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 12/02/2022 IL6001341 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 727 NORTH 17TH STREET BELLEVILLE HEALTHCARE CENTER **BELLEVILLE, IL 62226** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 **Initial Comments** First Probationary Licensure Survey. S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1630a)2) 300.1630b) 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 300.1630 Administration of Medication a) All medications shall be administered only by personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Licensed practical nurses shall have successfully completed a course in pharmacology or have at least one vear's full-time supervised experience in administering medications in a health care setting Attachment A if their duties include administering medications to Statement of Licensure Violations 2) Each dose administered shall be properly

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 IL6001341 12/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 727 NORTH 17TH STREET BELLEVILLE HEALTHCARE CENTER **BELLEVILLE, IL 62226** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (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 1 S9999 recorded in the clinical record by the person who administered the dose. Section 300.1630 Administration of Medication b) The facility shall have medication records that shall be used and checked against the licensed prescriber's orders to assure proper administration of medicine to each resident. Medication records shall include or be accompanied by recent photographs or other means of easy, accurate resident identification. Medication records shall contain the resident's name, diagnoses, known allergies, current medications, dosages, directions for use, and, if available, a history of prescription and non-prescription medications taken by the resident during the 30 days prior to admission to the facility. These regulations were not met as evidenced by: Based on interview and record review, the facility failed to document medications as being given on the Medication Administration Record (MAR), for 1 of 9 residents reviewed for Medication Administration in the sample of 9. Findings include: On 12/1/22 at 12:40 PM, R1 stated, he is out of his pain medicine, and this happens all the time. R1 stated, they don't always have a nurse to give the medications and because of this, he has gone without his Gabapentin. R1's Face Sheet, undated, documents R1 has a diagnosis of Chronic Back Pain.

PRINTED: 01/24/2023 **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 IL6001341 12/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **727 NORTH 17TH STREET BELLEVILLE HEALTHCARE CENTER BELLEVILLE, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES** 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 DATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 R1's Minimum Data Set, (MDS), dated 10/14/22, documents R1 is cognitively intact. R1's Care Plan, dated 10/14/22, documents R1 has an alteration in comfort related, to low back pain, wounds, and morbid obesity with an intervention to administer pain medications as ordered. R1's Physician Order Sheet, (POS), documents the following orders: 11/17/22 for Norco 5/325 milligrams, (mg), twice daily and 10/4/22 for Gabapentin 300mg take 2 capsules every 6 hours. R1's MAR, dated November 2022, fails to document the Norco was given, 7 times and the Gabapentin not given 14 times. The October 2022 MAR fails to document the Gabapentin was given 8 times. On 12/1/22 at 1:40 PM, V2, Director of Nurses, stated, the nurses are to document when medications are given on the MAR. The "Medication Administration" policy, dated 6/2015, documents all medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms and help in diagnosis. #18 document as each medication is prepared on the MAR. (B)

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