Authorization and Disclosure for Criminal History Records Information Check form signed on 1/23/24.</p> <p>E1 (Executive Director) was hired on 8/12/24. E5 (Nurse) was hired on 10/18/23. E6 (Certified Caregiver) was hired on 11/28/23. E9 (Caregiver Assistant) was hired on 8/21/24. E4, E7, E8, and E10 These employees do not have verification documents indicating Registry Portal was updated to include date of hire. E3 (Assistant Health and Wellness Director) was hired on 9/20/2018. E3's annual verificatin not completed.</p> <p>On 9/4/24 at 9:05am, E1 said the Executive Director is responsible in checking the Healthcare Workers Background Check website. E1 said that she just assumed the position recently and unable to answer for the previous Executive Director regarding the issue.</p>	A3040		
A4000	<p>Section 295.4000 Physician/s Assessment</p> <p>This Regulation is not met as evidenced by: Type 3 Violation Section 295.4000 Physician's for Assessment</p>	A4000		

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A4000	<p>Continued From page 25</p> <p>a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time of admission, the physician's assessment must reflect the resident's current condition.</p> <p>b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician.</p> <p>c) A physician's assessment shall be completed by a physician upon identification of a significant change in the resident's condition.</p> <p>d) When a physician's assessment is conducted pursuant to this Part, all current negotiated risk agreements shall be renegotiated as necessary.</p> <p>e) More frequent assessments of skin integrity and nutritional status shall be required (Section 15 of the Act) as ordered by the resident's physician and as arranged for by the resident.</p> <p>f) It is the responsibility of the resident or his/her representative to have physician's assessments and reassessments completed.</p> <p>g) Establishments may develop their own tools for evaluating their residents; however, the establishment evaluation does not replace the</p>	A4000		

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A4000	<p>Continued From page 26</p> <p>requirement for a physician's assessment. Documentation of evaluations and re-evaluations may be in any form that is accurate, that addresses the resident's condition, and that incorporates the physician's assessment.</p> <p>h) The establishment shall monitor and have a reporting procedure in place for notifying a relative or other individual in an emergency situation, significant change in resident's condition, or termination of residency.</p> <p>i) The establishment shall have policies in place to respond to the gradual deterioration of a resident's ability to carry out the activities of daily living that may accompany the aging process.</p> <p>(Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the establishment failed to ensure the resident the physician assessment for 3 residents (R6, R8, R9) were completed by a physician.</p> <p>Findings include:</p> <p>R6's Physician assessment dated 7/9/24 for significant change was completed by a Nurse Practitioner.</p> <p>R8's Physician assessment dated 1/13/24 for significant change was completed by a Nurse Practitioner.</p> <p>R9's Physician assessment dated 7/24/24 was completed by a Nurse Practitioner.</p> <p>On 9/4/24 at 1:25pm, E1 (Executive Director) was informed, resident physician assessment needs</p>	A4000		

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A4000	Continued From page 27 to be completed by a physician.	A4000		
A4010	<p>Section 295.4010 Service Plan</p> <p>This Regulation is not met as evidenced by: Type 2 Violation (Repeat)</p> <p>Section 295.4010 Service Plan</p> <p>a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan.</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>d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change,</p>	A4010		

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A4010	<p>Continued From page 28</p> <p>shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act)</p> <p>e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000).</p> <p>f) Based on the physician's assessment, the service plan may provide for the disconnection or removal of any kitchen appliance. (Section 15 of the Act)</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>B) dietary needs, if the establishment provides therapeutic diets; and</p> <p>C) special accommodations for the resident;</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>4) Any risk being negotiated; and</p> <p>5) Whether the resident requires medication reminders, supervision of self-administered medication, or medication administration.</p> <p>h) The service plan shall include all support</p>	A4010		

