Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008510		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING		12/1	12/15/2022		
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE			
HERITAG	BEHEALTH-NORMAL	•	RTH ADELAIC L, IL 61761	DE MA	23		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APPL DEFICIENCY)		N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
S 000	Initial Comments		S 000				
	Annual Health Surv	vey					
S9999	Final Observations		S9999			5	
	Statement of Licen	sure Violations 1 of 2			. 0)	*	
*	300.1010h) 300.1210b) 300.1210d)2	5			. =		
	Section 300.1010	Medical Care Policies	2:	. 80:			
	of any accident, injuresident's condition safety or welfare of limited to, the presedecubitus ulcers or	notify the resident's physician ury, or significant change in a that threatens the health, a resident, including, but not ence of incipient or manifest a weight loss or gain of five			· .		
	facility shall obtain a of care for the care	thin a period of 30 days. The and record the physician's plar or treatment of such accident, condition at the time of	1				
	Section 300.1210 (Nursing and Persor	General Requirements for nal Care					
	and services to atta practicable physical well-being of the res	provide the necessary care in or maintain the highest I, mental, and psychological sident, in accordance with	¥./	5 ⁵ 2		40	
	each resident's com plan. Adequate and care and personal c	nprehensive resident care properly supervised nursing care shall be provided to each total nursing and personal		Attachment A Statement of Licensure V	iolations		

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(X8) DATE

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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: IL6008510 B. WING 12/15/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **509 NORTH ADELAIDE** HERITAGE HEALTH-NORMAL **NORMAL, IL 61761** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE . **DEFICIENCY**) S9999 Continued From page 1 S9999 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: 2) All treatments and procedures shall be administered as ordered by the physician. These Requirements were NOT MET as evidenced by: Based on observation, interview and record review, the facility failed to monitor for and notify the physician of changes in weight and edema for a resident with chronic kidney disease, and failed to transcribe and complete laboratory testing as ordered for one of one residents (R27) reviewed for edema on the sample list of 46. This failure resulted in R27 having a 13 pound weight gain in one month with increased lower extremity edema which caused pain and a decrease in mobility. This failure also resulted in R27's kidney function deteriorating from a stage 2 to a stage 3B kidney failure. Findings Include: On 12/12/22 at 2:27 PM, R27 was sitting up in the wheelchair with edema to bilateral lower extremities. R27 stated R27's legs are sore due to being more swollen than normal and that R27's socks are cutting into R27's legs. On 12/13/22 at 2:19 PM, edema continues to bilateral lower extremities. On 12/13/22 at 3:12 PM, V17 RN (Registered Nurse) stated R27 has had edema of lower extremities for a couple of years and takes lasix due to kidney failure. V17 checked R27's legs,

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6008510 B. WING 12/15/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **509 NORTH ADELAIDE** HERITAGE HEALTH-NORMAL **NORMAL, JL 61761** SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 2 S9999 which were very taunt and shiny. R27 reported to V17 that R27's legs are more edematous than usual and V17 responded it could be due to R27's recent increased weight gain. At this time, V17 also stated R27 had just had laboratory tests completed and would make sure V23 Nephrologist had those results. R27's December 2022 Physician Orders document a diagnosis of Chronic Kidney Disease and localized edema with an order for 1500 ml (milliliter) per day fluid restriction and Lasix (Diuretic) 40 mg (milligrams) twice a day. There is also an order to send laboratory results to V23 however there are no active laboratory orders on the Physician Order Sheet. R27's Care Plan dated 7/6/22 documents R27 has Chronic Kidney Disease and uses diuretics and to monitor for weight gain, edema and monitor lab values. On 12/14/22 at 10:23 AM, R27's legs remain edematous and R27 again stated R27's legs are more sore than usual and that R27 has a hard time propelling R27's wheelchair with R27's feet anymore explaining, "I (R27) can do it but it hurts and takes me longer (to get to where I'm going)." R27's ongoing vitals document on 10/1/22, R27 weighed 223.0 pound. On 11/4/22 R27 weighed 238.4 (a 15.4 pound weight gain in one month), and 236 on 12/1/22. R27's Progress Notes from October - December 12, 2022 do not document any edema, or that the physician was notified of R27's weight gain. On 12/13/22 at 3:47 PM, V2 DON (Director of Nursing) with V8 Regional Nurse Consultant

