

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005953	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2022
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NAME OF PROVIDER OR SUPPLIER TAYLORVILLE SKLD NUR & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 800 MCADAM DR TAYLORVILLE, IL 62568
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210d)2)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>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:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review, the Facility failed to follow the standard of care by failing to ensure comfort measures were available and given for a hospice resident in the dying process for 1 of 1 resident (R33) reviewed for hospice services, in the sample of 28. This failure resulted in R33 receiving no medications for palliation of symptoms and enduring discomfort and shortness of breath without relief as he died.</p> <p>Findings include:</p> <p>R33's Progress Notes dated 2/10/22 documents, "Resident was admitted to hospice. New orders received."</p> <p>R33's Hospice Telephone/Verbal Order Form dated 2/10/22, documents, "Admit to (company name) hospice." It further documents, "Lorazepam (Ativan) 0.5 mg (milligrams) by mouth every 4 hours (hrs) as needed for anxiety, restlessness, or nausea." Under Hospice covers, it documents yes. It continues, "Morphine concentrate (MS) 20 mg/ml (milliliters) 0.25 mL every 4 hrs as needed for moderate pain or SOB (Shortness of Breath), by mouth." Under Hospice covers, it documents "Y (yes)." It also documents,</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>"Morphine concentrate 20 mg/mL 0.5 mL every 4 hrs as needed for severe pain or SOB, by mouth." Under Hospice covers, it documents "Y." It also documents this order was received 2/10/22 at 11:00 AM.</p> <p>R33's Medication Administration Record (MAR) dated 2/1/22-2/28/22 documents, "Pain- Record highest level of pain every shift." It further documents on 2/9/22, R33's pain level was rated at a 5, indicating moderate pain. On 2/11/22 and 2/12/22, R33's pain level was rated at a 4.</p> <p>R33's MAR dated 2/15/22, documents R33's pulse was 113 (elevated) beats per minute (BPM) and respirations were 30 (elevated) respirations a minute.</p> <p>On 2/15/22 at 2 PM, V5, Certified Nursing Assistant (CNA), and another CNA were repositioning R33. R33's respirations were 34 respirations per minute (increased) and were visibly labored.</p> <p>On 2/15/22 at approximately 2:15 PM, V8, Licensed Practical Nurse (LPN), and V18, LPN, confirmed that R33 had an order for MS and Ativan but did not have either available in the building.</p> <p>On 2/15/22 at 2:34 PM, V22, CNA, was observed in R33's room, holding his hand.</p> <p>R33's Progress Notes, dated 2/15/22 at 11:32 AM documents, "Resident's condition is noted to be declining, very lethargic, not opening eyes, unable to eat and drink, unable to get resident to take meds (medications), some SOB noted. Continues on oxygen therapy."</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>R33's Progress Notes, dated 2/15/22 at 11:35 AM, documents that the hospice company was called concerning R33's medications and to notify them that R33 has declined in condition. It further documents R33's respirations were 30 (above normal range).</p> <p>R33's Progress Notes, dated 2/15/22 documents at 2:53 PM, "Writer contacted Director of Hospice, regarding resident's comfort medication orders and delivery of medication to the facility immediately due to resident's condition. The director asked 'Well, is he in pain?' Writer reiterated that their nurse as well as ours have assessed him and his decline. He is supposed to be kept comfortable with the medications provided by hospice. Writer and DON (Director of Nursing) will continue to follow up until the medications arrive in the facility. DON also placed a call directly to the Medical Director (V28) of (hospice company) to get the medications."</p> <p>R33's Progress Notes, dated 2/15/22 at 3:25 PM, that R33 had no pulse or respirations, indicating that R33 has expired.</p> <p>On 2/16/21 at 11:45 AM, V30, Hospice Nurse, stated, "Normally upon admission we encourage the facility to have the medications ordered and ready from the start."</p> <p>On 2/16/22 at 1:52 PM, V2, Director or Nursing (DON), stated, "(R33's) decline was quick. We should have had MS and Ativan available at that time. Our Emergency Kit has (Lorazepam), but no MS."</p> <p>R33's MAR documents that there were no doses of MS or Ativan administered to R33 from 2/10/22-2/15/22.</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>On 2/17/22 at 8:53 AM, V22 stated, "I am familiar with hospice residents being given MS and Ativan. He probably would have benefited from those meds."</p> <p>On 2/17/22, V29, (LPN), stated, "It is standard of care to start of MS and Ativan when someone is admitted to hospice. I would expect them to be readily available the day they are ordered. I cannot speak to (R33's) level of distress because I wasn't there, but generally MS and Ativan would have helped alleviate (R33's) discomfort as he passed away."</p> <p>The Facility's "Nursing Facility Hospice Services Agreement" dated 11/4/2020 documents, "When Nursing Facility Personnel are responsible for administration of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the Plan of Care, the Nursing Facility personnel may administer the therapies, if permitted by state law and as specified by the Nursing Facility." It continues, "Nursing Facility has familiarized itself with the administrative, record keeping, and personal-care needs of residents patients. Nursing Facility is, and will be, fully competent and able to perform its obligations under this Agreement in accordance with recognized professional standards for the care of terminally ill patients." It further documents under 2.10 Provision of Hospice Services: Hospice Responsibilities. Hospice is responsible for: "(c) furnishing medical supplies, durable medical equipment, the drugs necessary for the palliation of pain and symptoms associated a Resident Patient's terminal illness and related conditions." It continues, "Hospice will make nursing services, physician services, and drugs and biologicals routinely available on a</p>	S9999		
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S9999	Continued From page 5 twenty-four (24) hour basis seven (7) days a week." (B)	S9999		