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A4010	<p>Continued From page 29</p> <p>services provided or arranged for by the establishment.</p> <p>i) Nothing in this Part limits a resident's ability to direct his or her own care and negotiate the terms of his or her own care. Residents have the right to refuse certain services or approaches that would otherwise be recommended based on the physician's assessment if the resident has received clear information regarding the risks and benefits of such a choice and the choice does not put other residents or staff at risk. Disclosure of the risks of refusing services or approaches must be documented in the service plan.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review, the establishment failed to ensure service plan were updated to include interventions for resident with wound (R3), resident undergoing dialysis (R4), and resident with foley catheter (R7).</p> <p>Findings include:</p> <p>An onsite visit was conducted on 9/3/34 and 9/4/24. Selected residents' files and establishment documents were reviewed.</p> <p>Per R3's documents reviewed, R3 is 76 years old. R3 moved to the Assisted Living on 12/1/2018. R3's diagnoses include but not limited to Morbid Obesity, Anxiety and Age-Related Osteoporosis without Current Pathological Fracture.</p> <p>Per R3's Home Health notes dated 8/29/24, R3 has pressure ulcer of the left buttock stage 2. R3's sacral wound and right buttock were closed, pink and excoriation noted. The wound</p>	A4010		

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A4010	<p>Continued From page 30</p> <p>management is under the care of home Health agency. The notes include the importance of off loading and ambulation to prevent further skin breakdown. R3's progress notes indicated that the wound on the buttocks started on 6/24.</p> <p>On 9/3/24 at 1:27pm, R3 said that she was encouraged by home health to off load but her hip hurts.</p> <p>R3's Service plan dated 8/26/24 did not include interventions to prevent further skin breakdown. Wound care treatment by home health agency were not included or discussed on R3's service plan.</p> <p>R4 is 82 years old. Per R4's documents, R4's diagnoses include but not limited to End Stage Renal Disorder. On 9/3/24 at 1:52pm, R4 said she had dialysis that morning. Observed a covered port on R4's right chest area.</p> <p>R4's service plan dated 8/22/24 did not include interventions for the care of resident receiving hemodialysis, including but not limited to care of the access, ensure vital signs, weight, and diet were monitored.</p> <p>R7 is 88 years old. R7 is under hospice care since 6/20/24 with a diagnosis of End Stage Cerebrovascular disease. R7 has a Foley catheter indicated for Urinary Retention. On 9/3/24 at 1:46pm, R3's foley bag was observed with red tinged urine about 100-200 cc. On 9/3/24 at 2:20pm, E15 (Nurse) said usually the urine output is amber colored, E15 indicated that hospice will be notified. Review of R7's Service plan dated 8/27/24, did not discuss interventions for foley catheter care.</p>	A4010		

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A4010	Continued From page 31 On 9/4/24 at 9:31am E2 (Health and Wellness Director) said the care of the catheter i.e emptying will be included in the interventions (on the service plan). The caregivers report to the nurse for any issue with catheter if they observe. The hospice nurse came to check the resident right away yesterday, and he said that the resident could have agitated it. He flushed the catheter and after that there was no more bleeding. E2 also said service plan is updated to include interventions for fall, catheters etc.	A4010		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: Type 3 Violation (Repeat) Section 295.4050 Tuberculin Skin Test Procedures Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). Section 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease A TB screening test shall be used when screening persons for latent TB infection (LTBI). Persons who have signs and symptoms of active TB disease or a positive TB screening test result shall complete a diagnostic evaluation for active TB disease in accordance with the Centers for Disease Control and Prevention (CDC) guidelines, Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection and	A4050		

