

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005391	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/09/2023
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NAME OF PROVIDER OR SUPPLIER BENTON REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 1409 NORTH MAIN STREET BENTON, IL 62812
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S 000	Initial Comments	S 000		
	Complaint Investigation: 22510140/IL154539			
S9999	Final Observations	S9999		
	Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)1)3)			
	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 care needs of the resident.		Attachment A Statement of Licensure Violations	

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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>3) 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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to identify, assess, and treat potential symptoms of pain for 1 of 3 residents (R2) reviewed for pain management in a sample of four. This failure resulted in R2 having unidentified and untreated pain care related to his diagnosis of Metastatic Neuroendocrine Carcinoma, as evidenced by outward physical signs of facial grimacing, eyes closed while deep breathing and holding lower left side/abdomen, and unable to answer questions.</p> <p>Findings Include:</p> <p>R2's Face Sheet documents an admission date of 11/25/22. R2's Diagnosis sheet documents a diagnosis of: Metastatic Neuroendocrine</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Carcinoma. R2's Minimum Data Set (MDS) dated 12/02/22 documents R2's Brief Interview of Mental Status as 09 (moderately impaired).</p> <p>R2's History of Present Illness with a transcription date of 12/02/2022 and a date of visit of 11/28/2022 from the healthcare clinic document diagnosis including Metastatic Neuroendocrine Carcinoma, UTI (Urinary Tract Infection), hyponatremia, anemia, type 2 diabetes, dizziness, hypertension, and Anxiety.</p> <p>R2's Physician Order Sheet dated 12/01/22 to 12/31/22 documents an order for Tylenol 325mg, 2 tablets, orally, every six hours prn (as needed).</p> <p>On 12/27/22 at 12:35 PM, R2 made grimacing faces and held his lower left side while speaking and trying to reposition himself. R2 was observed with his face scrunched up taking deep breaths through his mouth. R2 continued to do this for over a minute, then kept his face tightened and his eyes closed. R2 would no longer answer any questions.</p> <p>On 12/27/22 at 2:15 PM, R2 stated it doesn't hurt as bad with his eyes still closed. When R2 was asked if the staff ask him if he would like any medication for pain, R2 shook his head No.</p> <p>On 12/29/22 at 12:30 PM, R2 stated his left ankle gives him problems sometimes and hurts. R2 stated he fell out of a truck years ago and fractured something in his pelvis and hurt his ankle. He has also hurt his hip, it does give him problems and hurt sometimes. Sometimes he gets pain in his stomach. He is ok right now.</p> <p>On 12/27/22 at 12:45 PM, V3 (Registered Nurse) stated she has never given R2 any pain</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>medication. She believes he has an order for prn (as needed) Tylenol, but he has never asked for any. V3 stated, she has never asked him if he has needed any. When asked if scrunching one's face and breathing deeply through their mouth would be a sign of pain, V3 stated, well, maybe, but R2 is just odd.</p> <p>On 12/27/22 at 2:00 PM, V4 (Licensed Practical Nurse/LPN) stated, she does not know if R2 has a tumor or cancer with a tumor. V4 (LPN) stated, she has never given R2 any pain medication and she has never asked R2 if he needed any pain medication.</p> <p>R2's Medication Administration Record for 12/01/22-12/31/22 does not document any Tylenol had been administered to R2.</p> <p>On 12/29/22 at 2:27 PM, V26 (Registered Nurse at the local cancer treatment center) stated, R2 has a type of tumor that causes a Carcinoid Syndrome. The Carcinoid Syndrome is caused by the chemicals secreted by the Carcinoid tumor. R2 could definitely have abdominal pain sometimes with his diagnosis.</p> <p>On 12/28/22 at 8:53 AM, V11 (LPN at the local cancer treatment center) stated, R2 has Metastatic Neuroendocrine Carcinoma which is a tumor in the pancreas. R2 has a well differentiated tumor at the pancreatic tail. The tumor has been progressing. R2 had a scan done on 11/15, which showed progression with the cancer increasing. R2 could feel pain sometimes, symptoms with this diagnosis can vary and come and go.