

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006555	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/26/2024
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NAME OF PROVIDER OR SUPPLIER NOKOMIS REHAB & HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 505 STEVENS STREET NOKOMIS, IL 62075
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S 000	Initial Comments Complaint Investigation 2442101/IL170900	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210 b)2) 300.1210 c) 300.1220 b)7) 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 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. Restorative measures shall include, at a minimum, the following procedures: 2) All nursing personnel shall assist and encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents'	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/10/24
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S9999	<p>Continued From page 1</p> <p>respective resident care plan.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>7) Coordinating the care and services provided to residents in the nursing facility.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to follow doctors orders for therapy services for 6 out of 6 (R1, R3, R4, R5, R8, R9) residents reviewed for Quality of care. This failure resulted in 2 of the 6 residents experiencing psychosocial distress as evidence by R4 having a "breakdown" at a careplan meeting due to lack of therapy and inability to return to his home, and R5 experiencing a feeling of "losing everything" he has gained with his previous therapy sessions.</p> <p>Findings include:</p> <p>1. R4's face sheet, dated 3/21/2024, documents R4's admission date to facility as 2/22/2024 and diagnosis include metabolic encephalopathy, major depressive disorder, hypocalcemia, insomnia and anxiety.</p> <p>R4's Minimum Data Set, dated 3/5/2024, documents R4 is dependent for activities of daily living.</p> <p>R4's care plan, dated 3/3/2024, documents R4 needs assist with Activities of Daily living.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R4's physicians orders contain order, dated 2/22/2024, for may have physical therapy/occupational therapy/speech therapy as determined by intradisciplinary team recommendation.</p> <p>On 3/21/2024 at 1:15 PM, R4 stated he has not received therapy services at the facility since his admission on 2/22/2204. R4 stated he wants to go home and thathe needs therapy to get stronger so he can go home. R4 states he needs a full body lift right now to transfer, and he cannot go home until he has therapy. R4 stated he had a breakdown at his care plan meeting this week because he wants to get home and he can't, because he isn't getting therapy. R4 stated the staff use the lift on him because the staff are not allowed to walk him. R4 stated he gets tearful because he isn't getting the therapy he needs to get home. R4's voice is shaky, and eyes are filling with tears as he talks about not getting therapy and not being able to get home yet.</p> <p>2. R5's face sheet, dated 3/21/2024, documents R5's admission date as 11/3/2022, with diagnoses of cerebral palsy, anxiety, hypertension, and hyperlipidemia.</p> <p>R5's Minimum Data Set, dated 1/3/2024, documents R5 as being dependent on staff for activities of daily living.</p> <p>R5's care plan, dated 11/2023, documents R5 to have physical and occupational therapy as needed for improvement.</p> <p>R5's physicians orders contain order, dated 2/1/2024, for physical therapy recertification</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>orders skilled physical therapy I time a week for 4 weeks to include therapeutic exercises therapeutic activities neuromuscular reeducation gait training electrical stimulation ultrasound short wave diathermy per plan of care.</p> <p>On 3/21/2024 at 1:00 PM, R5 stated he is supposed to be getting therapy, but hasn't gotten any therapy for a month. R5 stated he has lost all the strength that he has gained, and now he will have to start all over again whenever he begins to get therapy again. R5 stated he requires therapy because of his cerebral palsy.</p> <p>3.R1's physicians orders contain order, dated 2/9/2024, for PT (Physical Therapy) to eval and treat.</p> <p>4. R3's physicians orders contain order, dated 2/12/2024, for physical therapy clarification order skilled physical therapy 4 times a week for 4 weeks to include therapeutic exercise therapeutic activities neuromuscular re-education gait training electrical stimulation ultrasound short wave diathermy per plan of care.</p> <p>5. R8's physicians orders contain order, dated 2/9/2024, for physical therapy and occupational therapy clarification order skilled physical therapy 5 times a week for 4 weeks to include therapeutic exercise, therapeutic activities neuromuscular reeducation, gait training, electrical stimulation ultrasound short wave diathermy for diagnosis of weakness.</p> <p>6. R9's physicians orders contain order, dated 2/19/2024, for physical therapy 3 times a week for 4 weeks, therapeutic exercise therapeutic activities neuro re-ed manual techniques gait training and estim.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>On 3/21/2024 at 11:00 AM, V1 (Administrator) stated, "Therapy services ended on 2/17/2024, and a new company starts soon. The new therapy company was in this week." V1 stated she is not sure if she has anyone with therapy orders right now.</p> <p>On 3/21/2024 at 11:10 AM, V2 (Business office Manager) stated they do not have therapy services, and it has been about a month since therapy was here. V2 stated they have a new therapy company that is starting soon.</p> <p>On 3/21/2024 at 12:20 PM, V1 stated there are 6 residents with orders for therapy that are not receiving therapy services.</p> <p>On 3/21/2024 at 12:40 PM, V3 (Licensed Practical Nurse) stated the facility has not had therapy services for about a month now. V3 stated R1, R3, R4, R5, R8, and R9 had an order to hold therapy services, dated 2/18/2024, for one week. Since, those residents still have not received therapy even though there are doctor's orders for therapy. V3 states, "Corporate has not let us know the status of therapy servicing starting up again. We have no idea when those residents will begin receiving therapy services again."</p> <p>On 3/21/2024 at 2:30 PM, V6 (Licensed Practical Nurse) stated there have been no therapy services since the middle of February.</p> <p>Observations of no therapy staff in building on the date of 3/21/2024 11:00 AM-3:30 PM.</p> <p>(B)</p>	S9999		