

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/01/2018
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NAME OF PROVIDER OR SUPPLIER ST VINCENT'S HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1440 NORTH 10TH STREET QUINCY, IL 62301
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S 000	Initial Comments Complaint #s 1826995/IL106836 1827027/IL106872 Statement of Licensure Violations	S 000		
S9999	Final Observations 300.610a) 300.1210b) 300.1210d)1 300.3240a) Section 300.610 Resident Care Policies 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. 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	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 11/28/18
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S9999	<p>Continued From page 1</p> <p>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> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to promptly address inadequately controlled pain and notify the attending physician for reconsideration of approaches and management for one of three residents (R1) reviewed for pain management in a sample of three.</p> <p>This failure resulted in escalation of pain symptoms to the point of requiring hospitalization for severe back pain.</p> <p>Findings include:</p> <p>A policy titled Pain Assessment and Management dated March 2015 states, "2. "Pain Management" is defined as the process of alleviating the resident's pain to a level that is acceptable to the resident and is based on his or her clinical condition and established treatment goals. 3. Pain management is a multidisciplinary care process that includes the following: a.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Assessing the potential for pain; b. Effectively recognizing the presence of pain; c. Identifying the characteristics of pain; d. Addressing the underlying causes of the pain; e. Developing and implementing approaches to pain management; f. Identifying and using specific strategies for different levels and sources of pain; g. Monitoring for the effectiveness of interventions; and h. Modifying approaches as necessary. 6. Assess the resident's pain and consequences of pain at least each shift for acute pain or significant changes in levels of chronic pain and at least weekly in stable chronic pain. Monitoring and Modifying Approaches: 4. If pain has not been adequately controlled, the multidisciplinary team, including the physician, shall reconsider approaches and make adjustments as indicated. Reporting: Report the following information to the physician or practitioner: 1. Significant changes in the level of the resident's pain; 3. Prolonged, unrelieved pain despite care plan interventions."</p> <p>A policy titled Administering Pain Medications dated October 2010 states, "Document the following in the resident's medical record: 1. Results of the pain assessment; 2. Medication; 3. Dose; 4. Route of administration; and 5. Results of the medication (adverse or desired)." A policy titled Pain - Clinical Protocol dated April 2013 states, "Monitoring: 3. The staff will discuss significant changes in levels of comfort with the Attending Physician who will consider adjusting interventions accordingly."</p> <p>R1's electric record accessed on 10/30/18 documents R1 was admitted on 10/02/18 after experiencing a fall at home and a brief hospitalization 9/30/18 through 10/02/18. An Emergency Department Assessment dictated by</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>V32 (Emergency Room Physician) dated 9/30/18 reports R1's "Pain is sharp and 8 out of 10 increased with movement. While lying down and resting comfortably is 2 out of 10." A History and Physical dictated by V33 (Hospital Physician) dated 9/30/18 documents R1 has diagnoses of Cervical Myelopathy, Cervical Disk Herniation, and Cervical Spinal Stenosis. A Discharge Summary from the local hospital dictated by V33(Hospital Physician) dated 10/02/18 states R1 had "paraspinal (area surrounding the spine) tenderness along L3-L4 (the third and fourth lumbar disc of the lower back) with no radiation." This discharge summary reports R1 was treated with a Lidocaine patch (to numb the area/relieve pain) and Methocarbamol (a muscle relaxant) and recommended for rehabilitation in a nursing home. Radiology reports dated 9/30/18 of the lower and mid-back both state "No acute abnormality identified." The Discharge Summary indicates the discharge diagnoses on 10/02/18 included Lumbar and Thoracic (lower and mid-back) sprain/strain and R1 was discharged with orders for Methocarbamol (muscle relaxant) 500 mg (milligram) one tablet three times daily as needed. A Progress Note written by V26 (LPN - Licensed Practical Nurse) dated 10/02/18 documents for mobility R1 required assistance of one with a walker.