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: _ IL6004907 B. WING 05/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1001 SOUTH STATE STREET JERSEYVILLE NSG & REHAB CENTER** JERSEYVILLE, IL 62052 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) **Initial Comments** S 000 S 000 First Revisit to Annual Health Survey First Revisit to Complaint Investigation 2342565/IL158063 \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610 a) 300.1210 b)3) 300.1210 d)4) Section 300.610 Resident Care Policies 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

Illinois Department of Public Health

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

plan. Adequate and properly supervised nursing care and personal care shall be provided to each

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

Nursing and Personal Care

TITLE

Attachment A Statement of Licensure Violations

(X6) DATE

PRINTED: 06/15/2023 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: R IL6004907 B. WING 05/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1001 SOUTH STATE STREET JERSEYVILLE NSG & REHAB CENTER** JERSEYVILLE, IL 62052 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: All nursing personnel shall assist and 3) encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary. 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: Personal care shall be provided on a 24-hour, seven-day-a-week basis. These requirments are not met as evidenced by: Based on interview and record review, the Facility failed to respond to call lights in a timely to address residents' needs for 4 of 6 residents (R8, R10, R19, R36) reviewed for dignity in the sample of 15. This failure resulted in R10 looking down with eyes filling with water, feeling sad, angry like staff don't want to take care of her. This failure also resulted in R36 feeling degraded and embarrassed. Findings include: The facility's Resident Council Meetings, dated May 10, 2023, attended by: R8, R10, R36, documents New Business Issues/Concerns: Call lights not being addressed.

Illinois Department of Public Health

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: IL6004907 B. WING 05/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH STATE STREET **JERSEYVILLE NSG & REHAB CENTER** JERSEYVILLE, IL 62052 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 2 S9999 1. R10's Minimum Data Set (MDS), dated 4/18/2023, documents R10 is cognitively intact. On 5/22/23 at 9:55 AM, R10 stated she can do some things for herself, but does need care. R10 stated it takes the staff over an hour sometimes to come in and help. R10 stated when the staff answer the call light, they help R10's roommate and do not help her. R10 stated ,she is told that they are there to help the roommate and not her. R10. looking down with eyes filling with water, stated ,she feels sad, angry, and like they don't want to take care of her. R10 stated ,she is in the facility because she needs help too. 2. R8's MDS, dated 3/21/23, documents R8 is cognitively intact. On 5/22/23 at 9:50 AM, R8 stated it takes a long time for the staff to answer the call lights. R8 stated it can take up to 45 minutes. R8 stated he has waited so long and transferred himself and slid to the floor. R8 stated it takes so long. 3. R36's MDS, dated 2/8/23, documents R36 is cognitively intact. On 5/22/23 at 10:10 AM, R36 stated he does go to the resident council meetings. R36 stated it takes a long time to get his light answered. R36 stated his son is here, and it even takes a long time then. R36 stated he and his son write concerns on a sticky note and place it on the closet so the staff are aware. R36 stated he gets wet and must sit sometimes up to 2 hours before he gets help. R36 stated he must get in the bed to get clean, and it takes a long time. R36 stated

Illinois Department of Public Health

to sit wet."

he feels degraded and embarrassed. "Who wants

PRINTED: 06/15/2023 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: R B. WING IL6004907 05/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1001 SOUTH STATE STREET JERSEYVILLE NSG & REHAB CENTER** JERSEYVILLE, IL 62052 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 On 5/22/23 at 10:12 AM, a pink sticky note on R36's closet door documents R36 waited over an hour for care. On 5/22/23 at 2:10 PM, V17, R36's son, stated the call lights are a problem. V17 stated even today it took over an hour to get his father cleaned up. V17 stated the got here before lunch about 11:15-11:30 AM. V17 stated ,he asked over an hour ago for his father to be cleaned. V17 stated ,he was told ,they would just put R36 in the shower. V17 stated ,the call light was turned off and then they left. V17 stated they didn't give him a shower. V17 stated, Now at 2:00 PM they come". V17 stated this is one of the shorter times. V17 stated he has waited over 2 hours for care. 4. R19's MDS, dated 4/21/23, documents R19 is cognitively intact. On 5/18/2023 at 900 AM, R19 was lying in bed. R19 stated it takes a long time for the staff to answer the call lights. R19 stated he understands they have a lot to do, but it takes "forever". R19 stated the staff will come in turn the lights off. then never come back. R19 stated they want him to wait and not transfer himself, but they never come. R19 stated if he doesn't try to take himself then he will go on himself. On 5/18/23 at 9:56 AM, R19 stated, "I use my call light, staff will come and turn it off and then never come back. I

Illinois Department of Public Health

you see them.

have fallen trying to transfer myself to the

On 5/23/2023 at 3:00 PM, V18, CNA, stated it is everyone's responsibility to answer the call lights, and that lights should be answered as soon as

bathroom or to bed."

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: IL6004907 B. WING 05/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1001 SOUTH STATE STREET JERSEYVILLE NSG & REHAB CENTER** JERSEYVILLE, IL 62052 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 4 S9999 On 5/23/2023 at 3:05 PM, V16, RN/ MDSC, stated answering the call lights start with the CNA's then the nurses. V16 stated the lights should be answered as soon as they go on, but sometimes the aides are in rooms. V16 stated a light on for more than a hour is too long. The Facility's "Answering the Call Light" Policy. revised July 2014, documents, "The purpose of this procedure is to respond to the resident's requests and needs. "Answer the resident's call as soon as possible. Be courteous in answering the resident's call." It continues, "If you have promised the resident you will return with an item or information, do so promptly." (B)

Illinois Department of Public Health