STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005466	A. BUILDING: _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUINCY HEALTHCARE & SR LIVING	1440 NORTH 10TH STREET QUINCY, IL 62301

(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
S 000	Initial Comments Complaint Original Investigation #2325798/IL162014	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)3) 300.3240a) 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.	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005466	A. BUILDING: _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUINCY HEALTHCARE & SR LIVING	1440 NORTH 10TH STREET QUINCY, IL 62301

(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 1 Section 300.1210 General Requirements for Nursing and Personal Care 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: 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These regulations were not met as evidenced by: Based on interview and record review the facility failed to ensure staff were knowledgeable about an implanted urinary sphincter device, assessing for low urine output, sudden weight gain, and development of edema for one of three (R1) residents reviewed for competent nursing staff in a sample of three. These failures resulted in R1 requiring hospitalization where R1 was diagnosed with not having R1's bladder drained enough, with 2 (two) liters of urine found on ultrasound in R1's bladder, a weight gain of 35 pounds in four days, Congestive heart Failure (CHF) and small pleural effusions. Findings include: An Admission Criteria policy dated as revised	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005466	A. BUILDING: _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUINCY HEALTHCARE & SR LIVING	1440 NORTH 10TH STREET QUINCY, IL 62301

(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 2 3/2019 states, "Our facility admits only residents who's medical and nursing care needs can be met." A RN/LPN (Registered Nurse/Licensed Practical Nurse) job description policy dated 4/2022 summarizes a nurse's job as, "provides direct nursing care to the resident and supervises the day-to-day activities performed by CNAs (Certified Nurse Aides) in accordance with current Federal, States, and local standards-of-care and as required by the DON (Director of Nurses)." This policy also includes in the nurses' duties, "Provide treatments as necessary and appropriate," and "Communicate with direct care staff the needs of the residents," and "Monitor significant weight loss/gain, alerting the physician and family as appropriate." In addition, this policy states that nursing staff must have, " the ability to take initiative, make independent judgements, and promote teamwork is required to successfully fulfill this job's responsibilities." An Admission Assessment and Follow up: Role of the Nurse policy dated as revised 9/2012 states, " The purpose of this procedure is to gather information about the resident's physical, emotional, cognitive, and psychosocial condition upon admission for the purposes of managing the resident, initiating the care plan, and completing required assessment instruments, including the MDS (Minimum Data Set)." In addition, this policy instructs nurses to, "Notify the supervisor and the Attending Physician of immediate needs that the resident may have," and "Report other information in accordance with facility policy and professional standards of practice." A Weight Assessment and Intervention policy dated as revised 3/2022 states, "Resident	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005466	A. BUILDING: _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUINCY HEALTHCARE & SR LIVING	1440 NORTH 10TH STREET QUINCY, IL 62301

(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 3 weights are monitored for undesirable or unintended weight loss or gain." R1's hospital Discharge Orders and Summary dated 7/14/23, which was in R1's facility medical records, describes R1's hospital course as having been admitted to the hospital following a fall at home and was found to have had a Myocardial Infarction (Heart Attack) with Acute on Chronic systolic heart failure (CHF). This summary includes that R1 was admitted with an artificial urethral sphincter for emptying urine from R1's bladder because of urinary incontinence. This summary documents R1 was assessed for dementia and scored as moderately cognitively impaired. R1's physician's orders dated 7/14/23 document R1 has diagnoses including Acute on chronic systolic (congestive) heart failure, non-st elevation Myocardial Infarction. These same orders include instructions for R1 to be weighed daily between the hours of 6:00a.m.- 2:00p.m., and to be administered the diuretic Spironolactone 25mg (milligrams) once daily. R1's admission referral from the hospital record dated as printed 7/13/23 by V2 (Director of Nurses) documents R1 was accepted for admission to the facility by V1 (Administrator) as of 7/12/23. This same referral record includes a physician's progress note that documents R1's most recent hospital recorded weight at the time of the referral was 209lbs and 14 oz (ounces) and that R1 had medical history of Type 2 Diabetes Mellitus, Prostate Cancer with Prostatectomy, and Neuropathy. In addition, R1's hospital physician's progress note dated 7/12/23 documents that R1 had no swelling or peripheral edema.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005466	A. BUILDING: _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUINCY HEALTHCARE & SR LIVING	1440 NORTH 10TH STREET QUINCY, IL 62301