</p> <p>Progress Notes written by V8 (RN - Registered Nurse) dated 10/09/18 at 6:31 a.m., document R1 complained of stomach pain on the right side, upper and lower abdomen and a call was placed to V14 (R1's Nurse Practitioner), A Progress Note written by V8 (RN) dated 10/09/18 at 11:19 a.m., indicates R1 was transferred to the local emergency room for evaluation and treatment. An Emergency Department Note dictated by V34 (Emergency Room Physician) dated 10/09/18</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>documents R1's pain level was zero out of 10 and that R1 complained of diarrhea times six days and lack of appetite times two days but denied pain. This Emergency Department Note states R1 was kept for observation over night at the local hospital. A hospital nursing assessment written by V35 (Hospital RN) dated 10/09/18 documents R1 complained of back and abdominal pain with cramping on a scale of 4 out of 10 (with 10 being the worst pain). Discharge Orders and Summary dictated by V33 (Hospital Physician) dated 10/10/18 document R1's discharge diagnoses were Diarrhea, Generalized Weakness, and Urinary Tract Infection. R1 was discharged with orders of Lidocaine 5 percent topical patch (to back) once daily and Methocarbamol 500 mg three times daily as needed for back pain.</p> <p>A 10/10/18 Progress Note written by V36 (RN) at 7:11 a.m. states R1 continued to complain of pain in R1's left side/flank. On 10/10/18, R1's Physician orders to address pain included Methocarbamol 500 mg three times daily as needed and Acetaminophen (pain reliever) 650 mg every four hours as needed. The 10/10/18 Progress Note written by V36 (RN) at 7:11 a.m., documents R1's pain was not controlled and on 10/10/18 a new order for Tramadol (a narcotic for treatment of pain) 50 mg every six hours as needed was obtained. A Progress Note written by V28 (LPN) dated 10/11/18 at 3:54 p.m., documents R1 was experiencing back pain of 8 out of 10 and appeared to be having muscle spasms with tremors of the legs. This Progress Note documents V14 (R1's Nurse Practitioner) was contacted and V14 reported R1's complaints of flank pain and lower back pain were related to muscle spasms of the lower back and the recent diagnosis of Urinary Tract Infection.</p>	S9999		
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S9999	Continued From page 5 R1's Physician Orders from 10/02/18 through 10/24/18 and R1's October 2018 MAR (Medication Administration Record) document the following medication were ordered to address R1's complaints of pain/muscle spasms: The medication orders for R1's back pain/spasms upon admission on 10/02/18: 10/02/18 -Acetaminophen 650 mg every 4 hours as needed - (MAR shows administered 6 times from 10/02/18 through 10/10/18) 10/02/18 - Lidocaine 5 percent topical patch daily - on in AM off in PM - (MAR shows administered 7 times from 10/02/18 through 10/10/18) 10/02/18 - Methocarbamol 500 mg 3 times daily as needed - (MAR shows administered 3 times from 10/02/18 through 10/10/18) The medication orders for R1's pain/spasms upon return from a hospitalization on 10/10/18: 10/10/18 - Tramadol 50 mg every 6 hours as needed - (MAR shows administered 6 times from 10/10/18 through 10/15/18) 10/10/18 - Acetaminophen 650 mg every 4 hours as needed - (MAR shows administered 6 times from 10/10/18 through 10/15/18) 10/10/18 - Methocarbamol 500 mg 3 times a day as needed - (MAR shows administered 4 times from 10/10/18 through 10/15/18) 10/10/18 - Lidocaine 5 percent topical patch daily - on in AM off in PM - (MAR shows administered 3 times and refused by R1 twice from 10/10/18 through 10/15/18) The medication orders for R1's back pain/spasms ordered on 10/15/18: 10/15/18 - Voltaren (non-steroidal/anti-inflammatory medication) 1 percent topical gel 3 times daily-(MAR shows	S9999			

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S9999	<p>Continued From page 6</p> <p>administered 6 times, refused once from 10/15/18 through 10/17/18) 10/15/18 - Tramadol 50 mg twice daily - (MAR shows administered 4 times and refused once by R1 from 10/15/18 through 10/17/18) 10/15/18 - Acetaminophen 650 mg twice daily - (MAR shows administered 4 times and refused once by R1 from 10/15/18)</p> <p>The medication orders for R1's back pain/spasms ordered on 10/17/18: 10/17/18 - Hydrocodone 5 mg - Acetaminophen 325 mg (an opioid pain medication) every 4 hours as needed (MAR shows R1 received 2 dose from 10/17/18 through 10/24/18) 10/17/18 - Hydrocodone 5 mg - Acetaminophen 325 mg 3 times daily - (MAR shows R1 received 19 of 21 doses from 10/17/18 through 10/24/18) 10/17/18 - Methocarbamol 500 mg twice daily - (MAR shows R1 received all scheduled doses from 10/17/18 through 10/24/18) 10/17/18 - Methocarbamol 500 mg once daily as needed. May be given one time between scheduled doses - (MAR