Illinois Department of Public Health A Waterway STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: ___ COMPLETED C IL6009765 B. WING _ 08/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST RAYMOND ROAD WATSEKA REHAB & HLTH CARE CTR WATSEKA, IL 60970 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation: 2266108/IL149739 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)1)2 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 300.1210 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 Attachment A care needs of the resident. Statement of Licensure Violations

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

TITLE

(X6) DATE

KZ2411

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER-A. BUILDING: _ COMPLETED C IL6009765 B. WING 08/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST RAYMOND ROAD **WATSEKA REHAB & HLTH CARE CTR** WATSEKA, IL 60970 **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 Ipratropium-Albuterol were administered. R7's July 2022 Medication Administration Record (MAR) does not document Furosemide on 7/13. 7/14, and the morning of 7/15/22. R7's July 2022 Treatment Administration Record (TAR) documents R7's skin was checked daily. but does not record if R7's skin was intact or open. R7's shower sheet dated 7/25/22 does not document if R7's skin is intact or if R7 has an open/red/excoriated areas. R7's Nursing Notes document R7's dependent edema is first recorded on 7/18/22. There is no documentation that R7 had edema prior to 7/18/22. There is no documentation in R7's medical record that R7's pulse oximetry levels were routinely monitored. On 8/3/22 at 2:12 PM V3 Assistant Director of Nursing stated skin assessments are completed weekly by the nurses. On 8/3/22 at 3:20 PM V3 stated the skin assessments are documented on the TAR or shower sheet. V3 confirmed the skin. assessments should document whether the skin is intact, open, and if there were any new problem areas. On 8/3/22 at 4:32 PM V3 stated pulse oximetry should be obtained twice daily. On 8/3/22 at 2:39 PM V2 Director of Nursing stated: Trelegy was ordered on 8/1/22 after V11 (R7's Family) told V2 that the Trelegy was ordered about a week ago and that R7 had not received the medication. V2 could was unable to locate an order for Trelegy prior to 8/1/22. Trelegy was delivered to the facility on 8/1/22, and V2 was not sure why the nurses did not administer it prior to 8/3/22. V2 admitted with orders for nebulizers, but the nurses said they didn't administer the nebulizers due to "COVID-19"

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document the date this weight was obtained, or

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