

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016711	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER CONCORDIA VILLAGE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4101 WEST ILES AVENUE SPRINGFIELD, IL 62711
---	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>and be knowledgeable about his or her residents' respective resident care plan.</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> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure medications were given as prescribed, as well as at the time frame as ordered, for 2 of 5 residents, (R32, R104) reviewed for medications, in the sample of 28.</p> <p>This failure caused R32's medication to be omitted for 5 doses/nights, causing R32 to experience wandering behaviors requiring intervention.</p> <p>Findings include:</p> <p>1. R32's Face Sheet, dated 9/20/2023, documents R32 has Alzheimer's Disease, Dementia with Behavioral Disturbances, Insomnia, and Hallucinations.</p> <p>R32's Administration Record documents, "Trazodone 100 mg, (Milligrams), tablet one time daily starting 12/23/2022. Indication: Insomnia."</p> <p>R32's Care Plan, dated 9/20/2023, documents, "(R32) has a diagnosis of Insomnia- Alteration in sleep pattern related to insomnia. Medications should be given per the Medical Doctor's order."</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016711	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2023
NAME OF PROVIDER OR SUPPLIER CONCORDIA VILLAGE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4101 WEST ILES AVENUE SPRINGFIELD, IL 62711		
(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
S9999	Continued From page 2 The Facility's Adverse Event Documentation, dated 3/27/2023, documents, "Brief Description of Medication Event (describe medications involved and any immediate actions taken). On 3/26/2023 it was noted that Trazodone 100 mg was not in the medication strip. Call placed to Pharmacy who states the medication was not discontinued on 3/16/2023. Our records indicate that medication as not discontinued but was updated to add Physical monitors to the order. Pharmacy states, they did not receive the updated order. Pharmacy confirms that Trazodone was delivered on 3/15/2023 with enough meds to receive doses through 3/21/2023. Resident did not receive Trazodone as ordered from 3/21/2023-3/25/2023. Trazodone 50 mg 2 tabs were pulled from the state safe for 2100 (9 PM) dose on 3/26/2023. No adverse effects noted." R32's Administration History documents R32 had no behaviors requiring intervention 3/16/2023, 3/17/2023, 3/10/2023, 3/20/23. Its further documents on 3/21/2023, R32 exhibited "wandering" behaviors on 3/21/2023, 3/22/2023, and 3/24/2023 requiring redirection, and one to one staff with resident. On 9/19/2023 at 11:56 AM, V24, Certified Nursing Assistant, (CNA), stated she has worked at the Facility for approximately one year. V24 stated R32 does not currently have any behaviors, but he did previously. V24 stated, "He (R32) wouldn't sleep. He was an 'all nighter' (implying R32 stayed up all night)." On 9/20/2023 at 1:02 PM, V17, Assistant Director of Nursing, (ADON), stated, "We added Physical monitors for adverse reactions or behaviors (to the Administration History). I faintly remember the Trazodone situation. The nurses should have	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016711	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/21/2023
NAME OF PROVIDER OR SUPPLIER CONCORDIA VILLAGE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4101 WEST ILES AVENUE SPRINGFIELD, IL 62711		
(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
S9999	Continued From page 3 noticed it wasn't there if they were following the MAR (Medication Administration Record). I do not know how they did not catch it for that many days. That's the problem. It (Trazodone) wasn't being given." On 9/20/2023 at 1:17 PM, V17 stated R32 could have experienced some adverse effects from missing the Trazodone doses. On 9/20/2023 at 1:59 PM V2, Director of Nursing, (DON), stated, "The nurses obviously didn't check to make sure it was packaged in the (medication) strips. I would expect them to check every single time for medication accuracy. If a med (medication) was missing, I would expect them to notify Pharmacy and get it out of the stat safe (an emergency medication supply)." V2 continued to state the Facility had implemented a new behavior tracking system and the medication order had to be discontinued and re-entered. V2 stated, "The Pharmacy reports they did not get the new order entered, just to discontinue it." V2 stated, "He (R32) did exhibit increased symptoms (restlessness) during that time frame (3/21/2023-3/25/2023). 2. R104's Face Sheet, dated 09/20/2023, documented diagnoses of blindness one eye unspecified eye and unspecified glaucoma. R104's Physician order sheet, dated 09/2023, documents orders for Latanoprost 0.005% eye drops 1 drop both eyes. Indication was for glaucoma. Every evening starting 9/11/23 at 5:00 PM. R104's Minimum Data Set, (MDS), undated, documented R104's cognition was moderately	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016711	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CONCORDIA VILLAGE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4101 WEST ILES AVENUE SPRINGFIELD, IL 62711
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>impaired.</p> <p>On 09/19/2023 at 08:37 AM, V5, Registered Nurse, (RN), was at the medication cart; took out R104's Latanoprost eye drops. V5 administered R104's latanoprost eye drops, 1 drop in each eye.</p> <p>On 09/20/2023 at 10:43 AM, R104 stated he was ok with the nurse (V5, RN) giving him his eye drops at the breakfast table. He continued to state usually they do his eye drops in his room.</p> <p>On 09/20/2023 at 11:25 AM V14, RN stated she would give the right medication at the right time as ordered.</p> <p>On 09/20/2023 at 2:00 PM, V7, LPN stated she would give the right medication at the right time.</p> <p>On 09/20/2023 2:15 PM, V21, LPN stated would give the right medication at the right time and as the Doctor ordered it.</p> <p>The Facility's "Administering Medication" Policy, dated 9/22/2023, documents, "Medication shall be administered in a safe and timely manner as prescribed."</p> <p>(B)</p>	S9999		
-------	---	-------	--	--