(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 4 R1's nursing progress notes dated 7/14/23 at 5:43p.m. documents the facility received a nursing report on R1's condition prior to R1's admission which included that R1 had a prosthetic urinary sphincter in place. This nursing progress note does not indicate R1 was admitted with any edema. R1 does not have any other nursing progress notes documented until 7/16/23 at 7:13p.m which state, "(R1's) Family came to this nurse with concerns regarding resident's current weight of 232.8lbs. Family stated (R1's) abdomen is more distended than normal and has some swelling to his feet and legs. This nurse assessed (R1). (R1) reported he wasn't having any pain. Heart and lungs WNL (within normal limits). Obtained 80ml of yellow urine. Abdomen non-tender but distended. Bowel sounds normal. (R1's family) requested that (R1) be sent to ER for evaluation and would not like to hold the bed." At 7:32p.m. R1's nursing progress note documents that R1 was transferred via ambulance to the hospital. R1's care plan does not include interventions to address how to care for R1's implanted urinary sphincter. R1's hospital emergency room physician's progress note dated 7/16/23 at 7:48p.m. states, "(R1) presents to the ED (emergency department) c/o (complaining of) edema onset a few days. (R1) was just admitted to (the Facility's) acute rehab. (R1) reports sx (symptoms) of LE (lower extremity) edema and sits in a chair for prolonged periods without feet elevated. (R1) has a prosthetic urinary sphincter and reports that the nursing home staff was not assisting with draining his bladder." This same progress note documents that upon the emergency room physician's	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005466	A. BUILDING _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUINCY HEALTHCARE & SR LIVING	1440 NORTH 10TH STREET QUINCY, IL 62301

(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 assessment of R1's genitourinary area they found that R1 had lower abdomen tenderness and distention. R1's emergency room physician's emergency department course progress note dated 7/16/23 states, " (R1) presents to the emergency department for severe edema, not having his bladder drained enough, concerning for fluid overload with potential for acute renal failure secondary to obstructive uropathy. Bedside ultrasound performed by me had approximately 2L of urine in the bladder. (R1) has mild AKI (Acute Kidney Injury) and mild evidence of CHF with fluid overload including small pleural effusions (fluid around the lungs). (R1) would be admitted for IV (intravenous) diuresis (increasing urine production to rid body of excess fluid) and will require frequent manual decompression of the bladder with his prosthetic sphincter." On 7/24/23 at 9:51a.m. V9 (R1's Family) stated that R1 was admitted to the facility for therapy after he fell at home and had some cardiac issues. V9 stated that R1 has a prosthetic urinary sphincter which must be manually released for R1 to urinate. R1 stated that because R1 was on a diuretic, he had received a large amount of fluids in the hospital, had new onset heart issues, and because he had to have his prosthesis manually released to urinate, R1 was supposed to receive daily weights and be closely monitored by nursing staff. V9 stated nurses did not assess R1 after he was initially admitted on 7/14/23 until V9 complained to CNA staff that R1 was not being weighed daily or having his urine output monitored. V9 stated that on 7/16/23 during the late afternoon, she asked R1's CNA (Certified Nurse Aide) if R1 had been weighed for the day yet. V9 stated the CNA said R1 had not been weighed yet and that there was no documentation that R1 had been weighed the previous day. V9	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005466	A. BUILDING: _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUINCY HEALTHCARE & SR LIVING	1440 NORTH 10TH STREET QUINCY, IL 62301

