Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6016711 B. WING 09/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4101 WEST ILES AVENUE CONCORDIA VILLAGE CARE CENTER **SPRINGFIELD, IL 62711** SUMMARY STATEMENT OF DEFICIENCIES (X4) iD PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG DATE DEFICIENCY) S 000 Initial Comments \$ 000 Annual Health Survey S9999 Final Observations S9999 Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)1) 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 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 Attachment A resident to meet the total nursing and personal Statement of Licensure Violations care needs of the resident. Each direct care-giving staff shall review Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

STATE FORM

(X6) DATE

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: IL6016711 B. WING 09/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4101 WEST ILES AVENUE CONCORDIA VILLAGE CARE CENTER SPRINGFIELD, IL 62711 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 and be knowledgeable about his or her residents' respective resident care plan. 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: Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. These requirements are not met as evidenced by: 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. This failure caused R32's medication to be omitted for 5 doses/nights, causing R32 to experience wandering behaviors requiring intervention. Findings include: 1. R32's Face Sheet, dated 9/20/2023. documents R32 has Alzheimer's Disease. Dementia with Behavioral Disturbances, Insomnia, and Hallucinations. R32's Administration Record documents," Trazodone 100 mg, (Milligrams), tablet one time daily starting 12/23/2022. Indication: Insomnia." 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."

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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: IL6016711 B. WING 09/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4101 WEST ILES AVENUE **CONCORDIA VILLAGE CARE CENTER** SPRINGFIELD, IL 62711 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 2 \$9999 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 staved 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

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