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: C IL6009765 04/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST RAYMOND ROAD **WATSEKA REHAB & HLTH CARE CTR** WATSEKA, IL 60970 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) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S 000 **Initial Comments** \$ 000 Complaint Investigation: 2362678/IL158223 S9999 **Final Observations** S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)2 300.1210d)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 b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological

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LABORATORY DIRECTOR'S OF SPOYIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

PRINTED: 06/06/2023 **FORM APPROVED** Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ C IL6009765 04/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST RAYMOND ROAD **WATSEKA REHAB & HLTH CARE CTR** WATSEKA, IL 60970 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 resident to meet the total nursing and personal care needs of the resident. 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: 2) All treatments and procedures shall be administered as ordered by the physician. 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. These Requirements were not met as evidenced Based on interview and record review the facility failed to monitor and assess residents, timely identify and report changes in condition, and follow physician's orders for two of four residents (R2, R3) reviewed for change in condition in the sample list of six residents. This failure resulted in R2 having multiple hospitalizations for dehydration and acute kidney injury, and R3 being hospitalized for six days with pneumonia.

Findings include:

1.) R2's March 2023 Physician's Orders

Summary documents: R2 admitted to the facility on 1/20/23. R2's diagnoses include Dehydration, Acute Kidney Injury, Hypertension, Coronary Artery Disease with stable Angina Pectoris, Chronic Obstructive Pulmonary Disease, Chronic

PRINTED: 06/06/2023 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 1L6009765 04/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST RAYMOND ROAD WATSEKA REHAB & HLTH CARE CTR WATSEKA, IL 60970 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 Kidney Disease Stage III, and systolic/diastolic Congestive Heart Failure. R2's Minimum Data Set (MDS) dated 1/30/23 documents R2 has moderate cognitive impairment, requires limited assistance of two staff for eating, and has not had complaints of difficulty or pain with swallowing. R2's Care Plan dated 2/1/23 documents R2 is at risk for altered nutritional status with an intervention to record meal intakes and report changes in R2's usual patterns. R2's Laboratory Results dated 1/17/23 at 12:47 PM documents R2's potassium was 3.4 and Creatinine (kidney function laboratory test) was 1.3. R2's January 2023 Food and Fluid Intake Sheet documents R2's meal intake varied between 50 % and 100 %, and two entries of 25 %. R2's fluid intake varied between 240 and 480 cc (cubic centimeters) per meal. R2's February 2023 Food and Fluid Intake sheet documents R2's meal intakes averaged between 0 and 50 %. R2 refused 24 meals and fluid intake for 7 meals between 2/1/23 and 2/22/23. R3's March 2023 Food and Fluid Intake Sheet documents R2 refused 14 meals between 3/1/23 and 3/8/23. R2's fluid intake recorded on 3/1/23 was 480 cc.

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on 3/3/23 was 240 cc, on 3/4/23 was 360 cc, on 3/5/23 was 240 cc, on 3/6/23 was 0, and 3/7/23 was 120 cc. There is no documentation in R2's medical record that V19 was notified of R2's poor fluid/meal intakes in February prior to being hospitalized on 2/22/23 and in March 2023 prior

R2's February 2023 Medication Administration Record (MAR) documents R2 received the

to being hospitalized on 3/8/23.

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STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE S COMPL	
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	(milligrams) by mo 2/1-2/21/23, on 2/2 Acetazolamide (di	nide (Bumex) (diuretic) 2 mg buth twice daily from 24/23, and 2/26/23-2/27/23. uretic) 500 mg by mouth twice one (diuretic) 25 mg by mouth			e **	
* 8 ±	R2's Nursing Note 2/22/23 at 11:00 A	s document the following: On M R2's potassium level was 2.4				- AN
12	for R2 to be transf room. On 3/1/23 a chest pain, vomite	an evaluated R2 and ordered ferred to the local emergency at 12:05 AM R2 complained of ed, and was transferred to the	×			8 1 8 1
	diagnosis of gastro elevated Troponin intravenous potas	R2 returned at 7:50 AM with oenteritis, low potassium and level. R2 was given sium at the hospital. On 3/5/23	, m.s.		SAME STATES	
E N	intake, complained amount and Nitrog This note does no	6:00 AM shift, R2 had poor d of chest pain, vomited a small glycerine was administered. It document that V19 was	X		es 17	
cc (8)	R2 complained of	during 6:00 AM - 6:00 PM shift, chest pain, V19 was notified, ferred to the local hospital.			Y = "*	6 + S
	documents R2 had appetite, hypokale	te by V19 dated 2/23/23 d mental status change, loss of emia (low potassium), and advised to send R2 to the				
	documents: R2 was 2/22/23 and rehyd diuretics were hele administered. This chronic renal failuthat contributed to	charge Summary dated 2/24/23 as admitted to the hospital on drated by intravenous therapy, d, and potassium was s corrected R2's acute on re. R2 had acute dehydration o acute on chronic kidney failure	N.			
		idney function laboratory test) of potassium was 2.6 (critically	[			

