Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: _ B. WING 11/06/2019 IL6000723 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1200 UNIVERSITY AVENUE** HERITAGE HEALTH-CARLINVILLE CARLINVILLE, IL 62626 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Compliant #1948077/IL117179 S9999 Final Observations \$9999 Statement of Licensure Violations 300.610a) 300.1010h) 300.1210b) 300.1210d)3) 300.3240a) 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. 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. Section 300.1010 Medical Care Policies Attachment A h) The facility shall notify the resident's physician of any accident, injury, or significant change in a Statement of Licensure Violations resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE 11/20/19

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6000723 11/06/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1200 UNIVERSITY AVENUE** HERITAGE HEALTH-CARLINVILLE CARLINVILLE, IL 62626 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 facility shall obtain and record the physician's plan of care for the care or treatment of such accident. injury or change in condition at the time of notification. 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 following and shall be practiced on a 24-hour, seven-day-a-week basis: Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 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 evidence by:

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HERITAGE HEALTH-CARLINVILLE 1200 UNIVERSITY AVENUE CARLINVILLE, IL 62626								
(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 Based on interview and record review, the facility failed to perform ongoing assessments, recognize a change of condition and failed to notify the Physician/Nurse Practitioner regarding R3's Hallucinations, increased lethargy, confusion/agitation which contributed to R3's critical labs, electrolyte imbalance, hospitalization and death. Findings include:	S9999						
	History and Physical dated 9/25/19 from Hospital, documents R3 sustained a right intra-prosthetic femur fracture following a fall at home. The Minimum Data Set (MDS) dated 10/07/19 identifies R3 to be cognitively intact when admitted to the facility on 10/02/19. Progress notes reviewed from 10/02/19 through to 10/12/19 describe R3 as being pleasant, alert and oriented times three (A&O x 3) and repeats stories often in the same conversation.							
	Progress notes dated 10/10/19 at 3:34pm, from V8, Nurse Practitioner, document a new order received for Ropinirole 0.25mg (milligram) every pm for two days then increase to 0.5mg as a result of R3 complaining of unrelieved pain and muscle spasms. At 6:30pm on the same day, R3 was documented as being seen by V9, Primary Physician with his note documenting no particular concerns, but ordering a CMP (complete metabolic panel) and a CBC (Complete blood count) to be done on 10/14/19. The note also documents that he was made aware of the order for Ropinirole at that time.	e						
	On 10/12/19 at 3:47am, V3, Licensed Practical Nurse, (LPN), identifies R3 as being, "A&O x 3 (alert and oriented times 3) forgetfulness							

Illinois Department of Public Health

STATE FORM

PRINTED: 12/27/2019 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING IL6000723 11/06/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1200 UNIVERSITY AVENUE HERITAGE HEALTH-CARLINVILLE CARLINVILLE, IL 62626 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 observed, repeats stories, speech clear, answers questions appropriately." On 10/13/19 at 2:16am, V3, LPN, documents in the progress notes under the section "Psychosocial: attitude, behaviors, support system" the following: "Daughter (V10) at bedside t/o (throughout) eve (evening); voiced concern with possible adverse effect of new med: delusions, indicates res (resident) voices seeing bugs/ants on the ceiling states res has commented on the ceiling being black, believes to have seen particles like Cheerios on floor (nothing observed on floor by other in the room at the time). Res also observed to be talking by herself in her room, appears to be having conversation with someone while alone in the room. Conversation with daughter noted in Chart/Nurses' Notes." Under the section entitled "Neuro: orientation, response, extra movements, pupils' size/reactivity, speech" V3 documents "Lethargic, difficult to arouse, will react to tactile/verbal cues from staff by turning head in direction of voice, will nod in acknowledgement to whoever is speaking, keeps eyes closed." There is no evidence that V3 notified the physician of this significant change in condition for R3 at the time or further assessed R3 for the root cause of the changes described. On 11/01/19 at 9:41am, V3 stated she was

Illinois Department of Public Health

passing medications around 8:00pm the evening of 10/12/19 when R3's daughter, V10, told her R3 was saying she was seeing bugs/ants, etc. on the ceiling and floor and that she was more confused. V3 stated V10 was questioning whether it could be the new medication, Ropinirole they had started the night before. V3 stated she did not see R3 hallucinating but, did note that she was lethargic. V3 stated she did see R3 talking to

BIR.I11

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ С B. WING IL6000723 11/06/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1200 UNIVERSITY AVENUE HERITAGE HEALTH-CARLINVILLE CARLINVILLE, IL 62626 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 4 S9999 herself which was out of the norm for her but, did not notify the Physician of the changes. V3 stated the observations from 8pm on 10/12/19 were documented at 2:16am on 10/13/19. V3 stated she thought she let the oncoming nurse know on 10/13/19 but, didn't know for sure or remember who it would have been. On 11/01/19 at 10am, V12, LPN, stated she took report from V3 the morning of 10/13/19 and didn't remember anything out of the ordinary such as the hallucinations/increased lethargy being reported to her. V12 stated had she been told. she would have done an assessment herself and informed the Physician because this was different for her. V12 stated she didn't recall anything unusual for R3, but when V11, POA, (Power of Attorney), and V10, daughter, left the afternoon of 10/13, they questioned whether R3's new medication Ropinirole was making her more confused. V12 stated she did not document the conversation and/or concerns voiced by R3's POA, V11. Progress notes dated 10/13/19 entered at 1:16pm by V2, Director of Nurses (DON), documents, "Resident continues to c/o (complain of) unrelieved pain to RLE (right lower extremity) resulting in muscle spasms. Speech is slightly hard to understand. POA at bedside states that resident took tramadol 50mg every 4 hours at home and that was before the fracture to RLE. POA also stated that resident seems more confused and lethargic when taking Ropinirole..." At 1:22pm, V2 entered a progress note documenting "call out to on call MD for V9, (Primary Physician), to update of residents c/o of unrelieved pain and concern that Ropinirole causing increase in confusion and lethargy. Will

Illinois Department of Public Health

wait return phone call."

