**GENEVA NURSING AND REHAB CENTER**

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<th>(X4) ID</th>
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<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
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<td>F 516</td>
<td>Continued From page 46</td>
<td>Director from another facility) and E14 (Lead Housekeeper) the medical records storage room was observed. There was a multitude of clinical records noted on shelves and in cardboard boxes. The shelves were open on the front and sides with no protective covering. Right above the shelves were sprinkler heads. This meaning if the sprinkler system was activated, the clinical records would become soaked with water and/or destroyed. In case of a fire, the clinical records were not stored in any type of fire resistant files to protect them against fire or any other type of mishap.</td>
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**F9999** FINAL OBSERVATIONS

Licensure Violations

300.1210b) 
300.1210d)(6) 
300.1220b)(3) 
300.3240a) 

Section 300.1210 General Requirements for Nursing and Personal Care
### F9999

**b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.**

**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:**

6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

**Section 300.1220 Supervision of Nursing Services**

**b) The DON shall supervise and oversee the nursing services of the facility, including:**

3) Developing an up-to-date resident care plan for
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<td>Continued From page 48 each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</td>
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Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These Regulations were not met as evidenced by:

Based on observation, record review, and interview the facility failed to assess and analyze 2 residents' falls to prevent the residents from falling and sustaining injuries. This is for 2 residents (R12 and R11) in the sample of 17.

As a result of this failure R12 had several falls and sustained skin tears and was hospitalized with a spinal fracture at L4. As a result of this...
F9999 Continued From page 49

failure R11 had a fall and sustained a laceration to the back of her head which required an ER visit and insertion of 6 staple sutures.

The findings include:

1. Review of R12's admission face sheet showed R12 is an 86 year old resident with diagnosis which included Alzheimer's Disease. Review of the facility's incident reports showed R12 had 3 fall incidents from 10/28/12 to 3/22/12. Incident report documentation showed the following:

- 10/38/12 - 3:45 p.m. - Found on floor in hallway (no specific area documented). Skin tear to right lower forearms. (No size, length, description, or treatment documented).
- 11/18/12 - 11:40 a.m. - On floor in bathroom. No injury.
- 3/22/13 - 3:30 p.m. - Found laying on right side next to bathroom door. Skin tear to right arm. Steri strips applied. Incident investigation report also showed R12 is noted to frequently self transfer and toilet self but resident has impaired independent mobility and weakness.

Review of nursing documentation dated 3/24/13 at 9:07 p.m. showed R12 refused to get up for supper and complained of back pain. PRN (as needed) medication given. There was no documentation in the nurses notes or the MAR (Medication Administration Record) of what PRN medication was given (pain med, antianxiety med, etc...).

Review of nursing documentation dated 3/26/13
Continued From page 50

at 10:25 p.m. showed, "Upon arriving on shift
CNA (Certified Nurses Aide) on duty reported that
resident was complaining of lower back pain.
When assessed, resident refused to get up for
dinner and upon movement resident screamed
out and stated he wanted to die. Ok to sent to
ER per MD. Resident admitted for back pain."

Further review of nurses notes and R12's MAR
showed no pain medication was given prior to
R12 being sent to ER, even though R12 was
screaming out in pain.

Review of hospital Physician Discharge Summary
dated 3/29/13 showed R12 was admitted to the
hospital on 3/26/13 for pain control and evaluation
of pain. Physician Discharge Summary notes
R12's MRI showed R12 with a L4 vertebral
compression fracture. Further review of the
Physician Discharge Summary showed R12 was
found to have compression fracture as the cause
of his pain which required IV morphine and Norco
(narcotic pain medications). R12 was readmitted
to the facility on 3/29/13.

Observation of R12 on 4/10/13 at 2:30 p.m. noted
R12 to be resting in bed. Interview with R12 at
this time noted R12 to say, "I fell and hurt my
back here. I injured it a long time ago but I
re-injured it here. I was taking pain meds. I don't
have to take too much med now. I tried to go to
the bathroom and fell."

