

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Grove of St Charles		STREET ADDRESS, CITY, STATE, ZIP CODE 611 Allen Lane Saint Charles, IL 60174	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41855</p> <p>Based on interview and record review, the facility failed to request a re-evaluation for a PASARR II (Pre-admission Screening and Resident Review) screening for a resident with a SMI (serious mental illness) diagnosis within the required timeframe.</p> <p>This applies to 1 of 1 residents (R59) reviewed for PASARR in the sample of 18.</p> <p>R59's EMR (Electronic Medical Record) showed R59 was admitted to the facility on [DATE] with diagnoses that included bipolar disorder, specified anxiety disorder, and PTSD (Post-Traumatic Stress Disorder).</p> <p>R59's MDS (Minimum Data Set) dated May 24, 2024 showed R59 was cognitively intact.</p> <p>R59's care plan dated February 23, 2023, showed R59 presents with a troubled past secondary to bipolar disorder and diagnoses of PTSD and anxiety. Interventions included conduct the appropriate assessments to promote knowledge and understanding of R59's past, remind and encourage R59 to verbalize her thoughts and feelings during her 1:1 session with the visiting psychotherapist.</p> <p>On July 22, 2024 at 3:04 PM, the facility provided R59's PASARR II screening that was dated February 12, 2023. The PASSAR II evaluation showed R59 was at a previous nursing home and became aggressive with a staff member at the nursing home and bit them. Assessment showed she has a diagnosis of Bipolar, has aggressive behaviors, has attempted suicide in past, yells at others, has been homeless in the past, has hard time trusting others, acts without consequences, has a hard time understanding the impact of her decisions or actions, cannot solve problems without the help from others, scored 36% on WHO-5 (World Health Organization) test which shows resident has a poor view of her life, periods of confusion and trouble with memory, angered easily, difficulty concentrating, moods may go from one extreme to another quickly, and resident has anxious thoughts. R59 has history of refusing medications because she feels she does not need them .R59 has been hospitalized in the past for mental health symptoms. R59 has a diagnosis of a severe mental health condition. The least restrictive treatment setting is a nursing home because R59 needs help with bathing, grooming, money, management, medication, and other community tasks. The PASARR Determination explanation - R59 is diagnosed with bipolar disorder per her medical record which significantly impacts her daily life. The evaluation was effective February 12, 2023 for short term and the approval ends on April 13, 2023.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE

(X6) DATE

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On July 23, 2024 at 11:54 AM, V21 (Vice President of Operations) said that they track the residents assessment in the Maximus system and should be notified when an assessment is due. V21 provided a list of events for R59 from the Maximus system and it showed on March 26, 2023 an initial Service Matters Review was completed. V21 said the facility enters this information into Maximus and that lets the reviewer know there needs to be a follow-up assessment. V21 said she was not sure why no one came to do a re-evaluation of R59. V21 provided state surveyor with PASARR I done on July 22, 2024 that showed an onsite PASARR II was required.</p> <p>Facility policy titled PASARR Screening of Residents with Mental Disorder or Intellectual Disability with revision date of June 6, 2024 showed, It is the facility's policy to ensure that residents with Mental Disorder and those with Intellectual Disorder will receive PASARR Screening within the timeframe allowed.</p>		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29562 41855</p> <p>Based on observation, interview, and record review, the facility failed to assist a resident that was assessed to require assistance with ADLs (Activities of Daily Living).</p> <p>This applies to 3 of 4 residents (R76, R79, R86) reviewed for activities of daily living in the sample of 18.</p> <p>The findings include:</p> <p>1. R79's EMR (Electronic Medical Record) showed R79 was admitted to the facility on [DATE], with diagnoses that included hydrocephalus, major depression, unspecified psychosis, anxiety, cognitive communicative deficit, unspecified focal traumatic brain injury with loss of consciousness, and traumatic hemorrhage of cerebrum.