(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 6 stated that facility nurses and CNAs were not familiar with R1's prosthetic sphincter and did not know how to care for it or engage it manually as it was supposed to be. V9 stated that when R1 was initially admitted to the hospital, the hospital nurses were not familiar with the type of prosthetic sphincter that R1 has, so those nurses looked on the internet to learn about how the sphincter works and how to care for it. V9 stated that none if the facility's nursing staff were knowledgeable about R1's prosthetic sphincter. V9 stated that the CNA's were the ones caring for R1's prosthetic sphincter and she does not believe they knew how to care for it appropriately. V9 stated that she was shocked and upset when she came to the facility to visit R1 on 7/16/23 and noted he had severe swelling to his legs and feet and his abdomen was also swollen. V9 stated that when the CNA weighed R1 he weighed 232 pounds. V9 stated that given R1's extreme weight gain, nursing staff could not have been properly assessing R1 for edema, weight, or urine output. V9 stated that on the afternoon of 7/16/23, when R1 had such a dramatic weight gain, she insisted that R1's nurse send R1 to the hospital for evaluation. V9 stated that the nurse tried to convince her that R1 should stay at the facility and be evaluated by the facility's physician the next day on Monday. V9 stated that she insisted R1 go to the emergency room. V9 stated that once R1 was in the emergency room, the physician performed an ultrasound on R1's bladder and found that R1's bladder was in danger of rupturing because it contained 2 liters of urine. V9 stated the emergency room physician stated that R1's bladder could not have been emptied appropriately for it to contain that much fluid. V9 stated the 2 liters of urine were removed from R1's bladder and R1 was admitted to the medical floor of the hospital for treatment.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005466	A. BUILDING: _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUINCY HEALTHCARE & SR LIVING	1440 NORTH 10TH STREET QUINCY, IL 62301

(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 7 On 7/24/23 at 10:59a.m. V1 (Administrator) stated that if a resident is admitted to the facility and requires an unusual treatment or has an unusual appliance, the facility has education staff and an education consulting group who can train nursing staff on how to manage the care of that resident. V1 stated that the facility's nursing staff are very vocal about when they need education. V1 stated, " We haven't' had to do any training for an unusual appliance or unusual resident needs recently, or for any new resident." On 7/24/23 at 12:31p.m. V4 (Registered Nurse/RN) stated that he was R1's nurse on 7/15/23 and 7/16/23 day shift. V4 stated that, "(R1) had some sort of urinary sphincter device," but that V4 didn't know anything about it. V4 stated, " The CNA's took care of it." V4 stated he did not know if R1 was supposed to have his urine output monitored but that R1's weight was supposed to be checked every day. V4 stated that he was planning to look up some information on how to care for R1's urinary sphincter device the next time he was R1's nurse, but R1 was discharged before V4 worked again. V4 stated it was V5 (Certified Nurse Aide/ CNA) who knew how to take care of R1's urinary sphincter. V4 stated that R1 was somewhat confused and became more confused as the day went on. V4 stated that R1 did not have very much urine output when he cared for R1. V4 stated he did not think R1 ever emptied his own bladder by manually engaging R1's urinary sphincter. V4 stated he didn't think R1 could urinate without the sphincter button being pushed. V4 stated, "Why did they (facility) admit someone with something like that if no one knows how to use it? Did they know he had that when they admitted him?"	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005466	A. BUILDING: _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUINCY HEALTHCARE & SR LIVING	1440 NORTH 10TH STREET QUINCY, IL 62301

(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 8 On 7/24/23 at 12:52p.m. V5 stated she was one of R1's CNAs from 8:30a.m to 9: 00a.m on 7/15/23. V5 stated she had never been taught how to use a manual urinary sphincter device. V5 stated nursing staff did not instruct her on how to empty R1's urine using this device. V5 stated R1 showed her how to push an area on the left side of R1's scrotum which opened the sphincter and allowed urine to empty from the bladder. V5 stated that R1 instructed her to push on the area again to re-engage the sphincter so urine didn't leak out. V5 stated that was the only time she cared for R1 but also stated she demonstrated to V6 (CNA) how to use the device since V6 was one of R1's day shift CNAs. On 7/23/23 at 1:00p.m. V6 (CNA) stated that she took care of R1 on 7/15/23 and 7/16/23 during the day shift. V6 stated she did not open R1's urinary sphincter to empty urine from R1's bladder during her shift. V6 stated that V5 was the only CNA to empty R1's bladder. V6 stated there was no schedule for emptying R1's bladder and that CNA staff only went into R1's room when he used his call light. V6 stated, " But he could urinate around it (sphincter)." V6 stated she knew he could urinate around the sphincter because she could hear some urine dribble into the toilet when she took R1 into the bathroom for a bowel movement. V6 stated she had never heard of a device like R1's urinary sphincter before. On 7/24/23 at 1:43p.m. V2 (Director of Nurses) stated she did not know about R1's implanted urinary sphincter which required manual manipulation to empty R1's bladder until today. V2 stated she reviewed R1's nursing documentation from the day R1 was admitted 7/14/23 and noted that the nurse who took report from the hospital documented R1 had this device.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005466	A. BUILDING: _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUINCY HEALTHCARE & SR LIVING	1440 NORTH 10TH STREET QUINCY, IL 62301