Since two of R12's falls occurred while R12 was
attempting to go to the bathroom; R12's fall plan
of care was reviewed to identify interventions
initiated to decrease falls during toileting. The fall
plan of care showed on 8/10/12 R12 was placed
on a toileting program. The plan of care was not
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<td>Continued From page 51 individualized and not specific as to what type of toileting program R12 was on, how often R12 should be toileted, when R12 should be toileted etc... Interview with E4 (RN - Restorative Nurse) on 4/11/13 at 11:50 a.m. noted E4 to say, &quot;R12 is toileted every 2 hours on odd hours.&quot; At this time E4 was asked about the assessment procedure for residents in the toileting program. E4 responded, &quot;I don't save the paper work for the assessment of the Bowel and Bladder programs. I contact the staff for 3 consecutive days and ask them about the resident.&quot; E4 admitted she does not assess the residents to identify the type of incontinence a resident has (such as mixed, stress, functional, etc...). E4 also admitted she did not assess and or analyze R12's falls identifying that R12 had falls attempting to go to the bathroom. E4 also admitted she did not identify that 2 of R12's falls (10/28/12 and 3/22/13) occurred within 15 minute timeframes (3:30 p.m. and 3:45 p.m.). Further review of R12's fall plan of care included interventions to evaluate cause of falls, and to gather and assess information on past falls.</td>
<td>F9999</td>
<td>(2) R11 is a 85 year old female with diagnosis including: Dementia, Generalized Weakness and a history of Fracture of the Upper Leg from a previous fall. Review of the facility Incident Log documented that R11 fell in the facility on the following dates: 11/20/2012 and 1/06/2013.</td>
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### Summary Statement of Deficiencies

Review of the Unusual Occurrence Report Form, dated 11/11/2012 documented the following: "...Observed patient (R11) laying on patient's side. Back of head opened and pressure dressing applied." R11 was sent to the hospital and required approximately 6 staple to close her laceration to the back of her head.

The Investigation Report, dated 11/12/2012, documented R11’s incident, but it did not analyze the specific factors about her fall that caused her head laceration.

The restorative nurse, E4, was interviewed on 4/09/2013 at 1 PM. E4 said she is responsible for completing resident's fall investigations. E4 said that R11 had mats on the floor when she fell on 11/16/2012. E4 could not explain why R4 sustained a laceration to the back of her head if she landed on the mattress. E4 replied, "That's a good question... Its possible she (R11) could have hit the dresser or side rails." However, a complete analyze of R11's fall was not done.

### Corrective Actions

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<td>F9999</td>
<td>Continued From page 52</td>
<td>Review of the Unusual Occurrence Report Form, dated 11/11/2012 documented the following: &quot;...Observed patient (R11) laying on patient's side. Back of head opened and pressure dressing applied.&quot; R11 was sent to the hospital and required approximately 6 staple to close her laceration to the back of her head. The Investigation Report, dated 11/12/2012, documented R11’s incident, but it did not analyze the specific factors about her fall that caused her head laceration. The restorative nurse, E4, was interviewed on 4/09/2013 at 1 PM. E4 said she is responsible for completing resident's fall investigations. E4 said that R11 had mats on the floor when she fell on 11/16/2012. E4 could not explain why R4 sustained a laceration to the back of her head if she landed on the mattress. E4 replied, &quot;That's a good question... Its possible she (R11) could have hit the dresser or side rails.&quot; However, a complete analyze of R11's fall was not done.</td>
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**Notes:**

- ID Prefix Tag: F9999
- Corrective Action: Continued From page 52
- Date: 11/11/2012
- Further details as mentioned in the summary statement of deficiencies.
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<td>Section 300.610 Resident Care Policies</td>
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<td>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.</td>
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<td>c) The written policies shall include, at a minimum the following provisions:</td>
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<td>2) Resident care services, including physician services, emergency services, personal care and nursing services, restorative services, activity services, pharmaceutical services, dietary services, social services, clinical records, dental services, and diagnostic services (including laboratory and x-ray);</td>
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<td>Section 300.2100 Food Handling Sanitation</td>
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<td>Every facility shall comply with the Department's rules entitled &quot;Food Service Sanitation&quot; (77 Ill.</td>
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### Summary Statement of Deficiencies

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Adm. Code 750).