</p> <p>R79's MDS (Minimum Data Set) dated April 19, 2024, showed R79 had severe cognitive impairment and required substantial/maximal assistance for toileting, showering, and personal hygiene.</p> <p>R79's care plan showed R79 is incontinent of bowel and bladder and requires assistance with perineal care and interventions include checking R79 for incontinence episodes and anticipate his toileting needs throughout each shift.</p> <p>On July 22, 2024, at 12:31 PM, R79 was observed sitting in the same spot in the dining room as he was at 10:10 AM. At this time, there was a brown substance dried onto his right- hand entire thumb, entire first digit, and the second digit. R79 had been given juice to drink and was sitting at table with another resident. V2 (DON/Director of Nursing) was asked to visualize R79's hand. V2 agreed it looked like stool dried onto R79's hand. V2 grabbed the closest CNA (Certified Nursing Assistant) and asked to have R79 taken to his room. V3 (CNA), who was assigned to R79, was in the hallway and came and took R79 to his room. R79 stood at his sink and washed his hands four times to get the brown dried substance off his hands. CNA gathered all her supplies and after his hands were clean, V3 told R79 she was going to change his incontinence brief. When resident was standing and his shirt was pulled up, the dried brown substance, now clearly identified as bowel movement, had come up and was on his lower back above the top of the incontinence brief. When incontinence brief was removed there was a large amount of dried bowel movement in his brief from between his legs, up his buttocks and up to his lower back. As V3 was cleaning R79, he kept asking are you done yet? V3 kept replying, not yet, there is a lot of poop on you.</p> <p>2. R76's EMR showed R76 was originally admitted to the facility on [DATE]. R76 was sent to the hospital on July 12, 2024, and returned to the facility on [DATE]. R76's diagnosis included quadriplegia, major depressive disorder, morbid obesity due to excessive calorie intake, and critical illness myopathy.</p> <p>R76's MDS dated [DATE], showed R76 was cognitively intact and was dependent on staff for all ADLs (Activities of Daily Living).</p> <p>(continued on next page)</p>		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On July 22, 2024, at 10:18 AM, R76 said she would like to take a shower, her hair was greasy and stringy, she has facial hair under her chin and would like to be shaved. Multiple observations were made throughout the day and no shower or shaving assistance had been provided.</p> <p>On July 24, 2024, at 8:58 AM, V3 CNA (Certified Nursing Assistant) said in the morning she will get her residents up and out of bed, wash their face, assist with oral care, give a bed bath if needed, fix bed, and comb hair.</p> <p>On July 23, 2024, at 10:57 AM, R76 was in bed, she had flaky skin noted near her eyebrows and on her cheeks/chin, there was a dried crusty substance on her lower eye lashes, and when talking there was a white film on her lips and a red area to the right corner of mouth. R76 had several whiskers under her chin and on her upper neck. R76 said she really wants to be shaved and cannot remember when she was last given a bed bath. There is a foul musty odor noted when standing next to the bed.</p> <p>On July 24, 2024, at 9:06 AM, V2 (DON/Director of Nursing) said on a resident's shower day, the expectation is that the resident is taken to the shower room and given a shower. V2 said if it is not a resident's shower day, the expectation is that the resident be helped with morning care/grooming. This includes washing face and hands, assisting with oral care, brushing hair, washing hair in bed if resident needs it or requests to have hair washed, nail care, shaving facial hair for both men and women, and resident should be provided with clean clothes.</p> <p>3. On July 23, 2024, at 1:14 PM, R86 was in his bedroom and was alert and oriented. R86 displayed unkempt long facial hair on his upper lip and chin and had long fingernails with the nail beds stained with brownish discoloration. R86 verbalized that he wants his nails clipped and facial hair shaven because it feels uncomfortable.</p> <p>R86's MDS dated [DATE], shows R86 is alert and oriented and requires extensive assistance with activities of daily living care.