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FORM APPROVED Illimois 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: IL6008510 B. WING 12/15/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **509 NORTH ADELAIDE** HERITAGE HEALTH-NORMAL **NORMAL, IL 61761** 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**) S9999 Continued From page 3 S9999 present stated the facility holds monthly weight meetings. At this time, V8 stated R27 flagged for a significant weight gain and explained with any weight gain/loss, the physician should be contacted to see if they want a change in treatment. V8 stated the nurses should have done a comprehensive assessment on R27 for the weight changes, which would have caught the increase in edema, and then updated the primary physician, as well as V23 Nephrologist. V8, after checking R27's progress notes, confirmed there is no documentation of R27's lower extremity edema or weight gain and that the physician was not made aware of R27's change in condition. R27's Laboratory tests dated 12/12/22 document a BUN (Blood Urea Nitrogen) level of 24 milligrams per deciliter(mg/dl) (normal is 9-20). Creatine 1.65 mg/dl (normal is 0.66-1.25). Albumin 3 (grams/deciliter) (normal is 3.5 - 5.0). and EGRF (Estimated Glomerular Filtration Rate) 39 (30-59 indicates stage 3 kidney disease). On 12/14/22 at 11:12 AM, V2 DON with V12 Unit Coordinator present stated V2 is trying to find out where the order for the laboratory tests that were completed on 12/12/22 came from. V2 provided a faxed physician order from V23 that was time stamped on 12/8/22. This order documents labs were ordered on 5/12/22 and expected to be completed on 11/12/22. V2 stated the facility didn't receive those orders until 12/8/22 when it was faxed over, that is why the laboratory tests were ran on 12/12/22, On 12/14/22 at 11:13 AM, V24 (V23's nurse) stated R27 was last seen on 5/12/22 by V23 and

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received orders at that time for laboratory tests to be completed at 1 month (June 2022), 3 months (August 2022) and 6 months (November 2022).

PRINTED: 01/10/2023 Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6008510 B. WING 12/15/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **509 NORTH ADELAIDE** HERITAGE HEALTH-NORMAL **NORMAL, IL 61761** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 V24 stated the 6 month test was to be due on 11/12/22 and it wasn't done, "actually none of the labs were completed", that is why V24 re-faxed over the orders. V24 stated R27 has a follow up appointment on 12/22/22 that V23 needs those results for. V24 stated the last time R27 was seen by V23, R27 "was in fluid overload. That is when (V23) put (R27) on the fluid restriction and (R27) was to continue the lasix 40 mg twice a day." V24 stated R27's visit Progress Notes and Orders were sent to the facility with R27 on 5/12/22, V24 stated their is no communication between the facility and V23 in R27's record but if R27 is having increased swelling and increased weight, V23 should have been notified. V23 would have increased R27's diuretics or added a second one like Torsemide, placed on daily weights and been doing increased laboratory tests to monitor R27's kidney function. V24 stated V24 still hasn't received the laboratory results from 12/12/22. On 12/14/22 at 2:25 PM, V2 DON with V1 Administrator present confirmed R27's May 2022 Progress Notes and Orders from R27's appointment with V23 are not in R27's medical record stating, "I'm {V2} not sure where the orders went and why they weren't processed except for we {facility} have so much agency. I {V2} don't know what happened or what they {agency staff} did with the paperwork upon

kidney's tanking but with hospitalization and llinois Department of Public Health

(R27's) return on 5/12/22."

On 12/15/22 at 9:15 AM, V24 (V23's nurse) reviewed laboratory results from 12/12/22 and stated R27's EGFR went from a 61 in May 2022 to 39 in December 2022 explaining "that shows that (R27) went from a Stage 2 to a Stage 3B kidney failure." V24 stated in April 2022 R27 was in the hospital with acute kidney failure due to his

