

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2024
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NAME OF PROVIDER OR SUPPLIER BREESE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1155 NORTH FIRST STREET BREESE, IL 62230
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments	S 000		
S9999	<p>Complaint Investigation 2440739/IL169221.</p> <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210d)1)2) 300.1630d) 300.1640e) 300.3220f)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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</p>	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
02/21/24

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S9999	<p>Continued From page 1</p> <p>care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</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> <ol style="list-style-type: none"> 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician. <p>Section 300.1630 Administration of Medication</p> <p>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.</p> <p>Section 300.1640 Labeling and Storage of Medications</p> <p>e) The key or access code to the medicine cabinet, medicine room, or mobile medication cart shall be the responsibility of, and in the possession of, the persons authorized to handle and administer medications, at all times.</p> <p>Section 300.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>issued to assure facility compliance with such orders.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to provide pain management for one of three residents (R2) reviewed for pain management in the sample of six. This failure resulted in R2 having to endure increased untreated pain for a prolonged period of time</p> <p>Findings Include:</p> <p>R2's Minimum Data Set, dated 12/12/23, documented that R2 is cognitively intact.</p> <p>R2's Pain Care Plan, dated 8/8/23, documented, "(R2) has complaint of pain at times related to Osteoarthritis. The nursing (staff) monitors his pain each shift and prn (as needed). He (R2) is offered pain medications as per medical doctor orders."</p> <p>On 1/30/24 at 11:30 AM, R2 stated, "I hurt a lot. I have to take pain medicine"</p> <p>R2's Physicians Order Sheet (POS), dated 12/29/23, documented that R2 was admitted to hospice with a diagnosis of Colon Cancer.</p> <p>R2's POS, dated 1/18/24, documented, "Morphine Sulfate 20 mg (milligrams)/ML (Milliliters) by mouth in the morning every Monday, Wednesday, and Friday prior to Dialysis."</p> <p>R2's POS, dated 1/2/24, documented, "Tramadol 50 mg 1 tablet every 4 hours when needed for pain."</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R2 POS, dated 1/8/24, documented, "Morphine sulfate 20 mg/ml give 0.25 ml by mouth every one hour as needed for pain."</p> <p>R2's Nurses Note, dated 1/24/23 at 1:21 AM, documented, "Received call from night nurse that evening shift agency nurse must have took med cart (medicine cart) keys home with her. Call placed to (Agency) representative and (Facility's) Pharmacy, message left for both to call this writer back. Call placed to administrator and updated on situation."</p> <p>R2's Nurses Note, dated 1/24/23 at 08:49 AM, documented, "Call placed to (Facility's) Pharmacy, request to receive extra set of keys to lock box on each med cart for back up. Faxed over ID information on each lock box, pharmacy will send out keys."</p> <p>R2's Nurses Note, dated 1/24/23 at 9:52 AM, documented, "Call placed to agency nurse that worked evening shift prior, to check once she gets home for keys."</p> <p>R2's Nurses Note dated 1/24/23 at 3:50 PM agency nurse returned keys to the facility.</p> <p>On 1/31/24 at 3:00 PM, V2, Director of Nursing, stated, "He (R2) did not receive his medications on the morning of 1/24/24 due to not having keys to the lock box."</p> <p>On 1/31/24 at 1:17 PM, V13, Dialysis Nurse, stated, "When he returned from the hospital, the family decided to continue dialysis even though he is on hospice, but his pain was not in control. The treatment team decided that he would receive morphine before leaving the facility on</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Monday, Wednesday, and Friday. On the 24th of January (R2) came to dialysis, but he was complaining of pain and hollering out. I gave him Tylenol, but it did not help. He is usually in a lot of pain. I called the facility, and they stated they didn't have keys to get into the lock box to give him medications. We had to stop his treatment, because he was yelling I want to go home I'm hurting. We sent him back to the facility, but he usually carries a lot of fluid. I set up a dialysis on Saturday, but it wasn't ideal because they were only going to remove the fluid."</p> <p>On 2/1/24 at 11:01 AM, V15, Nurse Practitioner, stated, "From my perspective yes he (R2) should have received it (pain medications). The inability to get it, they should have reached out to hospice or our office. If he didn't complete dialysis because of pain that's a problem. I don't believe it is detrimental to him (to miss dialysis). He does very well with his blood pressure and electrolytes. It's not great that he missed a day, but it's not detrimental."</p> <p>The Facility's Pain Policy, undated, documented, "1. To provide effective pain assessment and management that helps remove the adverse psychological and physiological effects of unrelieved pain." It continues, "4. To ensure optimal patient comfort through a proactive pain control plan, which is mutually established with the patient, family, and members of the health care team."</p> <p>(B)</p>	S9999		