</p> <p>Facility provided policy titled, General Care with revision date of June 6, 2024, showed, 1. On admission or readmission, the facility will evaluate the resident's physical and psychosocial needs. Physical needs would include but limited to ADL (Activity of Daily Living), wound care, medical needs, etc .2. The facility will assist the resident to meet those needs</p>		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41855</p> <p>Based on observation, interview, and record review, the facility failed to assess and provide appropriate splints and therapy services to maintain and/or prevent further progression of deformities or reduction in range of motion.</p> <p>This applies to 1 of 3 residents (R76) reviewed for range of motion in the sample of 18.</p> <p>The findings include:</p> <p>R76's EMR (Electronic Medical Record) showed R76 was originally admitted to the facility on [DATE]. R76 was sent to the hospital on July 12, 2024, and returned to the facility on [DATE]. R76's diagnosis included quadriplegia, major depressive disorder, morbid obesity due to excessive calorie intake, and critical illness myopathy.</p> <p>R76's MDS (Minimum Data Set) dated May 28, 2024, showed R76 was cognitively intact and was dependent on staff for all ADLs (Activities of Daily Living).</p> <p>R76's restorative care plan-initiated September 28, 2023, showed R76 required assistance with applying left resting hand splint during the day while patient is out of bed and removed prior to putting patient back in bed daily, six to seven days a week as tolerated. The goal was for R76 to maintain current level of functioning and range of motion in left hand/wrist. Interventions included staff applying the left resting hand splint, encourage/praise R76's efforts throughout the task to promote participation and staff are to explain to R76, the splint's purpose.</p> <p>R76's initial OT (Occupational Therapy) Evaluation and Plan of Treatment dated February 23, 2023, showed R76 did not have any functional limitations due to contractures. The Restorative Nurse assessment on the same date showed R76 did not wear a splint or brace.</p> <p>R76's POS (Physician Order Set) dated May 13, 2024, showed Assistance with Splint/Brace - Apply left resting hand splint during the day while patient is out of bed and remove prior to putting patient back in bed daily, six to seven days/week as tolerated. Check skin on left hand and wrist for redness and signs of skin breakdown prior to application and after removal of splint. Monitor for increased pain.</p> <p>R76 was referred to OT on May 31, 2024. R76's OT Evaluation and Treatment dated June 2, 2024, showed R76 was referred to OT for self-feeding evaluation. R76 has declined in self-feeding requiring additional assistance from staff at all meals. R76 presents with decreased AROM (active range of motion) in BUE (bilateral upper extremities), decreased strength in BUE, and poor coordination .Prior to thus onset, no equipment was required.</p> <p>R76's OT Evaluation and Plan of Treatment showed R76 has severe UE (upper extremity) and LE (lower extremity) motor movement affecting ability to care for self and complete ADLs (Activities of Daily Living). LUE (left upper extremity) hand has contracture requiring left resting hand splint to maintain functional positioning .</p> <p>(continued on next page)</p>		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On July 22, 2024, at 10:18 AM, R76 has a contracture to her left hand and splint is on bedside table.</p> <p>On July 22, at 12:49 PM, R76 said staff helped feed her lunch but still have not put splint on her wrist today.</p> <p>On July 22, 2024, at 3:57 PM, R76, was not wearing splint.</p> <p>On July 23, 2024, at 10:57 AM, R76 was in bed. The resting wrist splint is on the bedside table and not on R76.</p> <p>On July 23, 2024, at 12:34 PM, R76 in bed, no splint on her wrist.</p> <p>On July 23, 2024, at 4:35 PM, R76 in bed, no splint on her wrist.</p> <p>On July 24, 2024, at 8:42 AM, R76 in bed, no splint on her wrist.</p> <p>On July 24, 2024, at 2:20 PM, V20 (OT) and state surveyor went to R76's room. R76 was not wearing the left- hand resting splint. V20 measured flexion and extension to the left wrist and fingers. Before leaving the room, V20 did not put the left-hand resting splint on R76.