shows R1 received 2 dose between 10/17/18 and 10/24/18)</p> <p>R1's MAR from 10/02/18 through 10/24/18 documents R1 refused Voltaren 1 percent topical gel 11 times from 10/15/18 through 10/24/18 and refused Lidocaine 5 percent topical patch 4 times from 10/14/18 through 10/24/18. On 11/01/18 at 10:10 a.m., V3 (DON - Director of Nursing) stated the reason R1 was refusing the Voltaren and Lidocaine was (R1) had gotten into a comfortable position and didn't want to move. The MAR from 10/02/18 through 10/24/18 documents R1 rated R1's pain from none at all to a range of 3 to 6 on a scale of 0 to 10 with 10 being the worst pain. The worst documented pain on R1's MAR occurred on 10/11/18 at 1:15 a.m. 8 out of 10,</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>10/15/18 at 8:37 a.m. 10 out of 10, and 10/24/18 at 8:12 a.m. 8 out of 10. On the following dates, R1's pain was not rated with the numeric pain scale on the MAR at the time of administration and there was no evaluation of the effectiveness of the administration for as needed Methocarbamol 500 mg, Tramadol 50 mg, and Hydrocodone 5 mg - Acetaminophen 325 mg: Methocarbamol - 10/03/18 at 6:47 a.m., 10/05/18 at 9:12 p.m., 10/10/18 at 5:04 p.m., 10/11/18 at 10:02 a.m., 10/11/18 at 5:25 p.m., 10/13/18 at 1:58 p.m., 10/15/18 at 8:37 a.m., 10/16/18 at 3:40 p.m., 10/18/18 at 1:12 p.m. and 10/19/18 at 1:43 a.m. Tramadol - 10/12/18 at 8:32 p.m., 10/13/18 at 3:12 p.m., 10/14/18 at 8:30 a.m., and 10/15/18 at 6:20 a.m., and Hydrocodone-Acetaminophen - 10/18/18 at 1:12 p.m. and 10/19/18 at 1:43 a.m.</p> <p>On 10/31/18 at 1:15 p.m., regarding R1's care on 10/20/18, V13 (Physical Therapy Aide) stated, "I worked with (R1) once (since admission on 10/02/18) when (R1) was much higher functioning. On 10/20/18, (R1) was telling me (R1) had a lot of pain. A CNA (Certified Nursing Assistant) was in there (R1's room) and said the day before they had to lower (R1) to the floor (during a transfer). So I tried to imitate a sit to stand transfer just to see how he was. It was just horrendous for (R1). It was just too much. I talked to the nurse about the pain."</p> <p>R1's MDS (Minimum Data Set) assessments for pain were completed by V37 (RN) on 10/09/18, 10/16/18, and 10/22/18. On 10/09/18, R1 reported R1 was frequently having pain rated at 5 out of 10 that made it hard for R1 to sleep and limited R1's day-to-day activities. On 10/16/18, R1 reported R1 was rarely having pain but rated pain as moderate and 7 out of 10. On 10/22/18, R1 reported having severe pain almost</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>constantly. A Daily Medicare Assessment dated written by V30 (LPN) on 10/23/18 documents, "(R1) remains on (medication) for (Back) strain. Continues to work with therapy. Continues with uncontrolled pain. (As needed) and scheduled pain medication given as well as repositioning and heat and cold pack. All have been non-effective."</p> <p>R1's care plan dated 10/02/18 states, "I have pain because of back strain/sprain related to recent falls. Goals: My pain will (be) at a tolerable level." All the interventions to address R1's pain are dated 10/02/18 and include: Monitor and assess me for episodes of pain as needed; Administer pain medications as ordered by my doctor. Refer to PO (Physician Order) sheet, MAR (Medication Administration Record), TAR (Treatment Administration Record); Notify my doctor if my pain is not relieved by my current medications; Position me for comfort to help relieve my pain; Allow me to have rest periods as needed during my ADL (Activities of Daily Living) tasks; Offer me other forms of comfort to promote decreased pain such as food, drink, heat, cold, fluids, repositioning, etc.; Monitor me for non-verbal signs of pain such as facial grimacing, moaning, guarding, or increased behaviors which may indicate pain; Refer me to PT/OT (Physical Therapy/Occupational Therapy) to help with pain control; and ask me every shift if I am having pain and document my responses for tracking. R1's care plan has no new interventions added to address pain since 10/02/18.</p> <p>On 10/30/18 at 2:50 p.m., V8 (RN - Registered Nurse) reported "We had been really concerned about (R1's) pain control and had been reaching out to the provider. (After R1 fell on 10/19/18) We were able to reach out even more because</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>we felt if (R1) had better pain control (R1) would be more active. (On 10/24/18) (R1) was up in the chair in the dining room yelling and we were not seeing any improvement so we sent him back to the hospital." On 11/01/18 at 12:00 p.m., V8 (RN) stated, "I called (V15's - R1's Attending Physician) office (on 10/24/18) and told the nurse if (R1) couldn't be seen that today (R1) needs to go to the hospital. (V14 Nurse Practitioner) was making changes but it wasn't effective (to address R1's pain)."