| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | IL6003529 | A. BUILDING: _____ B. WING _____ | C 03/20/2022 |

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| S 000 | Initial Comments<br><br>Complaint Investigation<br><br>2222126/ IL144748 | S 000 | | |
| S9999 | Final Observations<br><br>Statement of Licensure Violations<br><br>300.610a)<br>300.1010h)<br>300.1210b)<br>300.1210d)1)<br>300.1210d)2)<br><br>Section 300.610 Resident Care Policies<br><br>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.<br><br>Section 300.1010 Medical Care Policies<br><br>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest | S9999 | **Attachment A**<br>**Statement of Licensure Violations** | |

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| S9999 | Continued From page 1<br><br>decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The 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.<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br><br>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.<br><br>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:<br><br>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.<br><br>2) All treatments and procedures shall be administered as ordered by the physician.<br><br>These requirements were not met as evidenced by:<br><br>Based on interview and record review, the facility failed to administer a Physician ordered pain medication and implement interventions to reduce pain for one of three residents (R1) reviewed for medication in the sample of four. | S9999 | | |

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| S9999 | Continued From page 2<br>This failure led to R1 experiencing untreated moderate to severe pain for two days and then being transferred and admitted to the hospital for severe pain.<br><br>Findings include:<br><br>The facility's Pain Prevention and Treatment policy, dated 12/7/17, documents, " It is the facility policy to assess for, reduce the incidence of and the severity of pain in an effort to minimize further health problems, maximize ADL (Activities of Daily Living) functioning and enhance quality of life. Pain- an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in such terms of such damage. Pain is subjective and should be documented as perceived by the resident. Pain Management- the assessment of pain and if appropriate, treatment in order to assure the needs of residents who experience problems with pain are met. Pain Modalities- an intervention implemented to reduce pain which may include the use of medication, medical devices or treatments that may include, but are not limited to heat or cold, massages, transcutaneous electrical nerve stimulation (TENS), acupuncture, and neurolytic techniques such as radiofrequency coagulation and cryotherapy. Pain Treatment Plan- a plan based on information gathered during a resident pain assessment that identifies the resident's needs and specifies appropriate interventions to alleviate pain to the extent feasible and medically appropriate. Assessment of pain will be completed with changes in the resident's condition, self-reporting of pain or evidence of behavioral cues indicative of the presence of pain and documented in the nurses notes or on the Pain Management Flow Sheet. | S9999 | | |

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| S9999 | Continued From page 3<br>This will include, but is not limited to, date, rating, treatment intervention and resident response."<br><br>R1's Hospital Discharge Summary, dated 3/12/22, documents R1 was discharged from the hospital with orders to admit to the facility on 3/12/22. This summary documents R1 has diagnoses of Decompensated Liver Disease and Acute Kidney Injury and has a discharge order for "Hydromorphone (narcotic pain medication) two milligrams, take one half tablet (one milligram) by mouth every eight hours as needed, diagnoses: Decompensated liver disease, Nontraumatic psoas hematoma."<br><br>R1's Nurses Notes, dated 3/12/22 at 6:30 PM, documents that R1 was admitted to the facility. R1's Skilled Progress note, dated 3/12/22 evening shift (unknown time), documents R1 had a pain rating of six out of ten and described as moderate pain. This same record does not document a night shift pain assessment.<br><br>R1's Nurses Notes, dated 3/13/22 at 4:00 AM, documents "R1 does have pain when moving, needs assist with ADLs due to pain."<br><br>R1's Nurses Notes, dated 3/13/22 at 9:00 PM, documents "R1 alert and oriented times three. Resident continues to complain of pain in right groin. Needs minimal assist with ADLs." R1's Skilled Progress note, dated 3/13/22 (unknown time), documents R1 rated pain a five to six out of ten, moderate pain on day shift and rated pain a seven out of ten, moderate pain on evening shift. This same record does not document a night shift pain assessment.<br><br>R1's Skilled Progress Notes, dated 3/14/22 at 1:00 PM, documents "R1 alert and oriented. | S9999 | | |

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| S9999 | Continued From page 4<br>Appetite poor. Waiting for pharmacy to deliver medications."<br><br>R1's Skilled Progress Notes, dated 3/14/22 at 5:25 PM, documents "R1 was given (as needed) Hydromorphone at 4:30 PM for abdominal pain. At this time, resident is screaming in pain due to her lower right abdomen area. R1 and V10 (R1's Power of Attorney) requesting that R1 goes to the emergency room. (Emergency number) called at this time."<br><br>R1's Physician Order Sheet, dated 3/12/22-3/31/22, documents R1 has an order for "Hydromorphone two milligrams, take one half tablet (one milligram) by mouth every eight hours as needed (PRN) for pain."<br><br>R1's Medication Administration record, dated 3/12/22-3/31/22, does not document that R1 received any dose of PRN pain medication.<br><br>R1's medical record does not document that any non-pharmaceutical pain interventions were attempted to control R1's pain.<br><br>On 3/18/22, at 2:30 PM, V2 (Director of Nursing) confirmed R1 was admitted on 3/12/22 and did not receive any pain medication until 3/14/22 right before she was sent to the hospital. V2 stated, "We wanted R1 admitted on a Monday, (admitting hospital) pushed us to take her on Saturday (3/12/22) instead." At this same time, V1 (Administrator) confirmed that it is the facility's responsibility to ensure medications are obtained and resident's pain is addressed. V1 stated, "R1's pain medication had to have a script and the (admitting hospital) wouldn't send it. We accepted her so we took responsibility in saying we had the medication and resources to care for | S9999 | | |

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| S9999 | Continued From page 5<br>her."<br><br>R1's hospital Gastrointestinal Inpatient Consult form, dated 3/16/22, documents R1 was transferred from the (local hospital) on 3/15/22 and admitted to a higher acuity hospital "primarily due to right abdominal flank pain."<br><br>(B) | S9999 | | |