</p> <p>On July 24, 2024, at 9:13 AM, V8 (Restorative Nurse) said when a resident has a splint, it can be applied by her, the therapy department (physical or occupational therapy), the restorative CNAs (Certified Nursing Assistant), and she said she believes the CNAs on the floor can also put a splint on a resident. V8 said R76 should be wearing the brace daily. V8 said she recently updated (July 16) the computer to show R76 was to wear the wrist daily whether she was in bed or not.</p> <p>The facility was unable to show documentation that R76 was wearing the splint daily or that she was wearing it for the recommended four to eight hours a day. There was no documentation under the facility tasks for the last 30 days by facility staff or agency staff.</p> <p>Facility provided policy titled, Restorative Nursing Program with revision date June 6, 2024, showed 3. Nursing and Restorative Services may include the following .c. Contracture Prevention and Management i. PROM/AROM (passive range of motion/active range of motion) exercises, ii. Splint/Orthotic Management .6. Restorative Programs shall be reflected and indicated in the resident's electronic restorative log in order to document the provisions of service and the frequency by the nurses, CNAs, and. Restorative aides .</p>		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>16746</p> <p>Based on observation, interview and record review, the facility failed to ensure that there was enough oxygen in the resident's portable oxygen tank, to promote delivery of oxygen as ordered by the physician.</p> <p>This applies to 1 of 1 resident (R3) reviewed for oxygen therapy in the sample of 18.</p> <p>The findings include:</p> <p>R3 had multiple diagnoses including metabolic encephalopathy, hemiplegia affecting right dominant side, chronic respiratory failure with hypoxia and dependence on supplemental oxygen, based on the face sheet.</p> <p>On July 23, 2024 at 2:10 PM, R3 was sitting in her wheelchair inside the unit dining room attending the resident group meeting. R3 was observed with on and off coughing and was not participating with the group discussion. R3 had an oxygen nasal cannula in place attached to a portable oxygen (E tank) located at the back of the resident's wheelchair. The gauge of the said portable oxygen was observed at the red area with a mark refill. A facility nurse was immediately called by the State Agency personnel to inform of R3's condition and the need for the portable oxygen to be refilled or replaced based on the gauge indicator. At 2:13 PM, V11 (Agency LPN/Licensed Practical Nurse) came inside the unit dining room and changed the portable oxygen tank of R3. After the portable oxygen tank was changed, R3 was observed with less coughing and was participating more with the group discussion.</p> <p>R3's active order summary report showed that the resident was on hospice care since June 20, 2024. The same order summary report showed an order dated June 20, 2024 for, Oxygen 2-5 (liters) via (nasal cannula) continuously PRN (as needed).</p> <p>On July 24, 2024 at 9:10 AM, V11 stated that she was the nurse who changed the portable oxygen tank of R3 on July 23, 2024 while the resident was attending the group meeting. V11 stated that the gauge indicator on the oxygen tank that was attached to R3's nasal cannula was at the red area. V11 stated, the oxygen tank definitely needed to be changed. According to V11, when she changed the portable oxygen tank, she noticed that the oxygen was set at 2 liters per minute. During the same interview, V11 stated that she was not the assigned nurse for R3 but because she was called by a female visitor to change the portable oxygen tank, she therefore went in with a full tank of portable oxygen to change the empty tank.</p> <p>On July 24, 2024 at 10:14 AM, R3 was in bed, alert and verbally responsive. R3 had an ongoing continuous oxygen via nasal cannula at 3 liters per minute, using the oxygen concentrator. R3 had no shortness of breath. R3 was asked about the incident that happened on July 23, 2024 during the group meeting. R3 stated that she was coughing on and off and was having slight shortness of breath. According to R3 after the nurse changed her portable oxygen tank, she felt better, and her breathing was better.</p> <p>(continued on next page)</p>		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On July 24, 2024 at 1:54 PM, V2 (Director of Nursing) stated that R3's oxygen should be administered continuously. According to V2 a clarification order was made, and the order was changed to administer the oxygen continuously.</p> <p>On July 24, 2024 at 4:31 PM, V2 stated that she expects the nurses to check the resident's oxygen tank to ensure that there is enough oxygen inside the tank for resident's comfort and proper delivery of oxygen.</p> <p>The facility's policy regarding oxygen therapy and administration last reviewed by the facility on June 6, 2024 showed, Oxygen therapy shall be administered to patients as indicated and upon a physician's order. The policy showed in-part under purpose, To assure adequate oxygenation to all spontaneously breathing and ventilator dependent patients.</p>		