</p> <p>A Progress Note dated 10/17/18, written by V14 (R1's Nurse Practitioner) states, "(R1) was discharged on 10/10/18 back to (the long term care facility). Once back to the nursing home (R1) had increasing in severity of pain and bilateral knee pain (R1) was started on Tramadol and as of today appears to have been non-effective. (R1) is being seen during physical therapy where (R1) is expressing a lot of bilateral knee pain and lower paraspinal spasms and discomfort." On 11/01/18 at 9:35 a.m., regarding R1's pain, V14 (R1's Nurse Practitioner) stated, "First Tramadol was started. I don't like to start routine stuff on people when they are not use to taking it. I evaluated (R1) one day in Physical Therapy and changed the muscle relaxer to scheduled (doses). (R1) appeared to be having spasms as well, so pain or spasms or both at the same time. It's hard to tell. After that (10/17/18) I was not notified of any pain issues. I round once a week there and they call if they need anything but after 10/17/18 there was nothing about pain. They called (V15 - R1's Attending Physician) about (R1's) pain and (R1) was sent to the hospital (on 10/24/18)."</p> <p>The last SBAR (Situation, Background, Assessment, Recommendation form for</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>communication to doctors/nurse practitioners) addressing R1's pain prior to R1's hospitalization on 10/24/18 was dated 10/18/18 and faxed to V14 (R1's Nurse Practitioner). The 10/18/18 SBAR stated, "Resident appears to be in severe pain with any movement and cries/moans loudly with any movement." V14's hand written response on the form states, "Noted: Continue with current meds (medications and) treatments. Continue to offer (as needed) medications. Continue with current ice pack/warm packs."</p> <p>On 11/01/18 at 10:10 a.m., regarding R1's pain management, V3 (DON - Director of Nursing) stated, "We felt like we weren't getting answers. (V14 - R1's Nurse Practitioner) called, I'm not sure of the date and was upset about the frequency of SBARs to the office regarding (R1's) pain. (V14) said (R1) needed to continue to get up and move and to continue with Physical Therapy and it was going to take time to heal. (V14) said we needed to allow time for the medication changes to take affect. Even before (R1) was lowered to the floor (an Accident report On 10/19/18 states R1 was lowered to the floor during a gait belt transfer) (R1) was screaming out in pain, refusing meals, refusing Voltaren gel because (R1) didn't want to be repositioned once comfortable in bed. (R1) had severe pain here and yes, it got worse." V3 (DON) indicated neither R1's Attending Physician V15 nor V25 (Medical Director) was contacted about R1's uncontrolled pain until V8 (RN-Registered Nurse) called V15's office on 10/24/18.</p> <p>A Progress Note written by V8 (RN) dated 10/24/18 at 8:37 a.m., states, "Spoke with (V15's office) related to severe pain (10 out of 10) that is difficult to manage (back, abdomen, sides). (R1) hollers out in pain, refuses to turn and re-position</p>	S9999		
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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2018
NAME OF PROVIDER OR SUPPLIER ST VINCENT'S HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1440 NORTH 10TH STREET QUINCY, IL 62301		
(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 11</p> <p>due to pain, developing pressure injuries, refusing medications, meals and fluids at times. Received okay to send to Emergency Room for pain management. On 11/01/18 at 10:30 a.m., V15 (R1's Attending Physician) stated on 10/24/18 R1 was "Crying out in pain the day they called (10/24/18). (R1) needed sent to the Emergency Room for evaluation. It sounded awful to me." V15 indicated V14 (Nurse Practitioner) does not work directly with V15 but works in collaboration with V25 (Facility's Medical Director).</p> <p>A History and Physical dictated by V31 (Hospital Physician) dated 10/24/18 states, "(R1) was hospitalized on 9/30/18 in observation unit following a fall (R1) had sustained at home. Was sent to skilled nursing facility for rehab. At that time no vertebral (back bone) fracture were identified as per (back) x-rays. It appears about a week ago (R1) sustained a fall at the nursing facility when (R1) was being transferred from the bed. MRI (Magnetic Resonance Imaging) of the spine done today has shown (bone in the spine between the shoulders and the lower back) T11 vertebral fracture with (Spinal cord narrowing), (Spinal) cord compression, (Spinal) cord edema. (R1) appears to be in intractable (hard to control) pain in mid back. Admitting to hospital as an inpatient for pain control."</p> <p>(B)</p>	S9999			