

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/25/2023
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NAME OF PROVIDER OR SUPPLIER MT ZION HEALTH & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1225 WOODLAND DRIVE MOUNT ZION, IL 62549
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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
S 000	Initial Comments	S 000		
	First Probationary Licensure Survey			
S9999	Final Observations	S9999		
	Statement of Licensure Violations: 1 of 6 300.610 a) 300.1210 d)2 Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 2) All treatments and procedures shall be administered as ordered by the physician. This requirement was not met as evidenced by: Based on observation, interview, and record			
			Attachment A Statement of Licensure Violations	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	Continued From page 1 review, the facility failed to change and date oxygen tubing and humidifier bottles and store oxygen tubing in a sanitary fashion for four of four residents (R1, R3, R8, R12) reviewed for respiratory care on the sample list of 48. Findings include: The facility Oxygen Administration Policy, dated 7/1/23, documents oxygen will be administered to the resident upon the written order of a licensed physician. Reusable humidifier bottles should be filled with sterile water and labeled with date opened. Tubing will be changed and dated weekly. When oxygen is not in use the cannula should be stored in a plastic or like bag attached to the oxygen concentrator. 1. R1's Physician Order Sheet (POS), dated October 2023, documents R1 is diagnosed with Palliative Care, Heart Failure, and Dependence on Supplemental Oxygen. The same POS documents an order for Oxygen at two to five liters nasal cannula every shift as needed for Shortness of Breath or Hypoxia. The same POS documents an order to change oxygen tubing weekly. On 10/24/23 at 10:45 AM, R1's portable oxygen container was hanging on back of his wheelchair and the oxygen tubing was not attached and was hanging over wheelchair handle and then wrapped around wheelchair wheel multiple times. There was no date on the oxygen tubing. 2. R3's Physician Order Sheet (POS), dated October 2023, documents R3 is diagnosed with Chronic Obstructive Pulmonary Disease, Obstructive Sleep Apnea, and Acute Respiratory Failure. The same POS documents an order for	S9999			

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S9999	Continued From page 2 Oxygen at two liters nasal cannula upon exertion and at night. The same POS documents an order to change oxygen tubing weekly every Sunday. On 10/24/23 at 10:55 AM, R3 was sleeping in her wheelchair in her room. R3's oxygen was on and connected to oxygen concentrator with refillable humidifier bottle running at two liters nasal cannula. The oxygen humidifier bottle was empty and not dated. 3. R8's Physician Order Sheet (POS), dated October 2023, documents R8 is diagnosed with Chronic Obstructive Pulmonary Disease and Heart Failure. The same POS documents an order for Oxygen at two liters nasal cannula at night and during the day as needed to keep oxygen above ninety percent. The same POS documents an order to change oxygen tubing weekly. On 10/24/23 at 11:20 AM, R8 was in bed sleeping. R8's oxygen was on and hooked up to the oxygen concentrator, however, the oxygen tubing was laying on ground and undated. 4. R12's Physician Order Sheet (POS), dated October 2023, documents R12 is diagnosed with Chronic Respiratory Failure with Hypoxia, Chronic Obstructive Pulmonary Disease, and Heart Disease. The same POS documents an order for Oxygen at two liters nasal cannula continuously. The same POS documents an order to change oxygen tubing weekly every Sunday. On 10/24/23 at 10:30 AM, R12 was in her room with portable oxygen on running at two liters nasal cannula. The tubing was undated. An oxygen concentrator was set up by R12's bed with oxygen tubing laying on dirty floor. Date on	S9999			

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S9999	Continued From page 3 tubing was 10/16/23. On 10/24/23 at 10:30 AM, V2, Director of Nursing, confirmed Oxygen tubing should be changed weekly, dated when changed, and should be stored in plastic bag when not in use. V2 confirmed oxygen tubing is considered soiled if on the floor and would need to be replaced with new tubing. V2 confirmed humidifier bottles should be dated and changed at least weekly. (C) 2 of 6 300.661 Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. PROFESSIONS, OCCUPATIONS, AND BUSINESS OPERATIONS (225 ILCS 46/) Health Care Worker Background Check Act. (225 ILCS 46/5) Sec. 5. Purpose. The General Assembly finds that it is in the public interest to protect the citizens of the State of Illinois who are the most frail and who are persons with disabilities from possible harm through a criminal background check of certain health care workers and all employees of licensed and certified long-term care facilities who have or may have contact with residents or have access to the living quarters or the financial, medical, or personal records of residents. (Source: P.A. 99-143, eff. 7-27-15.)	S9999			