(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 9 V2 stated she would have expected nursing staff to relieve R1's bladder on a schedule to make sure R1's bladder was appropriately emptied. V2 stated she does not believe residents have their output monitored unless they have the diagnosis of CHF or other similar diagnosis. On 7/24/23 at 2:10p.m. V1 (Administrator) stated that she is also a nurse, and it was V1 who accepted R1 as a new resident at the facility. V1 stated that she did not know R1 had an implanted urinary sphincter which required staff to manually open the sphincter to drain R1's urine from R1's bladder. V1 stated she does not know much about this device. V1 stated that when R1 was admitted, R1's nurses should have informed her they did not know how to manage R1's sphincter device. On 7/24/23 at 2:51p.m. V7 (Licensed Practical Nurse/LPN/ Evening Supervisor) stated that on 7/16/23 she was working as a floor nurse on another hall when staff told her that R1's family had concerns about R1's feet being swollen. V7 stated that R1 had only one compression stocking because the other stocking was cut off at the hospital. V7 stated that she gave R1 a new compression stocking so he would have one for each leg. V7 stated that R1's family mentioned R1 had a urinary sphincter device. V7 stated, " I said we would make sure the nurses would show the CNAs how to care for it. I told V4 to show the CNAs how to use it at around 11:30a.m. on that date." V7 stated that V4 told her V4 knew how to use the device. V7 stated that the CNAs told V7 that R1 knew how to use the device himself. V7 stated that later in the day, V8 (LPN) told her that R1's family wanted R1 sent to the hospital because of R1's edema. V7 stated that V8 told her R1 had no signs of CHF exacerbation and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005466	A. BUILDING: _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUINCY HEALTHCARE & SR LIVING	1440 NORTH 10TH STREET QUINCY, IL 62301

(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 10 that V8 thought R1's edema was no different from when he was first admitted. V7 stated that she and V8 went to R1's room and attempted to empty R1's bladder by pushing on R1's sphincter device. V7 stated that V8 was only able to get around 100ml of urine to drain from R1's bladder. V7 stated she and V8 did not attempt to open R1's sphincter a second time to see if more urine would drain out. V7 stated that she didn't know anything about how R1's urinary sphincter worked. V7 stated, " I didn't read up on it and I'm not sure if (V8) did." On 7/24/23 at 4:39p.m. V8 stated she took care of R1 only one time from approximately 2:30p.m.-6:00p.m. on 7/16/23. V8 stated she was not R1's admitting nurse and didn't know anything about R1 before 7/16/23. V8 stated she had never used a urinary sphincter device before and did not know anything about how it worked. V8 stated she did not receive any instruction from the facility on how to manage this device. V8 stated that at first R1 seemed a little confused but she thought he may not have understood what she was asking him when she asked about the sphincter device. V8 stated that she initially checked on R1 because R1's family was concerned that R1's weight had not been monitored and they did not believe the weight the CNA recorded for that day was accurate. V8 stated she reweighed R1 and the weight V8 recorded was within 0.2 pounds of the CNAs weight. V8 stated she looked through R1's medical records and could not find documentation that R1 had been weighed the day before. V8 stated that when she and V7 attempted to empty R1's sphincter device, only 80ml of urine drained from R1's bladder. V8 stated R1 was visibly edematous to his legs and his abdomen. V8 stated R1's bladder was firm.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005466	A. BUILDING: _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUINCY HEALTHCARE & SR LIVING	1440 NORTH 10TH STREET QUINCY, IL 62301

(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 11 V8 stated she and V7 did not attempt to drain R1's bladder a second time to ensure it was empty. V8 stated R1 was sent to the hospital shortly after she drained the 80ml of urine from R1's bladder. (A)	S9999		