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A4050	<p>Continued From page 32</p> <p>Guidelines for Health-Care Settings.</p> <p>a) Screening for Latent TB Infection</p> <p>1) Persons who are contacts to suspected or confirmed cases of active TB disease shall be evaluated in accordance with the CDC Guidelines for the Investigation of Contacts.</p> <p>2) Workers and clients at health care settings and other residential settings serving high-risk groups shall be screened in accordance with this subsection (a)(2) and the following CDC guidelines: Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection, Guidelines for Health-Care Settings, Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC.</p> <p>A) Health care workers and workers in other residential care settings serving high-risk groups shall obtain a TB screening test within seven days after being employed. If Mantoux skin testing is used, two-step testing shall be done, with the first test placed within seven days after employment. However, a second skin test is not needed if the worker has a documented skin test result from any time during the previous 12 months. The need for routine periodic screening shall be determined by a risk assessment.</p> <p>B) All clients in non-acute care residential health care settings serving high-risk groups shall obtain a TB screening test within seven days after admission. If Mantoux skin testing is used for clients with an anticipated stay longer than 30 days, two-step testing shall be done, with the first test placed within seven days after admission. Routine periodic screening shall be determined</p>	A4050		

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A4050	<p>Continued From page 33</p> <p>by a risk assessment performed in cooperation with the local TB control authority.</p> <p>C) TB screening shall be instituted in other residential care settings serving high-risk groups as directed by the local TB control authority or the Department when a community or residential care setting has a higher than expected incidence of active TB disease or prevalence of LTBI.</p> <p>D) Inmates and employees in correctional and detention facilities shall be screened in accordance with the CDC guideline Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC.</p> <p>3) Workers in child day care and pre-school settings shall obtain a TB screening test within seven days after being employed. If Mantoux skin testing is used, two-step testing shall be done, with the first test administered within seven days after employment. Routine, periodic screening of workers shall be determined by the child day care or pre-school facility's TB risk assessment.</p> <p>b) Screening for Active TB Disease. The following persons shall be screened for active TB disease:</p> <p>1) Persons with a documented positive TB screening test result;</p> <p>2) Clients admitted to health care settings and residential care settings serving high-risk groups; and</p> <p>3) Inmates in correctional and detention facilities, who shall be screened for active TB</p>	A4050		

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A4050	<p>Continued From page 34</p> <p>disease in accordance with Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC.</p> <p>(Source: Amended at 36 Ill. Reg. 15267, effective October 2, 2012)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review the establishment failed to initiate and or complete Tuberculosis (TB) testing as required for eight (E1, E4, E5, E6, E7, E8, E9, E10) of eight new employees reviewed for TB testing.</p> <p>Findings include:</p> <p>An onsite survey was conducted on 9/3/24 and 9/4/24. Employee files were requested for review. E1 (Executive Director) was hired on 8/12/24. E4 (Breadbasket Manager) was hired 11/15/23. E5(Nurse) was hired on 10/18/23. E6(Certified Caregiver) was hired on 11/28/23. E7(Caregiver Assistant) was hired on 7/25/24. E8(Caregiver Assistant) was hired on 1/5/24. E9(Caregiver Assistant) was hired on 8/21/24. E10(Caregiver Assistant) was hired on 2/5/24.</p> <p>E1, E7, and E9's TB testing has not been initiated as of time of review. E4, E5, E6, E8, E10 did not have TB testing.</p> <p>On 9/3/24 at 1:02pm, E2 (Health and Wellness Director) confirmed that these employees have not completed the required TB testing.</p>	A4050		
A5000	Section 295.5000 Medication Reminders, Supervision of Self Med	A5000		

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A5000	<p>Continued From page 35</p> <p>This Regulation is not met as evidenced by: Type 3 Violation Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage</p> <p>a) An establishment may provide medication reminders, supervision of self-administered medication, and medication administration as an optional service.</p> <p>b) Medication reminders include:</p> <ol style="list-style-type: none"> 1) Reminding residents to take pre-dispensed, self-administered medication; 2) Observing the resident; and 3) Documenting whether or not the resident took the medication. <p>c) Supervision of self-administered medication means assisting the resident with self-administered medication using any combination of the following. Supervision of self-administered medication by unlicensed personnel shall be under the direction of a licensed health care professional.</p> <ol style="list-style-type: none"> 1) Reminding residents to take medication; 2) Confirming that residents have obtained and are taking the dosage as prescribed; 3) Reading the medication label to residents; 4) Checking the self-administered 	A5000		

