Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: ______ B. WING ______	C 10/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE ST CHARLES, IL 60174

(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
S 000	Initial Comments Investigation of Complaint 1977353/IL116380	S 000		
S9999	Final Observations Licensure Violations 300.610a) 300.1210b) 300.1210d)1) 300.1620d) Section 300.610 Resident Care Policies 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. Section 300.1210 General Requirements for Nursing and Personal Care 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. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: ______ B. WING ______	C 10/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE ST CHARLES, IL 60174

(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
S9999	Continued From page 1	S9999		

following and shall be practiced on a 24-hour, seven-day-a-week basis:

1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered

Section 300.1610 Medication Policies and Procedures

d) All medications administered shall be recorded as set forth in Section 300.1810.

These Regulations were not met as evidenced by:

Based on interview, and record review, the facility failed to ensure a resident received physician-ordered narcotic pain medication (R10). This applies to 1 of 3 residents (R10) reviewed for pain in the sample of 12. This failure resulted in R10 stating he was experiencing excruciating pain. Facility failed to meet professional standards of nursing and failed to follow the facility's policy for signing the resident MAR (Medication Administration Record) and controlled substance sheet after administering medications.

This applies to 2 of 6 residents (R3, and R10) reviewed for medication administration in the sample of 12.

The findings include:

1. On October 8, 2019 at 3:20 PM, R10 was sitting in a wheelchair in his room. R10's bilateral lower legs were wrapped in white gauze from just below his knees to his feet. The dressings were

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: ________ B. WING ________	C 10/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE ST CHARLES, IL 60174

(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
S9999	Continued From page 2	S9999		

dated "10/8" and appeared to have a light brown drainage on the dressings. R10 said, "I am having excruciating pain in my lower legs and my pain is eight out of ten on a scale of zero to ten. I did not receive my pain medication today. My legs have sores on them, and the pain is burning and painful all the way down to my feet. It's just terrible."

A review of R10's MAR (Medication Administration Record) shows R10 did not receive the physician-ordered Norco 5/325 mg. on October 8, 2019 at 10:00 AM and 2:00 PM. On October 8, 2019 at 4:00 PM, V11 (ADON-Assistant Director of Nursing) said R10 "is out of his Norco."

The EMR (Electronic Medical Record) shows R10 was admitted to the facility in November 2018. R10 has multiple diagnoses including hypertensive heart disease with heart failure, bipolar disorder, diabetes, chronic non-pressure ulcers of the right and left lower legs, alcohol abuse, venous insufficiency, COPD (Chronic Obstructive Pulmonary Disease), and dementia without behaviors.

R10's MDS (Minimum Data Set) dated August 3, 2019 shows R10 is cognitively intact, and requires extensive assistance with bed mobility, transfers between surfaces, dressing, toilet use, personal hygiene, and bathing. R10 is frequently incontinent of urine and always continent of bowel.

R10's POS (Physician Order Sheet) shows an order dated September 5, 2019 for Norco (narcotic pain medication) 5/325 mg. orally every 4 hours around the clock. The POS shows an order dated July 27, 2019 for Morphine Sulfate

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: ______ B. WING ______	C 10/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	**611 ALLEN LANE ST CHARLES, IL 60174**

(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
S9999	Continued From page 3	S9999		

(Concentrate) 20 mg/ml. Give 0.25 ml by mouth every 2 hours as needed for pain or shortness of breath. The POS shows an order dated July 27, 2019 for Morphine Sulfate (Concentrate) Solution 20 mg/ml. Give 0.5 ml by mouth every 2 hours as needed for pain or shortness of breath. The POS also shows an order dated September 19, 2019 for Acetaminophen Suppository 650 mg. Insert 1 suppository rectally every 4 hours as needed for pain/fever. The POS also shows an order dated July 27, 2019 for Tylenol Tablet (Acetaminophen) Give 650 mg. by mouth every 6 hours as needed for fever or pain.

R10's care plan for pain initiated on August 29, 2019 shows R10 is at risk for pain related to impaired skin integrity, impaired mobility and is under the care of hospice. Interventions include Administering Norco as ordered.

Review of September 2019 and October 2019 MARs (Medication Administration Records) and nursing progress notes shows R10 did not receive Norco as ordered due to the resident sleeping on: September 13, 14, 15, 24, 25, 26 and 29 at 2:00 AM, and October 4, 5, 6, 8, and 9 at 2:00 AM. The MAR shows R10's pain level was 8 out of 10 on September 24, 2019 at 6:00 AM following the missed dose of Norco at 2:00 AM.