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>29562</p> <p>Based on observation, interview, and record review, the facility failed to administer medications according to physician's order. There were 25 medication opportunities with 3 errors, resulting in a 12% medication error rate.</p> <p>This applies to 2 of 7 residents (R37, R52) reviewed for medication administration in the sample of 18.</p> <p>The findings include:</p> <p>1. R37's Medication Administration Record (MAR) showed that R37 was prescribed multiple medications which include Heparin Sodium Injection 5,000 units per milliliter (ml). The physician's order showed to inject 1 ml (5,000 units) of Heparin subcutaneously every 8 hours for anticoagulation.</p> <p>On July 23, 2024, at 1:57 PM, V9 (Registered Nurse/RN) prepared to administer Heparin Sodium to R37. V9 drew 0.9 ml (4,500 units) from the Heparin vial. As V9 was about to administer the medication, the dose was verified and when checked, 0.1 ml was still left in the vial. V9 then proceeded to aspirate the remaining Heparin from the vial, to administer a total of 5000 units.</p> <p>2. R52's MAR shows multiple medications which include Docusate Sodium 100 mg capsule and Admelog Solostar 100 units/ml. V13 (RN) stated that R52 has a new order which was to crush all R52's medications. V13 was unsure what to do with the Docusate Sodium which cannot be crushed nor split or cut. V13 decided to give the Bisacodyl 5 mg Enteric Coated/EC (Dulcolax) instead, without calling the physician. V13 also crushed the medication. V13 stated that it was also a laxative just like the Docusate Sodium.</p> <p>3. V13 opened a new pen of insulin Admelog Solostar for R52, V13 dialed the dosage selector to the appropriate dose according to R52's blood glucose level and proceeded to administer it to R52. However, V13 did not prime the insulin pen prior to the administration.</p> <p>On July 24, 2024, at 2:43 PM, V2 (Director of Nursing/DON) stated that staff must follow the physician's order with regards to administration of medication. V2 stated that the staff should follow the 5 rights with medication administration, such as the right patient, route, medication, time, and dosage. V2 added that if the insulin is newly opened, the staff must prime the insulin pen with 2 units prior to administering the appropriate dose.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>29562</p> <p>Based on observation, interview and record review, the facility failed to label and date medications after opening to determine expiration dates. In addition, facility also failed to discard a narcotic medication that has a broken seal.</p> <p>This applies to 6 of 6 residents (R16, R22, R25, R44, R88, R445) reviewed for labeling, storage, and expiration of drugs in the sample of 18.</p> <p>The findings include:</p> <p>On July 23, 2024, at 3:40 PM, the 600-hallway cart was monitored with V14 LPN (Licensed Practical Nurse), and the following was observed:</p> <ol style="list-style-type: none"> 1. R16 has two Wixela inhalers (Fluticasone Propionate and Salmeterol Inhalation Powder) which were opened and not dated. The pharmacy's recommended expiration date showed to discard 30 days after opening the foil pouch. 2. R25's Humalog Kwik Pen was opened and not dated. The pharmacy's recommended expiration date showed to discard 28 days after it was opened. 3. R22's Basaglar Kwik Pen was opened and not dated. The pharmacy's recommended expiration date shows to discard 28 days after it was opened. 4. R445's Tobramycin 0.3% and Dexamethasone 0.1% Ophthalmic Solution was opened and not dated. On July 24, 2024, at 2:42 PM, V2 (Director of Nursing/DON) stated that per pharmacy recommendation the Tobramycin eye drops should be discarded 28 days after it was opened. <p>On July 24, 2024, from 11:03 AM though 11:19 AM, the 100 hallway's and the 400 hallway's carts were inspected with V15 (LPN) and V16 (Registered Nurse) respectively. The following were observed:</p> <ol style="list-style-type: none"> 5. R44's had two Anoro Ellipta inhalers (umeclidinium and vilanterol inhalation powder) 62. 