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6009765 04/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST RAYMOND ROAD **WATSEKA REHAB & HLTH CARE CTR** WATSEKA, IL 60970 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 4 S9999 low). Discharge instructions include assessing diuretic therapy for acute hypokalemia cause, as R2's potassium has been corrected to 3.5 or higher (normal range), and orders for Burnetanide 2 mg by mouth once daily - hold if not eating/drinking. R2's After Visit Hospital Summary dated 3/2/23 documents: R2 was diagnosed with gastroenteritis and instructions to stay hydrated. take Zofran for nausea, and to follow up with R2's physician. Administer Zofran 4 mg (milligrams) by mouth as needed every 8 hours for nausea/vomiting for up to 15 doses. R2's March 2023 MAR does not document that Zofran was administered. This MAR documents Burnetanide was given daily from 3/2/23-3/8/23 and not held as ordered when R2's intake was poor and refusing meals between 3/1/23 and 3/8/23. There is no documentation in R2's medical record that R2's blood pressure was routinely monitored twice daily in February and March 2023. R2's Hospital History & Physical dated 3/8/23 documents: R2 presented with hypotension (low blood pressure) and Acute Kidney Injury likely secondary to dehydration. R2 received intravenous fluids for hydration and R2's diuretics were held. R2 reported having chest pain for the last week, nausea and vomiting, and pain with swallowing food. R2 reported avoiding drinking water due to the pain. R2 had previously admitted to the hospital for dehydration on 1/17/23. R2's blood pressure in the emergency room was 90/60. On 4/4/23 at 11:38 AM V10 Certified Nursing

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Assistant (CNA) stated in the beginning of March

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\$9999	Continued From pa	age 6	S9999			
9	poor intakes.				8	
3	potassium was 2.4 notified V19 of R2' recall being notifie fluid intake. V2 wo intravenous fluids R2 was seen in the	AM V19 Physician stated R2's on 2/22/23. The facility is behaviors, but V2 does not d of R2's poor appetite and uld have ordered labs and if needed if V19 was notified. e emergency room on 3/2/23				
11 :12	nausea/vomiting, t given R2's diuretic a bone." The facili	If R2 was not eating and had the facility should not have as which would make R2 "dry a ty should have held R2's ad V19. Diuretics make a	s			
	person even drier, drinking. V19 eval not look good. R2 altered mental sta transfer R2 to the	especially if they are not uated R2 on 2/23/23 and R2 di looked dehydrated and had tus. V19 instructed the facility thospital. Lack of appetite with ake and vomiting causes				
	decreased potass function. R2's hos have been prever V19 of R2's decre nursing home sta	ium levels and affects kidney pitalizations definitely could ated if the facility had notified eased intakes and vomiting. The fi should have followed the old when R2's intakes were	е		5 V H	
t ¥ 6	poor. The facility a monitoring R2's b blood pressure in should have beer	also should have been lood pressures closes, as low dicates dehydration. They nobtaining R2's vitals more 12's intakes were poor.	***			
287 <u>8</u> 68	R3 admitted to the Pneumonia and conference aggress tolleting, and che secretions. R3's I 3/6/23 documents	Discharge Summary document e hospital on 3/5/23 with discharged on 3/13/23. R3 ive antibiotic therapy, pulmonal st physiotherapy to help clear Hospital Progress Note dated s R3's chief complaint was used difficulty breathing over the	ry    -		# # # # # # # # # # # # # # # # # # #	

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		ad a loose sounding cough aving for an unknown period of			207	
	documents R3 was	dated 3/5/23 at 1:45 PM s short of breath and lungs ast recorded nursing note prior I/17/23. There is no	1- s		V.	
	documentation in I	R3's medical record that R3's ed and vital signs obtained	P	± 3 € 18		
	hospital in March 2 cough that started	PM R3 stated R3 went to the 2023 for pneumonia. R3 had a a few days prior to that, and ecided R3 needed to go to the				
	prior to R3 being h if R3 was trying to 8:44 AM V13 CNA short of breath, re applied, and R3 w of walking with a v	PM V7 CNA stated a few days nospitalized, R3 had a cough as clear phlegm. On 4/5/23 at a stated R3 had a cough, was quested R3's oxygen be as using a wheelchair instead valker a few days prior to R3 tal on 3/5/23. V13 reported this nurse.				
- S	cough, the nurse of fever, shortness of and notify the phy Count and Comple	B AM V18 Medical stated: If a resident develops a should examine the resident for f breath, assess lung sounds, sician so a Completed Blood ete Metabolic Profile (laboratory x-ray can be ordered.	£-			
2 2	condition and phy documented on a	PM V2 DON stated changes in sician notification should be n Assess Intervene Monitor for nursing note in the resident's	1			

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 1L6009765 04/05/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 715 EAST RAYMOND ROAD WATSEKA REHAB & HLTH CARE CTR WATSEKA, IL 60970 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 8 medical record. V2 stated vital signs should be done twice daily and are documented on a log kept in a binder at the nurses' station. Vital signs are not documented in the resident's medical record routinely. On 4/5/23 at 11:55 AM V2 DON stated when a resident has a cough the nurses should assess lung sounds and pulse oximetry, and notify the physician. The facility's Notification for Change in Resident Condition or Status dated as revised 12/7/17 documents: The resident's physician will be notified when a resident has a change in physical/emotional/mental condition, a need to alter medical treatment and symptoms of infection. Information related to a resident's change in condition will be recorded in the resident's medical record. (A)

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