</p> <p>On 12/28/22 R2's Nurse's note documents: 12/28/22 at 12:05 AM Resident (R2) complains of</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>weakness, says he can't move. Send to ER (Emergency Room) for evaluation and treatment.</p> <p>R2's Hospital records dated 12/28/22 at 00:38 (12:38 AM) document: Diagnosis: weakness, UTI (Urinary tract infection, site not specified), and unspecified open wound on left lower leg. Exam: CT of the left lower extremity without contrast was performed. R2 has a history of Left hip pain. The CT exam was compared to left hip radiograph performed on 03/10/2022. The section titled Finding's document: Intact left hip arthroplasty hardware, no acute fracture or dislocation, degenerative changes are seen within the lower lumbar spine, and old healed mid sacral fracture with sclerosis.</p> <p>R2's Care plan with a start date of 12/02/22 documents: Problem/Need: Alteration in Comfort/Pain related to diagnosis of cancer that has Metastatic. The Goal documented will verbalize comfort with current pain regime times 90 days, with a goal date of 03/02/2023. The interventions document: Initiate pain flow sheet prn, complete pain assessment prn, administer pain medication as ordered, pace activities, and monitor lab work as ordered.</p> <p>R2's Pain Assessment Flow Sheet dated, Dec 2022, has the first date and time documented as 12/24/22 shifts; 6-2 with no pain noted, 2-10 with no pain noted, 10-6 nothing for pain is noted. The 2nd date listed is 12/25/22 which documents shift as 6-2 no pain, and the 2-10 and the 10-6 shifts have nothing documented in the boxes. The date 12/26/22 shift 6-2 has no documentation in the pain column and nothing documented in the 2-10 and the 10-6 timeframes. On 12/27/22 shift 6-2 box has nothing documented and the 2-10 and 10-6 shifts have nothing documented. On</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>12/28/22 no shift has anything documented in the pain category.</p> <p>The Urology Care Foundation website dated 11/2022, documents: Symptoms: when you have a UTI, the lining of the bladder and urethra become red and irritated, just like your throat does when you have a cold. The irritation can cause pain in your lower abdomen or your pelvic area and even lower back and will usually make you feel like urinating more often. WWW.urologyhealth.org</p> <p>The Mayo Clinic website (www.mayoclinic.org) dated January 11, 2022 documents; under the section: Neuroendocrine tumors - In general, neuroendocrine tumor signs and symptoms might include: pain from a growing tumor, a growing lump you can feel under the skin, feeling unusually tired, and losing weight without trying. Neuroendocrine tumors that produce excess hormones symptoms may include skin flushing, diarrhea, frequent urination, increased thirst, dizziness, shakiness, and a skin rash.</p> <p>The American Cancer Society website (www.cancer.org) dated Oct 2018 documents: under the section Neuroendocrine tumors. The signs and symptoms of carcinoid syndrome depend on which chemicals the carcinoid tumor secretes into your bloodstream. The most common signs and symptoms include Diarrhea - frequent, watery stools sometimes accompanied by abdominal cramps may occur These tumors often make serotonin or its precursor, 5HTP (5-Hydroxytryptophan). When these spread, they can start releasing hormones directly into the blood. This can cause the carcinoid syndrome. When pancreatic NETs (neuroendocrine tumors) spread, most often they go to the liver, this can</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>enlarge the liver which can cause pain and loss of appetite.</p> <p>The facility policy dated 12/7/2017 titled, "Pain Prevention & Treatment" documents: Procedure: 1. Each resident will be assessed for pain using the Pain Assessment Form including an appropriate Pain Rating Scale upon admission. The MDS Coordinator will complete the Pain Assessment Form at least quarterly and with any significant change in resident condition. 2. 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. This will include, but is not limited to, date, rating, treatment intervention and resident response. 3. The Pain Management Flow Sheet will be initiated for those residents with but not limited to: routine pain medication, daily pain, diagnosis that may anticipate pain (i.e. arthritis, wounds, fractures, etc.). 4. Information collected on the Pain Assessment Form will be used to formulate and implement a resident specific Pain Treatment Plan documented in the resident's care plan.</p> <p>"B"</p>	S9999		