5-25mcg(microgram)/inhalation was opened and not dated. The pharmacy's recommended expiration date shows to discard 6 weeks or 42 days after opening the foil pouch. 6. R88's Diazepam 2 mg (milligram) tablet (#15) was opened and taped over to seal it. <p>On July 24, 2024, at 11:50 AM, V10 (Nurse Consultant) stated that once the seal of the blister is torn, the medication should be discarded, and that it shouldn't be taped over to re-seal it.</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>36567</p> <p>Based on observation, interview and record review, the facility failed to follow the menu spreadsheet to provide the portion serving size of pureed beef top round roast beef.</p> <p>This applies to 5 of 5 residents (R6, R20, R38, R42, R75) reviewed for pureed diets in the sample of 18.</p> <p>The findings include:</p> <p>Facility Spring/Summer Menu for week 2 Monday included to use #6 scoop for pureed beef top round roast beef.</p> <p>On July 22, 2024 at 12:07 PM, the lunch meal service was observed in the facility kitchen with V6 (Cook) and V7 (Dietary Aide) on the tray line. V6 and V7 used #8 scoop to serve the pureed beef top round roast and R6, R20, R38, R42 and R75 received the same. R6, R20, R38, R42 and R75's meal tickets also showed a serving size of #6 scoop of pureed beef top round roast.</p> <p>On July 22, 2024 at 12:23 PM, when V5 (Dietary Director) was shown the menu spreadsheets, V5 stated that the facility should have followed the serving size as shown on the meal ticket for the item served.</p> <p>On July 22, 2024 at 12:26 PM, (Registered Dietitian) stated that the dietary staff should have followed the menu spreadsheet and used #6 scoop to serve pureed beef top round roast beef to provide adequacy of nutrition.</p> <p>Facility Portion Control Chart chart showed that #8=4 ounces and #6=5 1/3 ounces.</p> <p>Facility Diet Order Listing printed on July 22, 2024 showed that R6, R20, R38, R42 and R75 were on pureed diets.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Grove of St Charles		STREET ADDRESS, CITY, STATE, ZIP CODE 611 Allen Lane Saint Charles, IL 60174	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>29562</p> <p>Based on observation, interview, and record review, the facility failed to follow standards of infection control practices with regards to hand hygiene and gloving during provisions of incontinence care.</p> <p>This applies to 1 of 5 residents (R13) reviewed for infection control during provisions of care in the sample of 18.</p> <p>The findings include:</p> <p>On July 24, 2024, at 10:26 AM, V17 and V18 (Both Certified Nursing Assistant/CNA) rendered incontinence care to R13 who was heavily wet with urine and had a large bowel movement. V17 used wet wipes to clean R13 from front to back. After she cleaned the front perineum, she removed her gloves and washed her hands, then she continued to clean the back perineum. Due to the large amount of fecal matter, V17 changed her gloves twice without hand hygiene and continued to wipe R13's buttocks. After she completed wiping the back perineum, V17 applied barrier cream and incontinence brief while wearing the same soiled gloves.</p> <p>On July 24, 2024, at 2:35 PM, V2 (Director of Nursing/DON) stated that during incontinence care, the staff must perform hand hygiene in between glove changes, in between tasks, and before and after completing the care. V2 added that the staff must also change gloves in between tasks to prevent spread infection.</p> <p>Facility's Hand Hygiene Policy and Procedure with revision date of June 6, 2024 showed as follows:</p> <p>Policy Statement: Hand hygiene is important in controlling infections. Hand hygiene consists of either hand washing or the use of alcohol gel. The facility will comply with the CDC [Centers for Disease Control] Guidelines regarding hand hygiene.</p> <p>Procedures:</p> <p>1. Hand hygiene using alcohol-based hand rub is recommended during the following situations:</p> <p>g. Before moving from work on soiled body site to a clean body site on the same patient.</p> <p>h. After contact with blood, body fluids or surfaces contaminated with blood and body fluids.</p> <p>i. After removing gloves including during wound dressing change.</p>		