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: IL6007298 06/22/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3614 NORTH ROCHELLE SHARON HEALTH CARE PINES **PEORIA, IL 61604** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X6) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) \$ 000 Initial Comments S 000 **Annual Licensure Survey** S9999' Final Observations S9999 Statement of Licensure Violations: 300.1210b) 300.1210d)2) Section 300.1210 General Requirements for Nursing and Personal Care 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. 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: All treatments and procedures shall be administered as ordered by the physician. These requirements are not met as evidenced by: Based on observation, interview, and record Attachment A review, the facility failed to obtain a physician Statement of Licensure Violations ordered Dilantin level for one of two residents (R47) reviewed for hospitalizations in the sample

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

TITLE

(X8) DATE

**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 IL6007298 06/22/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3614 NORTH ROCHELLE** SHARON HEALTH CARE PINES **PEORIA, IL 61604** 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 REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 of 30. This failure resulted in R47 being hospitalized with a critically high Dilantin level. Findings include: On 06/20/23 at 10:41 AM. R47 was alert self-propelling himself in the hallway. R47 stated, "A few weeks ago, I had to go to the hospital because they messed something up with my medicine." R47's Care plan, dated 6/21/23, documents. "(R47) has a seizure disorder. (R47) has a (vagal nerve) Interventions: Give seizure medication as ordered by doctor. Monitor/document side effects and effectiveness. Obtain and monitor lab/diagnostic work as ordered. Report results to physician and follow up as indicated." R47's Nurses' notes, dated 4/15/23 at 10:23 a.m., document, "This nurse was notified that (R47) was out on the patio having a seizure. (R47) was having a seizure for 4 minutes. No falls or no injuries. (R47) stayed in a catatonic state for 15 minutes. Doctor was notified and his orders are as follows add Dilantin 250 mg (milligrams) TID (three times a day), and also get a Dilantin level in two weeks. New orders updated in MAR (Medication Administration Record), Facility protocol put in place for seizure activity. Management notified of new orders." R47's Physician's orders, dated 6/22/23. document that on 4/15/23 Dilantin 250 mg by mouth three times a day was ordered to be received for convulsions.

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R47's Physician progress note, dated 5/10/23. documents, "Feels weaker since starting Dilantin. Plan: Start Vimpat 100 mg BID (twice a day).

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: IL6007298 B. WING 06/22/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3614 NORTH ROCHELLE** SHARON HEALTH CARE PINES PEORIA, IL. 61604 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY**) S9999 Continued From page 2 S9999 Discontinue Dilantin." R47's Nurses's notes, dated 5/11/23 at 9:23 p.m., document, "(R47) reported to this nurse that he has been feeling 'foggy' lately and that he feels like that he 'fades out' at times but only for a few seconds. Other residents stated that (R47) goes limp and that it lasts for only seconds. (R47) also stated that he has moments of slurred speech. This information was reported to Doctor and his recommendation was to send resident to local emergency room for evaluation/treatment. (R47) recently was put on Dilantin to which he stated made him feel worse and the Dilantin was then discontinued and replaced with Vimpat." R47's Laboratory form, dated 5/11/23, documents that R47's Dilantin level was not drawn until 5/10/23 and was at a critically high level at 38 mcg (microgram)/ml (milliliter). Normal therapuetic range for an adult is (10-20 mcg/ml). R47's Nurses's notes, dated 5/11/23 at 11:25 p.m., documents, "Reported to this nurse from previous nurse (R47) at local hospital. This nurse called local hospital and obtained Information on (R47). (R47) being admitted to local hospital. admitting diagnosis: Seizures and Seizure medications." R47's Hospital After Visit Summary, dated 5/13/23, documents that on 5/11/23 a Dilantin level was drawn upon admission with critically high results of 38. On 6/22/23 at 11:20 a.m., V2 (Director of Nursing) confirmed that R47's Dilantin level was not obtained two weeks after the Dilantin was initially started as ordered by the physician.

**FORM APPROVED** Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING\_ IL6007298 06/22/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3614 NORTH ROCHELLE** SHARON HEALTH CARE PINES **PEORIA, IL 61604** SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX (X5) COMPLETE DATE **PREFIX** TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 (A)

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