Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
and PLan OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING:		COMPLETED				
IL6003792		B. WING		C 07/12/2023				
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
PIPER C	PIPER CITY REHAB & LIVING CTR 600 MAPLE STREET PIPER CITY, IL 60959							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE		
S 000	Initial Comments		S 000					
	Complaint Investiga	ation 2365532/IL161696						
S9999	Final Observations		S9999					
	Statement of Licens	sure Violations:						
	300.610a) 300.1210b) 300.1210d)1)2) 300.1630d)							
	Section 300.610 Re	esident 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.							
	Section 300.1210 G Nursing and Person	Seneral Requirements for nal Care						
	care and services to practicable physica well-being of the re- each resident's con plan. Adequate and care and personal of	shall provide the necessary o attain or maintain the highest I, mental, and psychological sident, in accordance with apprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal esident.						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

TITLE



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THE PERIOD SOURCEMENT IS A PORTION TO MISSER.		A. BUILDING:						
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PIPER C	ITY REHAB & LIVING	CTR	LE STREET TY, IL 60959	1				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)		
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S9999	Continued From pa	ige 1	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:							
	Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.							
		nts and procedures shall be dered by the physician.						
	Section 300.1630 A	Administration of Medication						
	d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation, and a notation made in the resident's record.							
	These requirement by:	s were not met as evidenced						
	review the facility fa ordered nebulizer to significant medication residents reviewed of ten. This failure re emergency room of	ion, interview, and record ailed to administer physician reatments resulting in a con error for one (R1) of eight for medications in the sample resulted in R1 being sent to the n 5/31/23 and hospitalized on Obstructive Pulmonary ion (COPD).						
	Findings include:							
	receive R1's COPD	AM, R1 stated R1 did not medications for over 3 weeks alized for breathing issues						

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 600 MAPLE STREET PIPER CITY, IL 60959						
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\$9999	twice since R1 adm told it was due to the medications. R1 start R1's nebulizers as shospital last week. On 7/11/23 at 10:22 stated V3 gave R1's to self-administer, an ebulizer soon. V3 doctors order for R1's nebulizer. On 7/11/23 at 10:28 room with two vials overbed table. One Solution 0.5-2.5 (3) milliliter) and the other of the state of the state of the state one of R1's nebulizer chamber, and initiate the nebulizer treatment have an hour window scheduled time to a state one of R1's result of the state one of R1's result of the state of the	nitted to the facility. R1 was le nurses not ordering R1's lated, R1 has not been getting scheduled prior to going to the 2 AM, V3 Registered Nurse is nebulizer solution vials to R1 and R1 is going to start R1's stated V3 did not see a 1 to be able to self-administer 3 AM, R1 was sitting in R1's of nebulizer solution on R1's vial was Ipratropium-Albuterol MG/3 ML (milligrams per her was Arformoterol Tartrate rams per milliliter) At this time, V3 instructed R1 ormoterol Tartrate into the apply R1's nebulizer mask, ulizer treatment. V3 left R1's is At 1:47 PM, V3 stated we low before and after the administer the medication. V3 nebulizers was scheduled at her is at 10:00 AM, but V3 "got got y". PM, V4 Licensed Practical ents must have a physician's ister medication. V4 stated a MAR indicates the medication " refers to the progress notes, cation is not given and/or	S9999			

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\$9999	Assistant stated wh working resident wo changed and medic time. V11 stated the realize that R1 gets treatments. R1 rependentizer treatment R1's Census documfacility on 4/30/23 a 5/31/23 and 7/5/23-Set dated 5/13/23 cintact. There is no precord for R1 to sel treatments. R1's May 2023 Med (MAR) documents Fumarate) Inhalation one vial inhale v 12 hours for COPD administered for 10 documents Formotone vial via nebulize 6:00 AM and 6:00 F (milligrams per milli scheduled twice da Arformoterol Tartrat nebulizer is schedu 5:00 PM, and Ipratr MG/3 ML one vial vevery 6 hours at 4:0 and 10:00 PM. The Proof of Delive pharmacy dated 5/7 facility received 60 ml for R1 on 5/4/23 refilled again until 7	en there is only one nurse ound dressings don't get cations are not given or on e nurses get busy and don't	S9999			

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S9999	Continued From pa	ige 4	S9999						
	ordered).								
	5/31/2023 at 10:36 upon exertion and remergency room. The when R1 was trans the reason for R1's PM the facility recephospital informing the currently on intrave that R1 had not been medications as R1 home. There is no record as to why the not administered as	document the following: On AM R1 was short of breath requested to go to the here is no documentation of ferred to the hospital in July or transfer. On 7/6/2023 at 3:20 ived a phone call from the he facility that R1 was nous steroids. R1 complained en getting R1's COPD was taking the medications at documentation in R1's medical e nebulizer medications were stordered on the dates listed physician was notified of the							
	5/31/23 at 11:45 AN with complaints of of for the past few day home staff were no treatments. R1's chinfiltrate to the right diagnosed with CO pneumonia and giv R1's Emergency Do 7/4/23 at 1:15 PM of shortness of breath not been receiving R1 was alert and or time. R1 had expirate and was given intra R1 Hospital Dischal	epartment Provider note dated of documents, R1 presented cough and shortness of breath ys. R1 reported that nursing it administering R1's nebulizer lest x-ray showed increased upper lobe. R1 was PD exacerbation and en intravenous antibiotics. Repartment Provider note dated documents, R1 complained of a for the last 5 days. R1 has R1's night Albuterol inhaler. Friented to person, place, and atory wheezing, was admitted, avenous steroid and antibiotic. Tries Summary dated 7/8/23 pation and pneumonia as R1's diagnoses.							

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revised 11/18/17 doo be administered with scheduled medicatio should not be left at by the physician. Thi on the MAR the date administered and rec	ation Administration policy cuments medications are to hin an hour before or after the on time, and medications the bedside unless ordered is policy documents to record and time the medication is cord any reason a medication and notify the physician.	S9999							

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