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S9999	Continued From page 4 (225 ILCS 46/10) Sec. 10. Applicability. This Act applies to all individuals employed or retained by a health care employer as home health care aides, nurse aides, personal care assistants, private duty nurse aides, day training personnel, or an individual working in any similar health-related occupation where he or she provides direct care or has access to long-term care residents or the living quarters or financial, medical, or personal records of long-term care residents. This Act also applies to all employees of licensed or certified long-term care facilities who have or may have contact with residents or access to the living quarters or the financial, medical, or personal records of residents. (Source: P.A. 94-665, eff. 1-1-06.) (225 ILCS 46/15) "Initiate" means obtaining from a student, applicant, or employee his or her social security number, demographics, a disclosure statement, and an authorization for the Department of Public Health or its designee to request a fingerprint-based criminal history records check; transmitting this information electronically to the Department of Public Health; conducting 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 List of Excluded Individuals and Entities database on 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	S9999			

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S9999	Continued From page 5 Medicaid fraud, or conducting similar searches as defined by rule; and having the student, applicant, or employee's fingerprints collected and transmitted electronically to the Illinois State Police. These requirements are not met as evidenced by: Based on record review and interview, the facility failed to conduct complete health care worker background checks as required for 5 out of 6 employees reviewed. This failure has the potential to affect all 63 residents residing in the facility. Findings include: On 10/24/23 at 11:40 AM, V3, Business Office Manager, provided the Health Care Worker Background Check (HCWBGC) files for 6 employees; V3 Dietary Manager, V18 Social Services Director, V12 Certified Nursing Assistant, V13 Certified Nursing Assistant, V14 Certified Nursing Assistant, and V15 Activity Director. On 10/25/23 at 3:17 PM, V3 provided the employment start dates for the 6 employees referenced in the above paragraph, V3, V18, V12, V13, V14, and V15. V18, Social Services Director, started employment at the facility 11/7/22. V18's background checks did not include any documentation to indicate the facility had searched the Illinois Department of Public Health (IDPH) Health Care Worker Registry for V18, neither conducted a check for previous inclusion, nor initiated a process to include V18 on the registry as a present employee in health care.	S9999			

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S9999	Continued From page 6 There was no documentation in V18's file to indicate the facility had obtained a request for livescan fingerprint checks, or had a fingerprint-based background check conducted for V18 to determine eligibility to be employed in a long term health care setting. There was likewise no documentation to confirm V18 had a prior fingerprint background check (FEE_APP). V12, Certified Nursing Assistant, began employment at the facility 8/29/23. V12's HCWBGC did not include a search of the secured login IDPH Health Care Worker Registry, only the public access website which does not include the disqualifying offenses verifications nor any required waivers for employment. V12's background check documents did not include a search of the Illinois Wanted Fugitives through the Illinois Department of Corrections (IDOC) search engine. All of the documents provided for V12's background checks were dated 10/24/23, the date (surveyor) requested the information from the facility, and not indicating initiation any of the required background checks prior to employment. V13, Certified Nursing Assistant, began employment at the facility 9/26/23. V13's HCWBGC did not include a search of the secured login IDPH Health Care Worker Registry, only the public access website which does not include the disqualifying offenses verifications nor any required waivers for employment. V13's background check documents did not include a search of the Illinois Wanted Fugitives through the Illinois Department of Corrections search engine. All of the documents provided for V13's background checks were dated 10/24/23, the date (surveyor) requested the information from the facility, and not indicating initiation any of the	S9999			

