STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SHL510025	A. BUILDING: _____ B. WING _____	12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASSISTED LIVING AT SILVER CREEK	1227 WINDING OAKS LN MASCOUTAH, IL 62258

(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
A 000	Initial Comment Annual Licensure Survey- 295.3000, 295.3030, 295.4000 and 295.5000 cited. Facility Reported Incident 9/17/24 IL178504 295.6000 and 295.6010 cited.	A 000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Violation Type 2 Section 295.3000 Personnel Requirements, Qualifications and Training a) The establishment shall have staff sufficient in number with qualifications, adequate skills, education and experience to meet the 24 hour scheduled and unscheduled needs of residents and who participate in ongoing training to serve the resident population. (Section 35(a)(3) of the Act) b) The establishment shall have on duty at all times at least one direct care staff person who has obtained cardiopulmonary resuscitation (CPR) training specific to adults, which includes a demonstration of the individual's ability to perform CPR, and who has current certification in CPR. Based on interview and record review, the Establishment failed to ensure that a staff member with CPR certification was on duty at all times. This failure has the substantial probability of harm to the residents residing at the Establishment. Findings include: The Establishments resident roster, dated 12/2/24 documents 30 residents that reside in the	A3000		

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A3000	Continued From page 1 facility. Review of the staff's CPR status in conjunction with review of the Establishments staffing schedule, it is noted that on November 3, 14th, 16th and 17th 2024, on the night shift, there were no staff members scheduled with current CPR certification. On 12/2/2024 at 3:17 PM, E1/Executive Director confirmed that there were no staff with CPR certification working the 6:00 PM-6:00 AM shift.	A3000		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Violation Type 3 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. 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	A3030		

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A3030	Continued From page 2 to the employee. Based on interview and record review, the Establishment failed to ensure that staff obtained an Initial Health Evaluation no later than 30 days of employment. (E4) Findings include: E4/Cook's personnel file documents a hire date of 10/31/2022. Further review of E4's file, it is noted that the initial health evaluation has not been completed by a medical provider. On 12/2/2024 at 3:25 PM, E1/Executive Director confirmed that E4's health evaluation was not completed by a medical provider.	A3030		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Violation Type 3 Section 295.4000 Physician's Assessment 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. b) At least annually, once a resident has moved into the establishment, a comprehensive	A4000		

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A4000	Continued From page 3 assessment shall be completed by a physician. c) A physician's assessment shall be completed by a physician upon identification of a significant change in the resident's condition. Based on interview and record review, the Establishment failed to ensure a Physician's Assessment was completed annually and or with a significant change. (R2) Findings include: R2's Service Plan, dated 2/26/24 documents an admission date of 7/4/2018. R2's medical record documents an admission date to Hospice Service on 2/22/24. R2's most current Physician's Assessment is dated 9/24/2023. On 12/2/24 at 3:25 PM, E1 confirmed that R2's Physician Assessment was not completed after her significant change to Hospice care or annually.	A4000		
A5000	Section 295.5000 Medication Reminders, Supervision of Self Med This Regulation is not met as evidenced by: Violation Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage a) An establishment may provide medication reminders, supervision of self-administered medication, and medication administration as an optional service.	A5000		

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A5000	Continued From page 4 b) Medication reminders include: 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. 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. 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 medication dosage against the label of the medication; 5) Opening the medication container for a resident who is physically unable to do so; 6) Confirming that residents have obtained and are taking the dosage as prescribed; and 7) Documenting in writing that the resident has taken (or refused to take) the medication. 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) 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. f) If an establishment provides medication administration or supervision of self-administered medication, the establishment's medication	A5000		

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A5000	Continued From page 5 policies and procedures shall be approved by a physician, pharmacist, or registered nurse and shall address: 1) Obtaining and refilling medication; 2) Storing and controlling medication; 3) Disposing of medication; 4) Assisting in the self-administration of medication and medication administration, as applicable; and 5) Recording of medication assistance provided to residents and maintenance of medication records. 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. h) Any medication stored by the establishment shall meet the following requirements: 1) Medication shall be stored in a locked container, cabinet, or area that is inaccessible to residents; 2) Medication shall not be left unattended by an employee; 3) Medication shall be stored in the original labeled container, except for medication organizers, and according to instructions on the medication label; 4) A bathroom or laundry room shall not be used for medication storage; and 5) Any expired or discontinued medication, including those of deceased residents, shall be disposed of according to the establishment's medication policies and procedures. i) Except for medication organizers, resident medication shall not be pre-poured. Medication organizers may be prepared up to one month in advance by the following individuals: 1) A resident or the representative; 2) A resident's relatives;	A5000		

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A5000	Continued From page 6 3) A nurse; or 4) As otherwise provided by law. j) A separate medication record shall be maintained for each resident receiving medication administration and shall include: 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. Based on interview and record review, the Establishment failed to ensure 1) Medications were provided without error (R3) and 2) Medication was not administered by unlicensed staff. (R1) This failure has the substantial probability of harm to the residents residing in the Facility. Findings include: The Establishment's resident roster, dated 12/2/24 documents 30 residents residing in the Facility. The Establishment's Medication Assistance Policy, undated, documents: "(Establishment) will provide safe medication assistance when an individual's service plan assigns responsibility to the facility to do so. This will be done my medication reminder or supervision of self-administered medications." 1) R3's Service Plan, dated 1/15/24 documents that R3 is alert and oriented x 4 and is a total assist with Medication Supervision.	A5000		

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A5000	Continued From page 7 R3's Incident report, dated 10/10/24 at 8:30 PM documents, "Medication Error (E2/Caregiver) gave double dose of bedtime medications. EMS called/ poison control/Doctor and Family. Res (sic) monitored in facility, no deficits of complains from res noted at this time." R3's Physician orders for Bedtime document: "Tylenol 500 MG, Clozapine 125 MG, Omeprazole 20 MG, and Senna 8.6 MG two tablets." On 12/2/24 at 10:50 AM, E1 confirmed that staff E2 gave R3 his night time medications after the other staff on duty had already given him them earlier in the evening. 2) R1's Service Plan, dated 6/6/24 documents R1 is alert and oriented x4 and requires total assistance with medication reminders. R1's Physician order documents "Lidocaine 5% topical patch, place 1 patch on skin daily, remove after 12 hours or as directed by the Doctor." On 12/2/2024 at 2:00 PM, R1 stated to the surveyor that she has pain in her lower back and the caregivers apply her 5% Lidocaine patch to her daily. On 12/2/2024 at 2:15 PM, E5 and E6/ Caregivers both confirmed that they apply R1's Lidocaine patch to her.	A5000		