R10 did not receive the Norco 5/325 mg. orally due to the medication not being available at the facility on September 16 at 10:00 PM, September 17 at 2:00 AM, 10:00 AM, and 2:00 PM, September 30 at 6:00 AM, 10:00 AM, 2:00 PM, 10:00 PM, and October 1 at 2:00 AM, 10:00 AM, 10:00 PM, October 2, at 2:00 PM, and October 8 at 10:00 AM, 2:00 PM, and 6:00 PM. The MAR shows R10 was experiencing 8 out of 10 pain on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: ______ B. WING ______	C 10/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE ST CHARLES, IL 60174

(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
S9999	Continued From page 4	S9999		

October 2, 2019 at 2:00 AM after not receiving his scheduled dose four hours earlier. The facility did not have documentation to show R10 was provided with the physician-ordered Morphine Sulfate 0.25 to 0.5 ml orally or the Acetaminophen 650 mg. for pain on October 2, 2019 at 2:00 AM after complaining of 8 out of 10 pain.

The facility did not have documentation to show R10 received Norco on September 24 and 25 at 2:00 PM. R10's MAR is blank for these dates and times for the Norco with no nursing documentation in the nursing progress notes to show the reason for the lack of documentation.

On October 8, 2019 at 10:41 AM, V9 (Nurse) said regarding R10 "I am pretty sure I gave the medication (Norco) because that's my job to give medications." A review of R10's September 2019 MAR showed no documentation that R10 received the physician-ordered Norco on September 25, 2019 at 2:00 PM. R10's MAR is blank for this date and time. The controlled substance sheet for R10's Norco 5/325 mg. dated September 23, 2019 through September 29, 2019 does not show V9 documented the removal of a Norco tablet at 2:00 PM on September 25, 2019 to administer to R10.

On October 9, 2019 at 9:45 AM, V14 (Pharmacist) said R10's refill of the Norco was ordered by the facility on October 8, 2019 at 9:45 AM and delivered to the facility at approximately 6:45 PM the same day. V14 said the facility should not wait until the medication runs out to order the medication. V14 said the pharmacy usually sends 30 tablets of Norco at a time but can send more medication to the facility if the nurse requests an increase in the number of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: ______ B. WING ______	C 10/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE ST CHARLES, IL 60174

(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
S9999	Continued From page 5	S9999		

tablets, preventing the facility from running out of the medication. V14 said, "Without the prescribed pain medication, the resident will not have good pain control."

On October 9, 2019 at 10:41 AM, V15 (Hospice Nurse) said the order for R10's Norco shows to take 1 tablet by mouth every four hours around the clock. The order does not show to hold the medication while the resident is sleeping. V15 said the Norco medication should be given as ordered to prevent the resident from experiencing pain.

2. The EMR (Electronic Medical Record) shows R3 was admitted to the facility in June 2014 with multiple diagnoses including cerebral infarction, abnormal posture, hypertension, high cholesterol, dementia without behaviors, major depressive disorder, spinal stenosis, and history of falling.

R3's MDS (Minimum Data Set) dated July 6, 2019 shows R3 has severe cognitive impairment, is able to eat with supervision and setup help only, is totally dependent on facility staff for bathing, and requires extensive assistance with all other ADLs. R3 is always incontinent of bowel and bladder.

R3's POS (Physician Order Sheet) shows R3 has an order for Hydralazine (blood pressure medication) 25 mg. to be taken orally three times daily, at 6:00 AM, 2:00 PM, and 8:00 PM.

R3's September 2019 MAR (Medication Administration Record) has no documentation to show R3's blood pressure was checked or that R3 received the medication on September 25, 2019 at 2:00 PM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: ___ B. WING ___	C 10/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE ST CHARLES, IL 60174

(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
S9999	Continued From page 6	S9999		

On October 8, 2019 at 10:41 AM, V9 (Nurse) said, R3 "gets blood pressure medication in the early morning and in the early afternoon. I was told that I did not sign off on the afternoon medication, but I do remember giving it to her that day. I took the blood pressure in the morning, but I know I did not take her blood pressure in the afternoon because it is always high anyway's. There were multiple residents I cared for that day that I forgot to document in the medical record. I got distracted by a phone call with a physician regarding a colonoscopy for another resident. I am pretty sure I gave the medication because that's my job to give medications. I did not have to open the computer to see what medications were due to the residents because I only have a small handful who need medication in the early afternoon, and I can just pull their medication cards from the medication cart and given them to the residents. I know I should be checking the computer for the orders, but I did not do that. Also, if I give the medications, I am supposed to sign them off that I gave them."

R3 was not able to be interviewed due to her cognitive status.

The facility's daily schedule for September 25, 2019 shows V9 cared for multiple residents on September 25, 2019 from 7:00 AM to 3:00 PM, including R3, R9, R10, R11, and R12.

On October 8, 2019 at 4:30 PM, V11 (ADON-Assistant Director of Nursing) said V9 should have her computer open and look at each resident's order as she pulls their medications, and should have documented on each resident's MAR after she administered their medications per facility policy. V11 stated V9 said she was distracted on September 25, 2019 and was not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: ______ B. WING ______	C 10/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE ST CHARLES, IL 60174

(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
S9999	Continued From page 7	S9999		

able to complete her documentation.

The facility's Medication Pass Policy, revised on January 18, 2019 shows: "7. PO (oral) meds: e. After medication is administered to each resident, sign MAR that it was given."

(B)