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S9999	Continued From page 7 required background checks prior to employment. V14, Certified Nursing Assistant, started employment at the facility 9/24/23. V14's HCWBGC did not include a search of the secured login IDPH Health Care Worker Registry, only the public access website which does not include the disqualifying offenses verifications nor any required waivers for employment. V14's background check documents did not include a search of the Illinois Wanted Fugitives through the Illinois Department of Corrections search engine. All of the documents provided for V14's background checks, with the exception of the public access registry, were dated 10/24/23, the date (surveyor) requested the information from the facility, and not indicating initiation any of the required background checks, except for the public access registry, prior to employment. V15, Activity Director, began employment with the facility 11/14/22. V15's background checks did not include any documentation to indicate the facility had searched the Illinois Department of Public Health (IDPH) Health Care Worker Registry for V15, neither conducted a check for previous inclusion, nor initiated a process to include V15 on the registry as a present employee in health care. There was no documentation in V15's file to indicate the facility had obtained a request for livescan fingerprint checks, or had a fingerprint-based background check conducted for V15 to determine eligibility to be employed in a long term health care setting. There was likewise no documentation to confirm V15 had a prior fingerprint background check (FEE_APP). On 10/25/23 at 11:35 AM, V3, Business Office Manager, stated, "The HCWBGC usually get done by (V16, Corporate Consultant). I had to	S9999			

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S9999	Continued From page 8 reach out to her because I didn't know exactly where anything was located or what you wanted. This is everything she sent me and when I looked at it, I noticed most of those were dated for yesterday when she sent them, so I figured there was going to be some problems." On 10/25/23 at 3:55 pm, V2, Director of Nursing, stated between the 3 CNAs (Certified Nursing Assistants (V12, V13, and V14), they would would have access to provide care to all residents in the facility. The facility's Resident Roster, undated but provided by V3, Business Office Manager on 10/24/23 at 10:10 AM, documents 63 residents reside in the facility. (C) 3 of 6 300.686 b)3) Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Medications b) A resident shall not be given unnecessary medications. An unnecessary medication is any drug used: 3) Without adequate monitoring; These requirements are not met as evidenced by: Based on record review and interview, the facility failed to periodically (quarterly) comprehensively assess and monitor a resident for use of an antipsychotic medication. This failure affects one resident (R5) out of three reviewed for psychotropic medications.	S9999			

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S9999	Continued From page 9 Findings include: R1's Physician Order Sheet, dated 10/24/23, documents R1 had a current physician order to receive the antipsychotic medication Seroquel 25 milligrams twice daily, initiated 6/16/23. R1's Medication Administration Records, dated for June 2023, July 2023, August 2023, September 2023, and October 2023, document R1 has received this antipsychotic medication since the initiation of the physician order. R5's Assessments Page in R5's electronic medical record documents R5's most recent quarterly psychotropic medication assessment was dated 5/23/23. R5's Assessments did not include an AIMS (Abnormal Involuntary Movement Scale) to monitor nor assess any negative effects related to receiving the antipsychotic medication. On 10/25/23 at 3:05 PM, V2, Director of Nursing, while viewing and operating (surveyors) computer on R5's electronic medical record, stated, "Usually the psychotropic quarterly assessment comes up automatically during the same period as the Minimum Data Set Assessments." V2 could not locate a more recent quarterly psychotropic medication assessment than 5/23/23 in R5's record, including looking under different named documents. On 10/25/23 at 3:25 PM, V2, Director of Nursing, stated, "I could not find an AIMS for (R5). We should be doing an AIMS initially when an antipsychotic is started to establish a baseline, then every 6 months." (C)	S9999			

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S9999	Continued From page 10 4 of 6 300.330 300.2010 a)1 Section 300.330 Definitions Dietetic Service Supervisor is a person who: is a dietitian; is a graduate of a dietetic and nutrition school or program authorized by the Accreditation Council for Education in Nutrition and Dietetics, the Academy of Nutrition and Dietetics, or the American Clinical Board of Nutrition; is a graduate, prior to July 1, 1990, of a Department-approved course that provided 90 or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution which included consultation from a dietitian; has successfully completed an Association of Nutrition & Foodservice Professionals approved Certified Dietary Manager or Certified Food Protection Professional course; is certified as a Certified Dietary Manager or Certified Food Protection Professional by the Association of Nutrition & Foodservice Professionals; or has training and experience in food service supervision and management in a military service equivalent in content to the programs in the second, third or fourth paragraph of this definition. Section 300.2010 Director of Food Services a) A full-time person, qualified by training and experience, shall be responsible for the total food and nutrition services of the facility. This person shall be on duty a minimum of 40 hours each week.	S9999			

