

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/07/2021
NAME OF PROVIDER OR SUPPLIER Accolade Healthcare of Savoy		STREET ADDRESS, CITY, STATE, ZIP CODE 302 West Burwash Savoy, IL 61874	

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)
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32172</p> <p>Based on interview and record review the facility failed to notify the physician of abnormal lab results, obtain treatment orders, and failed to promptly obtain a urine sample for diagnostic testing per physician order for one of three residents (R1) reviewed for urinary catheters. This failure resulted in R1's urinary infection progressing and R1 becoming Septic. R1 was sent to the emergency room and admitted to the Intensive Care Unit for treatment of Sepsis.</p> <p>Findings Include:</p> <p>R1's Face Sheet dated October 2021 documents R1 is diagnosed with Cerebral Infarction, Hemiplegia, Benign Prostatic Hyperplasia (BPH), and Urinary Tract Infection (UTI).</p> <p>R1's Physician Order Sheet (POS) dated 10/7/21 documents R1 had a Urinary Catheter which was to be cleaned and cared for every shift. The same POS documents staff were to notify physician of changes or irritation every shift.</p> <p>R1's Care Plan dated 8/30/21 documents R1 has a Urinary Catheter due to Urinary Retention related to BPH. Interventions to prevent urinary catheter complications include: Call medical doctor for signs and symptoms of UTI, change urinary catheter and bag as needed for system failure, clean urinary catheter insertion site, monitor output, and obtain labs ordered by medical doctor.</p> <p>R1's Progress Note dated 9/18/21 written by V5 Licensed Practical Nurse documents R1 was complaining of burning urination and had a fever of 103.5 degrees Fahrenheit (F). A UTI was suspected, and a urine specimen was taken.</p> <p>R1's Progress Note dated 9/20/21 written by V6 Registered Nurse documents R1's urinalysis results were received on 9/20/21 and V11 Medical Doctor was notified with no new orders.</p> <p>On 10/7/21 at 11:20 AM V5 LPN stated she worked the night shift on 9/17/21 and took care of R1. Early in the morning on 9/18/21, R1 spiked a fever of 103.5 F. R1 was complaining of burning and pain when urinating. R1 had a urinary catheter. V5 stated she called V11 MD and he ordered a urinalysis and culture and sensitivity (UA C&S). V5 stated she drew the urine and placed it in the refrigerator. V5 stated the urine didn't get picked up until that Monday (9/20/21) as 9/18/21 was a Saturday and the lab didn't come to collect specimen again until Monday. V5 stated she doesn't know what happened with the urine after that and she never saw the results.</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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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/6/21 at 2:30 PM V6 RN stated she took care of R1 on 9/20/21 and received R1's urinalysis results. V6 stated she reported the results to V11 MD, and he did not order anything at that time because the culture and sensitivity results had not come back yet. V6 RN stated she is not sure when those results came in or who received them, but she did not.</p> <p>The Urinalysis Culture and Sensitivity results dated 9/22/21 from the urine received in the lab on 9/20/21 showed R1's urine was infected with Klebsiella Pneumoniae.</p> <p>On 10/7/21 at 11:45 AM V2 Director of Nurses (DON) confirmed V11 MD was not notified of R1's 9/20/21 culture and sensitivity results and that the results had shown a Klebsiella Pneumoniae urine infection. At 3:30 PM V2 DON confirmed R1 appeared to be having symptoms of infection (pain and burning related to his catheter) as well as spiked a fever (103.5 F) on 9/18/21 according to nursing documentation. V2 verified that if V11 MD had been notified of abnormal C&S of the urinary infection of Klebsiella on 9/22 he could have prescribed an antibiotic to treat the infection. V2 confirmed nursing should notify a physician with abnormal lab results and follow up for a response.</p> <p>R1's Progress Note dated 9/24/21 written by V8 Licensed Practical Nurse documents R1 had multiple complaints throughout the day of pain and burning sensation related to his urinary catheter. Pain medication given. Catheter checked for kinks and fluid encouraged with no relief. V10 Nurse Practitioner notified of R1's condition and an order for a urinalysis and culture and sensitivity (UA C&S) was received.