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A5000	<p>Continued From page 36</p> <p>medication dosage against the label of the medication;</p> <p>5) Opening the medication container for a resident who is physically unable to do so;</p> <p>6) Confirming that residents have obtained and are taking the dosage as prescribed; and</p> <p>7) Documenting in writing that the resident has taken (or refused to take) the medication.</p> <p>d) Medication administration refers to a licensed health care professional employed by an establishment engaging in administering routine insulin and vitamin B-12 injections, oral medications, topical treatments, eye and ear drops, or nitroglycerin patches. Non-licensed staff may not administer any medication. (Section 70 of the Act)</p> <p>e) Medication stored by a resident in the resident's unit shall be stored and controlled as stated in the resident's service plan and shall be inaccessible to other residents.</p> <p>f) If an establishment provides medication administration or supervision of self-administered medication, the establishment's medication policies and procedures shall be approved by a physician, pharmacist, or registered nurse and shall address:</p> <p>1) Obtaining and refilling medication;</p> <p>2) Storing and controlling medication;</p> <p>3) Disposing of medication;</p> <p>4) Assisting in the self-administration of</p>	A5000		

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A5000	<p>Continued From page 37</p> <p>medication and medication administration, as applicable; and</p> <p>5) Recording of medication assistance provided to residents and maintenance of medication records.</p> <p>g) If an establishment provides medication administration or supervision of self-administered medication, a drug reference guide, no older than 2 years from the copyright date, shall be available and accessible for use by employees.</p> <p>h) Any medication stored by the establishment shall meet the following requirements:</p> <p>1) Medication shall be stored in a locked container, cabinet, or area that is inaccessible to residents;</p> <p>2) Medication shall not be left unattended by an employee;</p> <p>3) Medication shall be stored in the original labeled container, except for medication organizers, and according to instructions on the medication label;</p> <p>4) A bathroom or laundry room shall not be used for medication storage; and</p> <p>5) Any expired or discontinued medication, including those of deceased residents, shall be disposed of according to the establishment's medication policies and procedures.</p> <p>i) Except for medication organizers, resident medication shall not be pre-poured. Medication organizers may be prepared up to one month in</p>	A5000		

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A5000	<p>Continued From page 38</p> <p>advance by the following individuals:</p> <ol style="list-style-type: none"> 1) A resident or the representative; 2) A resident's relatives; 3) A nurse; or 4) As otherwise provided by law. <p>j) A separate medication record shall be maintained for each resident receiving medication administration and shall include:</p> <ol style="list-style-type: none"> 1) Name of resident; 2) Name of medication, dosage, directions, and route of administration; 3) Date and time medication is scheduled to be administered; 4) Date and time of actual medication administration; and 5) Signature or initials of the employee administering medication. <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the establishment failed to ensure medications were administered as ordered by physician for two residents (R10) and R12. This deficient practice has the p[potential to affect all residents.</p> <p>Findings include:</p> <p>Establishment reporting receipt indicated on 3/15/24, the morning nurse on duty failed to</p>	A5000		

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A5000	<p>Continued From page 39</p> <p>administer R10's morning medication. These medications include Hydralazine 50 mg (antihypertensive), Hydroxychloroquine 200mg (anti-inflammatory), Torsemide 10 mg (Diuretic) and Valsartan 40 mg (antihypertensive).</p> <p>Establishment reporting receipt dated 11/29/23, R12 missed the medication Methotrexate on 11/8/23, 11/15/23/ and 11/22/23.</p> <p>On 9/4/24 at 12:40pm, E2 (Wellness Director) that it is to her expectation that medications are administered on time, following doctor's order.</p>	A5000		