12/15/2022

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING: ___

> IL6008510 B. WING

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

509 NORTH ADELAIDE HERITAGE HEALTH-NORMAL

	SE HEALTH-NORMAL 509 NORMAL,	IL 61761		
(X4)ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5	S9999	171	
» »	changes in treatment, R27's kidney function had improved, "that is why (V23) wanted labs at 1 month, 3 months and 6 months; to ensure (R27's) kidney function was stable." V24 stated had the	-	NS EN	30 to **
8	labs been completed as ordered, V23 could have seen when R27's kidney function started to decline again and changed medications at that time. "Everyone is different but with his history of kidney failure, and age, I (V24)really don't see		74 Sec. 12 Sec	9 ct
ĨĈ.	(R27's) kidney functioning being able to improved at this time. Some people can remain at a stage 3B for years while others require dialysis in a	**	141	
	short amount of time due to the continued decline." V24 also stated, "because (R27) wasn't monitored like (R27) should have been, by not completing laboratory tests to ensure kidneys are/were stabilized and functioning as best they			ē
Sa	could, now (R27's) kidneys have gotten worse again."		W	
	2 of 2 Licensure Violations			0,0
	300.1210b) 300.1210d)6			:
	Section 300.1210 General Requirements for Nursing and Personal Care		#1	Ē
<u>.</u>	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.	E v		8 3

3 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 IL6008510 12/15/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **509 NORTH ADELAIDE** HERITAGE HEALTH-NORMAL **NORMAL, IL 61761** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 6 S9999 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: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These Requirements were NOT MET as evidenced by: Based on observation, interviews, and record review the facility failed to prevent a fall by failing to provide supervision, ensure a call light was within reach and failing to ensure a wheelchair cushion was not moveable for one (R59) of seven residents reviewed for falls on the sample list of 46. This failure resulted in R59 falling out of the wheelchair, hitting her head and sustaining a laceration which required emergency medical attention and 25 staples to close the laceration. 1. R59's Emergency Room report dated 12/12/22 documents R59 presents with complaints of a ground level fall and likely hit her head on the bed frame. This report documents R59 had a large flap laceration to the left mid/frontal scalp region. This report documents the laceration to the head was closed with 25 staples. On 12/12/22 at 2:15 PM, R59 was lying in bed. The top of R59's head had a large U shaped laceration which was closed with staples.

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R59's Nurse's note dated 12/12/2022 at 10:24 AM documents at 7:15 AM that, "(R59) laying on (X2) MULTIPLE CONSTRUCTION

(X1) PROVIDER/SUPPLIER/CLIA

(X3) DATE SURVEY

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
	172	IL6008510	B. WING		12/1	5/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 509 NORTH ADELAIDE NORMAL, IL 61761						
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* 82	Writer noted a large scalp. Resident was (R59) stated she "fo writer what she was	the foot of roommate's bed. a laceration to left side of a conscious and alert to self. all down" but was unable to tell a doing or any other detail This note documents R59 argency room.			<u>5</u> °	
2	Assistant stated on she was pushing re When she walked p she was lying on he	AM, V22 Certified Nurse's 12/12/22 around breakfast isidents to the dining room. Dast R59's room she noticed by back with her head between the wall of R59's roommate's	s) (S)	* * * * * * * * * * * * * * * * * * *	94	Y
· #	bed. V22 stated Riwas bleeding. V22 her feet. V22 state reach. V22 stated the wheelchair like stated V22 is not subut she should not	59's was holding her head and stated her wheelchair was at d her call light was not in R59 can not propel herself in she could, but will try. V22 ure who got her up in the chair be left in the room by herself is supervised once she is up in	H.	** *** *** *** = *** ***		
× ×	stated R59 is at rist couple falls in the properties in the properties in the properties in the properties in the chair state of the chair state o	I5 AM, V12 Restorative Nurse of for falls due to having a least. V12 stated she v12/22 fall. V12 stated the leair was not appropriate ip and slide around when R59 of V12 stated R59 has poor with the cushion moving. V12		· · · · · · · · · · · · · · · · · · ·	a. G	÷.,
7	stated she feels the fall. V12 stated the her fall because it pfalling. V12 stated awhite. R59's careplan with	e cushion contributed to R59's by replaced the cushion after but her at greater risk for R59 had the cushion for a revision date of 8/2/22		E 8		* ***
	documents R59 is	at risk for falls and includes an		<u> </u>		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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		IL6008510	B. WING		12/	15/2022	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		6	
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	intervention to ensureach.	re call light is always within	8	42			
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