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S9999	Continued From page 11 1) This person shall be either a dietitian or a dietetic service supervisor. These requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide the services of a qualified Director of Food Services. This failure has the potential to affect all 63 residents residing in the facility. Findings include: On 10/24/23 at 10:15 AM, V4, Dietary Manager, was actively supervising and managing resident's food preparation and sanitation activities in the facility's kitchen. On 10/24/23 at 10:15 AM, V4 stated, "I am the manager." V4 further stated, "I have a CFM (Certified Food Manager, food sanitation) certificate." V4 continued, "That certificate course was online, I answered 120 questions and got the certificate, it was completed in one day." V4 clarified, "There was no clinical components such as for diabetes, pressure ulcers, or dialysis." V4 also stated she did not meet the state requirements for a Dietetic Service Supervisor by stating, "I am not a Dietician. I have not graduated from an authorized or accredited school program so I don't have an actual degree, but I do have a culinary chef (cooking) certificate from (local community college). I don't have any experience or training from prior to 1990. I am not a CDM (Certified Dietary Manager) or CFPP (Certified Food Protection Professional). I don't have any military experience." On 10/24/23 at 10:45 AM, V4 conducted an initial	S9999			

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S9999	Continued From page 12 chlorine test on the facility's commercial dishwasher after completing the washing of the resident's breakfast meal wares. The test was conducted by V4 inserting a color indicating paper strip into the dishwasher water at the end of the washing cycle. The dishwasher test strip turned a light gray color, indicating 25 parts per million of chlorine, too low to sanitize dish wares. V4 then stated, "That should be higher between 50 - 100" (parts per million). V4's Health Care Worker Registry and Employee Details Page, both dated 10/20/21, documents V4 began in her current position as Dietary Manager 7/23/21. The facility's Resident Roster, undated but provided by V3, Business Office Manager, on 10/24/23 at 10:10 AM, documents 63 residents residing in the facility, all of whom consume food prepared in the facility kitchen. (C) 5 of 6 300.2930 c)5) Section 300.2930 Plumbing Systems c) Water Supply Systems 5) Hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees Fahrenheit. This requirement is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain hot water in the shower units to not exceed the required 110 degrees Fahrenheit maximum. This failure has	S9999			

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S9999	Continued From page 13 the potential to affect 25 residents (R1, R2, R3, R4, R11, R12, R13, R20, R24, R25, R30, R32, R33, and R36 through R47) residing on the facility's 100 hall. Findings include: On 10/24/23 at 12:35 PM, the two shower units in the facility's 100 hall shower room measured 118.4 degrees Fahrenheit (F) and 119.2 degrees F with an Illinois Department of Public Health (IDPH) digital thermometer. At 12:45 PM, accompanied by V7, Maintenance Assistant, the water in the center shower stall measured 114 degrees F with the facility thermometer, however, V7 was not holding the thermometer consistently in the water stream while measuring. Simultaneously, the IDPH thermometer was measuring 119 to 121 degrees F while held consistently in the water stream. On 10/23/24 at 12:45 PM, V7, Maintenance Assistant, stated, "These 2 showers are on a different water heater than the rest of the building." V7 acknowledged and confirmed the water temperature should not exceed 110 degrees F. On 10/23/24 at 1:15 PM, V6, Maintenance Director, stated, "I adjusted the water temperature on the showers, I measured them myself with the same thermometer as (V7) and they were right up there around 119 - 120" (degrees F)." V6 acknowledged the water temperature should not exceed 110 degrees F. The facility's Resident Roster (undated), but provided by V3, Business Office Manager, on 10/24/23 at 10:10 AM, documents 25 residents residing in the facility's 100 hall (R1, R2, R3, R4,	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/25/2023
NAME OF PROVIDER OR SUPPLIER MT ZION HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1225 WOODLAND DRIVE MOUNT ZION, IL 62549		
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S9999	Continued From page 14 R11, R12, R13, R20, R24, R25, R30, R32, R33, and R36 through R47), all of whom receive showers in one of these 2 shower stalls. (B) 6 of 6 300.3120 g) Section 300.3120 Mechanical Systems g) Thermal Hazards. Any surface that is accessible to residents and exceeds a temperature of 140 degrees Fahrenheit (such as radiators, hot water or steam pipes, baseboard heaters, or therapy equipment) shall be provided with partitions, screens, shields, or other means to protect residents from injury. Any protective device shall be designed and installed so that it does not present a fire or safety hazard or adversely affect the safe operation of the equipment. This requirement is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure residents were protected from a potential thermal hazard by utilizing a thermal hydrocollator accessible to residents and unprotected in the facility's therapy room. This failure has the potential to affect 32 residents (R1, R2, R3, R4, R7, R8, R9, R10, R11, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, R26, R27, R28, R29, R30, R31, R32, R33, R34, and R35) who experience cognitive impairment or receive therapy from the facility's therapy department. Findings include:	S9999			

