

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002869	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/11/2023
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NAME OF PROVIDER OR SUPPLIER CEDAR RIDGE HEALTH & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE ONE PERRYMAN STREET LEBANON, IL 62254
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S 000	Initial Comments Complaint Investigation: 2346549/IL162950	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b) 300.1210d)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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which	S9999	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>allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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> <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>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 interview, observation, and record review the facility failed to ensure that residents who require Dialysis received such services, consistent with professional standards of practice</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>for 2 out of 3 residents (R1, R2) in a sample of 3. This failure resulted in R2 having to be sent to the emergency room and admitted with fluid overload.</p> <p>Findings include:</p> <p>1.) R2's Physician Order (PO) dated 07/13/23 documents "Chronic combined systolic (congestive) and diastolic (congestive) heart failure", "type 2 Diabetes Mellitus with diabetic chronic kidney disease", "End stage renal disease", and "dependence on renal dialysis."</p> <p>R2's PO dated 08/09/23 documents "Dialysis - FYI - Dialysis Treatments 3 X Week at 2:45 PM At: (local dialysis center) Every M-W-F."</p> <p>R2's Care Plan dated 08/08/23 documents, "Hemodialysis r/t End Stage renal failure."</p> <p>R2's MDS (Minimum Data Set) dated 07/20/23 documents that resident has no cognitive impairment. The MDS documents that R2 requires extensive assistance of one person for dressing, toilet use, and personal hygiene. The MDS documents that R2 is not steady, only able to stabilize with staff assistance. The MDS documents that R2 requires dialysis.</p> <p>R2's Nursing Note dated 08/07/23 at 10:22 AM documents "Due to transportation issue, resident missed dialysis treatment on this shift, resident is her own POA and is aware, (V5) NP (Nurse Practitioner), is made aware, this nurse contacted (local dialysis center) and made aware."</p> <p>R2's Nursing Note dated 08/09/23 at 12:05 AM documents "11:17 pm: seen resident sitting on her bed, coughing nonstop, complained of</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>shortness of breath and chest tightness. Legs were also swollen and painful as stated."</p> <p>R2's Nursing Note dated 08/09/23 at 12:16 AM documents "11:30 pm hooked on oxygen inhalation at 2 lpm (liters per minute) called POA (V6) but unable to reached her, instead this nurse left a voicemail. NP (V5) was notified thru (name of app). DON (Director of Nursing), Notified. 12 MN sent resident out to (local hospital), assisted by 2 EMTs (Emergency Medical Technician) via gurney."</p> <p>R2's Hospital Record dated 08/09/23 documents, "Pt from (facility) via EMS (Emergency Medical System), for c/o (complaint of) shortness of breath and leg and abdominal swelling. Pt states the driver at the facility called in on Monday so none of the patients were able to go to dialysis. Breathing labored, 96% RA (room air), dry cough. Pt hypotensive 89/78. Pt vomiting. Dialysis cath. (catheter) to right chest. End-stage renal failure on hemodialysis with volume overload. Hyponatremia (low sodium). Hyperkalemia (high potassium). Anion Gap metabolic acidosis: patient has about electrolyte abnormalities with anion gap metabolic acidosis likely due to infection as well as missing hemodialysis. Patient to be dialyzed today."</p> <p>On 08/11/23 at 12:05 PM, R2 was observed lying in bed in the local hospital on the fifth floor.</p> <p>2.) R1's Physician Order dated 02/24/23 documents "Type 2 Diabetes Mellitus with Diabetic Nephropathy", End Stage Renal Disease", and "Dependence on renal dialysis."</p> <p>R1's Physician order dated 08/09/23 documents, "New Dialysis days Mondays & Fridays (local</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>dialysis center). Chair time 2:00pm."</p> <p>R1's Care Plan dated 08/08/23 documents "Hemodialysis r/t End Stage renal failure."</p> <p>R1's MDS dated 07/14/23 documents that resident has no cognitive impairment. The MDS documents that R1 requires limited assistance of one person for bed mobility, transfer, locomotion on unit, locomotion off unit, dressing, and personal hygiene. The MDS documents that R1 requires extensive assistance of one person for toilet use. The MDS documents that R1 is not steady, only able to stabilize with staff assistance. The MDS documents that R1 receives dialysis.</p> <p>R1's Nursing Note dated 08/07/23 at 10:17 am documents "Due to transportation issue, resident missed dialysis treatment on this shift, NP (V5) is made aware, resident is his own POA and is aware."</p> <p>On 08/11/23 at 8:15 AM, R1 stated that he missed his Dialysis appointment Monday 8/07/23 because they did not have a driver. He has missed 2 or 3 appointments because of no driver.</p> <p>On 08/11/23 at 9:51 AM, V4 (Medical Director) stated that in his professional opinion it's a serious health concerns that residents are missing dialysis.</p> <p>On 08/11/23 at 10:20 AM, V3 (Driver) stated that on Monday when she called off, she was the only driver for the facility. The facility has hired 3 more driver on Tuesday or Wednesday. She stated that it does not require a special license. The only special training is using the wheelchair lift and how to strap in residents. She stated that the driver must be on the facility's insurance to drive.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>She stated that she is unsure if the facility uses public transportation or not.</p> <p>On 08/11/23 at 11:16 AM, V1 (Administrator) stated on Monday the driver called and some of the residents were unable to go to their dialysis appointments. She stated that the facility was unable to get any their sister facilities to assist. At that time, the facility did not have outside transportation, but they do now. She stated that now the facility has 4 drivers and outside transportation.</p> <p>On 08/11/23 at 12:05 PM, R2 stated, "I would never ever refuse dialysis." R2 stated that she has had to be dialyzed three since being in the hospital.</p> <p>Facility's policy "Care of Resident with End-Stage Renal/Dialysis" dated 07/22/22 documents "Residents with end-stage renal disease (ESRD) will be cared for according to currently recognized standards of care."</p> <p>"A"</p>	S9999			