Section 750.110 Special Requirements

c) Only clean whole Grade A eggs, with shell intact and without cracks or checks, or pasteurized liquid, pasteurized shell, pasteurized frozen, or pasteurized dry egg products shall be used, except that hard-boiled peeled eggs, commercially prepared and packaged, may be used.

k) 5) NOTE: Food service establishments whose primary consumers are highly susceptible individuals, such as nursing homes, hospitals, day care centers and nursery schools, shall not serve raw or under-cooked animal foods (see Section 750.180(b)).

l) Pasteurized shell eggs or egg products shall be substituted for raw eggs in the preparation of foods such as Caesar salad, hollandaise or bearnaise sauce, mayonnaise, meringue, eggnog, ice cream, and egg-fortified beverages that are:

1) Not properly cooked to 145°F (63°C) or above for 15 seconds for shell eggs that are broken and prepared in response to a consumer's order and for immediate service;

2) Not properly cooked to 155°F (68°C) or above for 15 seconds for shell eggs that are not prepared for immediate service; or...
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| F9999             | Continued From page 55  
3) Not included in a consumer advisory as described in subsection (k).  

Section 750.180 Cooking Potentially Hazardous Foods  

b) Raw and under-cooked animal foods that are served or offered for sale in a ready-to-eat form are exempt from the cooking requirements of subsections (a)(1) through (5) of this Section, provided the food establishment serving the food follows the consumer advisory requirements specified in Section 750.110(j). Examples of this type of food include raw marinated fish; raw molluscan shellfish; steak tartare; lightly cooked fish; rare meat; and soft cooked eggs. Establishments such as nursing homes, hospitals, day care centers and nursery schools that serve a highly susceptible population, including the elderly, young children under age four, pregnant women, and individuals who are ill or have compromised immune systems, shall not serve raw or under-cooked animal foods, or must comply with subsections (a)(1) through (5) of this Section.  

These Regulations were not met as evidenced by:  

Based on observation, interview and record review, the facility failed to use appropriate...
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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<td>Continued From page 56 methods to prepare and serve potentially hazardous food for two residents (R1) and (R2) who were served unpasteurized fried, shell eggs that were not cooked to a safe temperature that would congeal the yolks. R1 and R2, who requested fried eggs, are considered to be in a highly susceptible population; immune compromised, and at risk for the development of food borne illness (Salmonella). R2 was observed in the first floor dining room with over easy fried eggs on her breakfast plate. The yolks were runny as R2 has requested. E13 Registered Dietitian (RD) consultant verified that the facility did not use pasteurized shell eggs. R1 was also served a fried egg at this breakfast meal. The breakfast plates for R1 and R2 were removed from their breakfast tables and shown to E1 Administrator, E5, Dietary Supervisor, and E13, and three members of the survey team. Part of the liquid yolk remained pooled around the bottom of the plate. The dietary policy was changed to indicate only pasteurized shell eggs will be used for any item that is not thoroughly cooked, the unpasteurized eggs were discarded, dietary staff was trained, pasteurized eggs were purchased for the breakfast meal on 4/9/12. This applies to two residents R1 and R2 in the sample of 18. Findings include. The breakfast meal was observed in preparation and service on 4/8/13 to include juice, cereal, egg and sausage casserole, toast and milk. R1 and R2 were served fried eggs per their request. The</td>
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dietary cook E24 said that these are the only two residents who have asked for fried eggs.