Illinois Department of Public Health

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S9999	Continued From page 15 On 10/24/23 at 12:50 PM, in the facility's therapy room was a stainless steel hydrocollator, full of water and being used to heat therapeutic hot packs. This hydrocollator was sitting on a bedside bureau less than 18 inches away, and within reach, from the left side of the hand sink. There was a rigid cushioned chair less than 1 foot directly in front of the hydrocollator, and in front of the chair was an activity table. The hydrocollator was hot enough to trigger a reflex withdrawal when touched any longer than 2 seconds. The external surface of the hydrocollator measured 145.5 degrees Fahrenheit (F) with an Illinois Department of Public Health digital thermometer. There was no type of barrier between the sink, nor the chair, and the hydrocollator to protect residents from contact. There was not any staff present in the therapy room until (surveyor) began running the water in the hand sink to check the water temperature, then V17, Director of Therapy, came into the room from the connected office room. On 10/24/23 at 12:50 PM, V17, Director of Therapy, stated, "Yes a resident could sit in that chair to do the activity table, but more often than not the residents come in their wheelchairs and sit on the other side of the activity table, so the table and the chair act as a barrier." On 10/25/23 at 10:16 AM, V1 Administrator, V6, Maintenance Director, and V17, Director of Therapy, all stated they had moved the hydrocollator approximately 4 feet from the previous location and were planning to obtain some kind of insulating wrap for the hydrocollator. V1, V6, and V17 all stated and confirmed, "(V17) has been working here for 20 years and there has never been an incident."	S9999			

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S9999	Continued From page 16 The facility's Census A and Census B Details Reports, dated 10/25/23, documents 32 residents (R1, R2, R3, R4, R7, R8, R9, R10, R11, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, R26, R27, R28, R29, R30, R31, R32, R33, R34, and R35) currently on the therapy department's caseload roster receiving Medicare Part A or Medicare Part B therapy. Additionally, of the 7 residents comprehensively reviewed as part of the survey sample, 4 residents (R1, R2, R3, and R4) resided on the facility's 100 hall and experienced medical diagnoses including dementia as documented in their (undated) electronic medical records Diagnoses Lists. R1's Minimum Data Set (MDS), dated 9/28/23, documents R1 received a score of 4 out of a possible 15 for a Brief Interview for Mental Status (BIMS), indicating severe cognitive impairment. R2's MDS, dated 8/11/23, documents R2 received a score of 9 out of a possible 15 for a BIMS, indicating moderate cognitive impairment. R3's MDS, dated 8/17/23, documents R3 received a score of 2 out of a possible 15 for a BIMS, indicating severe cognitive impairment. R4's MDS, dated 9/29/23, documents R4 received a score of 9 out of a possible 15 for a BIMS, indicating moderate cognitive impairment. (B)	S9999			