</p> <p>R1's Progress Note dated 9/24/21 written by V10 Nurse Practitioner (NP) documents R1 was assessed at the request of nursing staff. R1 was complaining of dysuria (painful urination) and R1's urine appeared bloody and cloudy with a strong odor. V10 ordered a urinalysis and culture and sensitivity to be completed.</p> <p>On 10/6/21 at 1:50 PM V8 LPN stated she took care of R1 on 9/24/21 and he was complaining of pain and burning around his urinary catheter. V8 stated R1's urine was bloody, cloudy, and odorous. V8 confirmed she notified V10 NP who saw R1 and ordered a UA and C&S. V8 stated however, that 9/24/21 was a Friday and she thought the lab service the facility uses had already come that day, so she put in the order for the UA C&S to be collected on the next day the lab was there which was Monday 9/27/21. V8 stated she is not sure if V10 NP was aware of the fact that the UA C&S would not be collected or sent to the lab for three days following V10's order.</p> <p>On 10/7/21 at 11:25 AM V10 Nurse Practitioner stated she expects that when she writes an order that it be completed right away and in a timely manner. R1's urine specimen should have been sent to the lab the day she ordered it (9/24/21) not three days later on 9/27/21.</p> <p>The Urinalysis Culture and Sensitivity results dated 9/28/21 from the urine received in the lab on 9/27/21 showed R1's urine was infected with Klebsiella Pneumoniae Extended Spectrum Beta-Lactamases (ESBL).</p> <p>R1's Progress Note dated 9/29/21 written by V6 Registered Nurse documents she received lab results of R1's 9/27/21 urine culture which showed Extended Spectrum Beta-Lactamases (ESBL). V6 spoke to V11 Medical Doctor and received order for Cipro 500 milligrams (antibiotic) twice per day for seven days.</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Actual harm Residents Affected - Few	<p>On 10/6/21 at 2:30 PM V6 RN confirmed she notified V11 MD of R1's UA C&S results on 9/29/21 and the Cipro antibiotic was started the next day on 9/30/21.</p> <p>R1's Progress Note dated 10/1/21 written by V7 Registered Nurse documents on the morning of 10/1/21 at approximately 9:00 AM R1 began experiencing shortness of breath, low oxygen saturation, fever of 104 degrees Fahrenheit, elevated blood pressure, and an erratic heart rate. R1 was sent to the emergency room and left by ambulance at 9:38 AM.</p> <p>R1's Infectious Diseases Consultation dated 10/4/21 documents R1 arrived at the emergency roaiagnom on [DATE] with fever, altered mental status and tachypnea. R1 presented with a chronic infected appearing urinary catheter with hematuria noted. R1 had mottled skin and delayed capillary refill with a rectal temp of 103 degrees Fahrenheit on arrival. R1 was found to be in severe sepsis. According to R1, he had been experiencing dysuria for about 2 weeks. R1 was admitted to the Intensive Care Unit.</p> <p>On 10/7/21 at 11:25 AM V10 Nurse Practitioner stated if the 9/20/21 UA C&S results would've been reported to V11 Medical Doctor like they should have been then an antibiotic treatment regimen could have been started, and R1 would not have been left with an untreated infection with worsening symptoms of infection over the next two weeks and probably wouldn't have become septic.</p> <p>On 10/7/21 at 3:30 PM V2 Director of Nursing confirmed nursing should notify a physician with abnormal lab results and follow up for a response. V2 confirmed if a resident has symptoms of an infection, the diagnostic test should not be put off but should be completed when ordered so that the infection can be identified and treated appropriately in order to prevent further complications.</p> <p>The Lab and Diagnostic Test Results: Physician Role and Follow-up dated November 2015 documents residents will have appropriate lab and diagnostic testing, facility shall use a systematic process for obtaining and reviewing lab and diagnostic test results and reporting results to physicians, clinically significant test results will be reviewed and acted upon appropriately and in a timely manner, and Physicians shall address lab results appropriately and in a timely manner.</p>		