The facility recipe for Fried eggs indicates that a sheet pan should be place in a 350 F. oven until hot, take eggs from refrigerator and crack on to sheet pan. Bake 15 minutes (eggs should be at internal temperature of 155 for 15 seconds). Unpasteurized eggs when cooked to order in response to resident request and to be eaten promptly after cooking shall be cooked to an internal temperature of 145 for 15 seconds.

IF UNPASTEURIZED EGGS ARE USED, EGGS MUST BE COOKED UNTIL THE WHITE IS COMPLETELY SET AND YOLK IS CONGEALED.

The interpretative guidelines under F371 in Appendix P the state operations manual state: Some foods are considered more hazardous than others and are called "potentially hazardous foods (PHF) or Time/Temperature Controlled for Safety (TCS)" food. Examples of PHF/TCS foods include ground beef, poultry, chicken, seafood (fish or shellfish), cut melon, unpasteurized eggs, milk, yogurt and cottage cheese. Unpasteurized eggs when cooked to order in response to resident request and to be eaten promptly after cooking; - 145 degrees F for 15 seconds; until the white is completely set and the yolk is congealed;

The Food Service Sanitation Code, 2008 77 Ill. Adm. Code 750 state the following:
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Section 750.325 Special Requirements for Highly Susceptible Populations In a food establishment that serves a highly susceptible population: a) the following criteria apply:

b) Pasteurized eggs or egg products shall be substituted for raw eggs in the preparation of foods using raw or undercooked shell eggs. c) Time only, as the public health control specified under Section 750.153, may not be used for raw eggs.

(Source: Added at 32 Ill. Reg. 11980, effective July 10, 2008). This code also includes the definition of:

"Highly susceptible population" means persons who are more likely than other people in the general population to experience food-borne disease because they: Are immunocompromised, preschool age children or older adults; and Obtain food at a facility that provides services such as custodial care, health care, or assisted living (such as a child or adult day care center, kidney dialysis center, hospital or nursing home), or nutritional or socialization services (such as a senior center).

Review of R2’s admission record dated 1/24/2013 shows she is a 71 year old with diagnosis including chronic diastolic heart failure, chronic obstructive asthma, chronic kidney disease, hypertension and chronic obstructive pulmonary disease. During an interview with R2 her room at 11:30am on 4/8/13 R2 said she only likes her eggs fried, and she eats them most days. She likes the yolks runny so she can dip her toast into it. R2’s tray card placed at her table reads at the breakfast meal fried egg only.
## Statement of Deficiencies and Plan of Correction

**Geneva Nursing and Rehab Center**

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<th>Summary Statement of Deficiencies</th>
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<th>Provider's Plan of Correction</th>
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R1's admission record dated 2/21/13 that she is an 83 year old with diagnosis including end stage renal disease, unspecified heart failure and diabetes. R1's care plan (not dated) with a target date of 7/6/13 indicates she receives renal hemodialysis three times a week.

**Section 300.3060 Nursing Unit**

a) General Requirements for Bedrooms

4) A closet or wardrobe at least four square feet shall be provided for each resident.

This Regulation was not met as evidenced by:

Based on observation and interview the facility failed to provide adequate space for storing resident clothing by ensuring resident rooms had a closet/wardrobe that was at least four square feet.

The findings include:

On 4/10/13 at 9:50 a.m. during the General Observation of the Facility with Z1 (Maintenance
GENEVA NURSING AND REHAB CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
1101 EAST STATE STREET
GENEVA, IL 60134

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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Director from another facility) and E14 (Lead Housekeeper), resident room closets were observed. All resident room closets were observed to be very small.

Measurement of the residents closets measured either 22 x 21 inches or 22 x 22 inches (approximately 2 square feet).

Interview with E1 (Administrator) on 4/12/13 at 10:00 a.m. noted E1 to say all of the resident rooms have the same closet, so all of the closets are the same size and measure approximately 2 square feet.