

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145703	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2020
NAME OF PROVIDER OF SUPPLIER ILLINI RESTORATIVE CARE		STREET ADDRESS, CITY, STATE, ZIP 1455 HOSPITAL ROAD SILVIS, IL 61282	
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 F 0881	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to monitor antibiotic use and infections. This failure has the potential to affect all 69 residents who reside in the facility. Findings Include: The Facility's Antimicrobial Stewardship policy dated 7/1/2019 shows Due to the emergence of [MEDICAL CONDITION] and their negative impact on resident care, the appropriate use of antimicrobial agents has become a focus of resident safety, quality assurance, medication errors, allergy identification and drug-drug interactions. The ultimate goal of an antimicrobial stewardship program is to improve resident care and health care outcomes and successful achievement of these goals is facilitated by: Optimization of antimicrobial selections, Optimization of antimicrobial dosing, Utilization of appropriate route and duration of antimicrobial therapy and Minimization of unintended consequences of antimicrobial use (e.g. emergence of resistance, [MEDICAL CONDITION] infection, adverse drug events and unnecessary healthcare costs.) The Policy also shows All antibiotic usage will be monitored at least monthly and reported to the quality assurance team at least quarterly. The Facility's October 2019 Infection Control Log shows R168 had burning with urination with an antibiotic ordered by the doctor on 10/12/2019. The log does not show if the resident had any lab testing done to confirm an infection. The Facility's October 2019 Infection Control Log shows R169 had ESBL (Extended spectrum beta-lactamases) infection in the urine with an antibiotic ordered by the doctor on 10/11/2019. The log does not show whether this was a facility acquired infection or not. The Facility's November 2019 Infection Control Log shows R19 had burning with urination with an antibiotic ordered by the doctor on 10/25/2019. The log does not show if the resident had any lab testing done to confirm an infection. The log does not indicate whether or not R19 had a catheter at the time or not. The Facility's November 2019 Infection Control Log shows R170 had burning with urination with an antibiotic ordered by the doctor on 10/25/2019. The log does not show if R170 had any lab testing to confirm an infection. The log also does not show infection type, if the infection was facility acquired, a resolution date of R170's infection, or if R170 had a catheter at the time or not. The Facility's November 2019 Infection Control Log shows R3 had burning with urination with an antibiotic ordered by the doctor on 11/15/2019. The log shows that R3 had a urinalysis, but did not show what the results of that urinalysis was. The log does not show if this infection was facility acquired and does not show what the resolution date of the infection was. The Facility's December 2019 Infection Control Log shows R171 had burning with urination with an antibiotic ordered by the doctor on 12/2/2019. The log does not show if R171 had any lab testing done to confirm an infection or not. The Facility's December 2019 Infection Control Log shows R64 had burning with urination with an antibiotic ordered by the doctor on 12/2/2019. The log does not show if R64 had any lab testing done to confirm an infection or not. The Facility's January 2020 Infection Control Log shows R12 had burning with urination with an antibiotic ordered by the doctor on 1/6/2020. The log does not show if R12 had any lab testing done to confirm an infection. The log also does not show infection type, if the infection was facility acquired, the resolution date of the infection or whether or not R12 had a catheter at the time or not. The Facility's January 2020 Infection Control Log shows R173 had burning with urination with an antibiotic ordered by the doctor on 1/7/2020. The log shows that a urinalysis was done, but the results were not on the log. The log also does not show whether or not R173 had a catheter at the time or not. The Facility's January 2020 Infection Control Log shows R174 had burning with urination with an antibiotic ordered by the doctor on 1/4/2020. The log does not show if R174 had any lab testing done to confirm an infection and did not indicate whether R174 had a catheter at the time or not. The Facility's January 2020 Infection Control Log shows R172 had an antibiotic ordered by the doctor on an unknown date. The log does not show what type of infection, any lab testing or who the ordering doctor was. The Facility's January 2020 Infection Control Log shows R175 had burning with urination with an antibiotic ordered by the doctor on 1/12/2020. The log does not show if R175 had any lab testing done to confirm an infection, infection type, if the infection was facility acquired and the log does not show if R175 had a catheter at the time or not. The Facility's January 2020 Infection Control Log shows R176 had burning with urination with an antibiotic ordered by the doctor on 1/13/2020. The log does not show if any lab testing was done to confirm an infection for R176. The log also does not indicate whether or not R176 had a catheter at the time or not. The Facility's January 2020 Infection Control Log shows R178 had burning with urination with an antibiotic ordered by the doctor on 1/13/2020. The log does not show if R178 had any lab testing done, whether the infection was facility acquired nor did the log show if R178 had a catheter at the time or not. The Facility's January 2020 Infection Control Log shows R179 had burning with urination with an antibiotic ordered by the doctor on 1/8/2020. The log does not indicate if R179 had any lab testing done, type of infection, if the infection was facility acquired and whether or not R179 had a catheter at the time or not. The Facility's January 2020 Infection Control Log shows R180 had burning with urination with an antibiotic ordered by the doctor on 1/20/2020. The log does not indicate if R180 had any lab testing done, type of infection, if the infection was facility acquired or not and if R180 had a catheter at the time or not. The Facility's February 2020 Infection Control Log shows R181 had burning with urination with an antibiotic ordered by the doctor on 1/29/2020. The log does not indicate if R181 had any lab testing done or infection type. The log documents that R181 did not have a catheter at the time. On 3/12/2020 at 8:30 A.M. V2 (Director of Nurses) stated (R181) had a suprapubic catheter the whole time she was here. The Facility's February 2020 Infection Control Log shows R182 had burning with urination with an antibiotic ordered by the doctor on 1/28/2020. The log does not show if R182 had any lab testing done or infection type. On 3/12/2020 V2 (Director of Nurses) stated that she was the Infection Specialist for the facility. V2 stated that whole infection control and antibiotic monitoring has gotten away from me and has a lot of holes. The Resident Census and Conditions Report dated 3/10/2020 shows 69 residents currently reside in facility.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

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.