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6000723 11/06/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1200 UNIVERSITY AVENUE **HERITAGE HEALTH-CARLINVILLE** CARLINVILLE, IL 62626 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BF COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 5 S9999 On 11/01/19 at 10:14am, V2 stated she called the Physician the afternoon of 10/13/19 because. V12 had told her of the POA and daughters concern with R3 maybe having adverse side effects from the Ropinirole which she attributed her symptoms to as she had looked up the Ropinirole and had most of her symptoms listed. V2 stated she told the Physician that R3 was having hallucinations, increased lethargy etc. Progress notes dated 10/14/19 at 2:10am by V3, LPN, documents R3 to be "very lethargic, difficult to arouse at times." and "Will wake up slowly. word salad when awakens" and "speech mostly clear; difficult to understand at times r/t (related to) vocal tone/quality." The next entry is at 9:26am on 10/14/19 by V4, LPN, who documents R3 to be "lethargic, easily aroused, fed self in room, appetite poor." Progress notes dated 10/14/19 at 9:31am documents a call from V8, NP, with V9's office requested labs due to increase confusion and mood change, increased anger, A&O to self only. The progress notes dated 10/14/19 document a CMP and CBC were drawn and a call from the hospital lab was received that R3 had "critical" labs". At 3:46pm, V9's office called with orders to send to the emergency department. Progress notes dated 10/14/19 at 8:31pm document R3 transferred to a Springfield Hospital and was admitted for electrolyte imbalance. On 11/01/19 at 9:51am, V16, V9's Medical Director of Wellness, stated V9 documented he saw R3 on 10/10/19 and that he documented her

Illinois Department of Public Health

Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING 11/06/2019 IL6000723 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1200 UNIVERSITY AVENUE HERITAGE HEALTH-CARLINVILLE CARLINVILLE, IL 62626 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 \$9999 | Continued From page 6 "chronic conditions were stable" and he ordered a CMP and CBC to be done on 10/14/19. V16 confirmed a call was received from the facility on 10/13/19 indicating they wanted to change the Tramadol from every 8 hours to every 4 hours as she had been taking it at home due to unrelieved pain and maybe R3 was having some side effects from the new medication Ropinirole. V16 stated the office record did not have any report in terms of R3 exhibiting new symptoms or onset of anything like hallucinations or talking to herself at that time. V16 stated the next call they received from the facility was on 10/14/19 reporting critical lab values with increased lethargy and low oxygen saturations, but nothing else. V16 stated they gave an order to transport to the emergency department at that time. The Discharge Summary from the hospital dated 10/14/19 documents R3 presented to the hospital "confused, belligerent, screaming at the top of her lungs" and unable to give her own history. The Assessment documents R3 to have acute metabolic encephalopathy, (a disease of the brain caused by a viral infection or toxins in the blood) most likely related to severe sepsis from a Urinary Tract infection of E. Coli. R3's Death Certificate documents R3 expired on 10/19/19 with cause of death documented as "Bacteremia, Urinary Tract Infection." On 11/05/19 at 11:44am, V8, Nurse Practitioner for V9 stated she reviewed the correspondence from the facility and did not receive any calls from the facility on 10/12/19. V8 stated the order for Ropinirole was actually given by V17, on call physician for V9. V8 stated they received a call from the facility on 10/13/19 requested a

Illinois Department of Public Health

prescription for Tramadol but it included nothing

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: _ C 11/06/2019 IL6000723 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1200 UNIVERSITY AVENUE HERITAGE HEALTH-CARLINVILLE CARLINVILLE, IL 62626 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 7 on increased confusion, hallucinations or significant change. V8 stated on 10/14/19 the facility was documented as calling to report critical labs at which time they gave an order for transfer to the emergency department. V8 stated it would have changed their plan of care had they been aware that R3 had exhibited hallucinations and a decline in cognition earlier in the week. On 11/01/19 at 11:10am, V14 Certified Nurse Aide, (CNA), stated she worked the day shift on 10/12/19 6am to 2pm and described R3 that day as agitated and confused. V14 stated R3 had a relative there and didn't seem to be comprehending what the relative was saying. V14 stated this was not normal for R3 who usually was alert and oriented times 3. V14 stated R3 fed herself, drank water when offered. V14 stated she reported the agitation and confusion to the nurse that day. On 11/01/19 at 2:05pm, V15 CNA stated he worked the last three days R3 was at the facility and did see a change in her but not as much as the daughter did. V15 stated R3 was "a little out of it" on 10/14/19 but her oxygen level was low. The facility's policy entitled "Guidelines for Physician Notification of Change in Resident Condition" dated 4/2019 documents the purpose as "To define resident care situations that require physician notification" with the Standards being "Staff observe, document, and communicate to the physician changes in resident condition promptly." The policy documents change in condition may include change in mental status or level of consciousness, change in gait, speech patterns or balance, symptomatic urinary tract infections.

Illinois Department of Public Health STATE FORM

Illinois Department of Public Health										
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
AND PLAN OF CORRECTION		DENTI TOTAL								
		IL6000723	B. WING		C 11/06/2019					
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DRESS, CITY, STATE, ZIP CODE							
HERITAGE HEALTH-CARLINVILLE 1200 UNIVERSITY AVENUE										
CARLINVILLE, IL 62626										
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE					
S9999	Continued From pa	ige 8	S9999							
	(A)									
		(7								

Illinois Department of Public Health