PRINTED: 01/10/2024 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** IL6002588 10/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1203 EGYPTIAN TRAIL** TUSCOLA HEALTH CARE CENTER TUSCOLA, IL 61953 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S 000 **Initial Comments** S 000 Complaint Investigation: 2368711/IL165676 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)1)2)3) 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 300.1010 Medical Care Policies The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including.

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

but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain

of five percent or more within a period of 30 days.

The facility shall obtain and record the physician's plan of care for the care or treatment of such

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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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** IL6002588 10/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1203 EGYPTIAN TRAIL** TUSCOLA HEALTH CARE CENTER TUSCOLA, IL 61953 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 1 S9999 accident, injury or change in condition at the time of notification. 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. All treatments and procedures shall be administered as ordered by the physician. 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. These Regulations are not met as evidenced by: Based on interview and record review the facility failed to timely obtain a urinalysis and follow up

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(UTI) symptoms. There is no documentation in R1's medical record that R1 received antibiotic treatment between 9/28/23 and 10/14/23.

R1's Nursing Note dated 10/14/23 at 6:00 PM documents R1 had increased confusion. R1's Nursing Note dated 10/15/23 at 10:00 PM documents R1's Power of Attorney (V5) voiced concerns that R1 was semi-lethargic (sluggish)

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION MIGROED.		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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		IL6002588	B. WING			31/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	STATE, ZIP CODE			
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TUSCOLA HEALTH CARE CENTER 1203 EGYPTIAN TRAIL TUSCOLA, IL 61953							
(X4) ID				ID PROVIDER'S PLAN OF CORRECTION (X5)			
PRÉFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	VE ACTION SHOULD BE COMPLETE DATE		
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	UTI and explained to antibiotic approximation what antibiotic R1 however of R1's Medi Administration Reconstruction antibiotic orders write to be transferred to R1's Hospital Dischadmitted on 10/15/2 10/24/23. This Sum admission diagnose (brain damage/disection damage/disection that can dasystems). This sumpresented to the hospital province in the sumpresented in the sum in the s	ords and POS there were no tten. V5 then requested for R1					
	Attorney) stated V5 for a Urinary Tract Ir 2023 and R1's resul positive for a UTI. V there was no medica UTI, but when I view computer screen (el software) it showed (antibiotic) Double S days. V5 stated the V5 that the nurse loc Assistant Director of the order. V5 stated speech and was slewould not eat and w V5 stated a resistive	AM V5 (R1's Power of had requested R1 be tested of the requested R1 be tested of the requested R1 in September to the state of the unidentified nurse's ectronic communication an order for Bactrim of the state of the order, but V3 in Nursing forgot to implement on 10/14/23 R1 had slurred the py and on 10/15/23 R1 as transferred to the hospital. In strain of E. Coli was found in admitted to the hospital for 9					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			A. BUILDING					
		IL6002588	B. WING		C 10/31/2023			
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE				
TUSCOL	TUSCOLA HEALTH CARE CENTER 1203 EGYPTIAN TRAIL							
		TUSCOLA	, IL 61953					
(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 CORRECTING (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICENCY)	D BE COMPLETE			
S 999 9	Continued From page 4		S9999					
	days, and R1 was given intravenous antibiotics.							
	On 10/30/23 at 12:1 Nursing (ADON) sta C&S on 9/28/23 into software) and did no from the nurse prace On 10/30/23 at 2:27 Nurse (LPN) stated 10/15/23 in the after hospital and diagno- told V7 that V5 had be checked for UTI have been given an know what V5 was to could not locate any R1. V7 stated V3 AI C&S results into the software) and the for	11 PM V3 Assistant Director of ated V3 uploaded R1's Urine o (electronic communication of receive any response back						
	R1 to the hospital or	PM V8 LPN stated V8 sent n 10/15/23, R1 was not R1's pre confused and slower to						
Himnis Doner	On 10/30/23 at 12:1 stated all of the facil (electronic commun nurses obtain orders contacting the physi directly. V2 stated pl orders, is document the POS; if there are communication shot nursing note. The (e software) was viewed.	3 PM V2 Director of Nursing ity's nurses have access to ication software) and the sthrough this system or by cian/Nurse Practitioner hysician notification with new ed in a nursing note and on a no new orders the ald be documented in a electronic communication at with V2, R1's Urine C&S uploaded, and the following						

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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		IL6002588	B. WING		10/31/202	23	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE			
TUSCOL	TUSCOLA HEALTH CARE CENTER 1203 EGYPTIAN TRAIL TUSCOLA, IL 61953						
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECTE	ON O	VE	
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S9999	Continued From page 5		S9999				
	as "deleted". There communication beto Nurse Practitioner in V2 stated the laborate facility on Mondays, obtain/pick up labor confirmed there is in medical record that reviewed with V4 or On 10/30/23 at 2:00 should be obtained within 24 hours of the specify to wait until sculture. V4 stated V9/28/23 of R1's uring (electronic communication) confirmed V4's respival stated V4 ordered values of the specific communication of th	ween facility staff and V4 egarding R1's urine culture. atory company comes to the Wednesdays, and Fridays to atory samples. At 4:00 PM V2 to documentation in R1's R1's 9/28/23 Urine C&S was V6 (R1's Physician). PM V4 stated urine samples as soon as possible, and the order. V4 stated V4 did not 9/24/23 to obtain R1's urine 4 recalls being notified on the C&S and referred to dication software). V4 tonse message was deleted. The data of the control of t					
	Condition or Status 12/7/17 documents resident's physician condition including variatment significant process, and abnormatic policy documents to the change in the comedical record. The facility's Conformatication Orders policy documents obtained by telephore orders mutations.	ation for Change in Resident policy dated as revised the nurse will notify the of changes in a resident's when there is a need to alter thy, symptoms of an infectious mal laboratory results. This record information regarding andition in the resident's mance with Physician colicy dated as reviewed on physician's orders may be need to resident's physician to the resident's Physician and the resident's Physician					

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