

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/21/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GENERATIONS AT RIVERVIEW</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 CENTENNIAL DRIVE EAST PEORIA, IL 61611</b>
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S 000	Initial Comments  Annual Certification Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.1210b) 300.1210d)2) 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	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>10/12/18</b>
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S9999	<p>Continued From page 1</p> <p>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.</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>2) All treatments and procedures shall be administered as ordered by the physician.</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. (Section 2-107 of the Act)</p> <p>These requirements were not met evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to control and manage pain for two of four residents (R38, R109) reviewed for pain management in the sample of 19. These failures resulted in R38 experiencing increased pain and requiring increased use of PRN (as needed) medications, and R109 experiencing severe pain and insomnia. These failures resulted in the facility failing to administer medications as prescribed by the physician for two of four residents (R38, R109).</p> <p>Findings include:</p> <p>Facility "Pain Practice Guide," dated 2011,</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>documents "Patients with pain are cared for in an environment that is as comfortable and supportive as possible. Non-pharmacological interventions and medications are approaches used to prevent and reduce pain. The approaches are individualized to meet each patient's needs."</p> <p>Facility "Medication and Treatment Administration Guidelines," dated 3/2018, documents "Medications are administered in accordance with standards of practice, and centers are responsible for establishing a center medication time schedule and communicating the standard schedule for the center with attending medical practitioners."</p> <p>Facility "Proof of Delivery" sheet documents R38's last Fentanyl 25mcg/hr patch delivery was on 9/6/18 of three patches.</p> <p>Facility "Controlled Substance Record" for R38 documents on 9/15 Fentanyl 25mcg/hr (microgram/hour) patch was administered to R38 and zero quantity remained.</p> <p>1. The facility's policy Medication and Treatment Administration Guidelines document "New medication orders are to be initiated by the time of the next scheduled routine dose unless otherwise indicated in the prescriber's order," and "Orders are transcribed or electronically entered and then noted by the licensed nurse."</p> <p>R109's Physician Progress Notes dated 9/11/18 document diagnoses of Ankle Fracture status post hardware removal and ORIF (Open reduction and internal fixation) with External</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>fixator in place and left malleolus wound.</p> <p>On 09/18/18 at 10:40 AM R109 stated (R109) has only been getting half of the dose of Oxycodone at bedtime that (R109) should be getting. R109 stated "I wake up about 3:00 am in severe pain (left lower leg) and I can't get back to sleep. I just can't hardly take it anymore." R109 also stated that with the pain at night and problems with dialysis, R109 is considering stopping dialysis and dying. R109 stated on 9/11/18, V11, Advanced Practice Nurse, (APN) told (R109) that V11 would write the prescription for Oxycodone 20 mg (milligrams) at bedtime. R109 stated (R109) was told by staff that V11 did not write the prescription.</p> <p>R109's Controlled Substance Prescription Request Form dated 9/11/18 documents an order written by V11, APN, for Oxycodone 10mg (milligrams), give 2 (two) tablets po (by mouth) at HS (hour of sleep) prn (as needed).</p> <p>R109's Medication Review Report for 9/2018 documents the following orders: start date 9/7/18- Oxycodone 5mg (milligrams), give 5mg by mouth every 4 hours as needed for pain; start date- 9/11/18 Oxycodone 5mg (milligrams), give 10mg by mouth every 24 hours as needed for insomnia may use at night for sleep.</p> <p>On 09/20/18 at 1:05 PM V12, Registered Nurse (RN), stated the order written by V11, APN, for Oxycodone 20mg HS prn was never transcribed. V12 stated R109 did not receive Oxycodone 20 mg at HS, (R109) just received the 5mg.</p> <p>R109's Medication Administration Record (MAR) dated 9/11-9/20/18 documents pain scale levels (0-10, with 10 being the worst pain) of nine on</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>9/12/18 and 9/14-9/17/18, a score of 10 on 9/18/18 and 9/19/18, and pain medication relief as ineffective on 9/16/18 at 4:10am and 9/19/18 at 12:21am. R109's MAR dated 9/11-9/20/18 documents R109 received Oxycodone 5mg at bedtime.</p> <p>2. R38's facility record documents R38 has the following diagnoses: "Congestive Heart Failure, Wedge compression fracture of first lumbar vertebra, and wedge compression fracture of T7-T8 vertebra."</p> <p>R38's quarterly MDS (Minimum Data Set), dated 8/27/18, documents R38 is severely cognitively impaired.</p> <p>Facility "PAINAD (Pain Assessment in Advanced Dementia) Scale," dated 12/2011, documents "scale is used for patients who cannot verbally communicate about their pain. A pain number value of 0 for each: normal breathing; no vocalization; smiling; relaxed body language; and no need to console. A pain number value of one for each: occasional labored breathing; occasional moan or groan; sad or frown; tense/pacing or fidgeting; and distracted/reassured by voice or touch. A pain number value of two for each: noisy labored breathing; repeated calling out/moaning/groaning; facial grimacing; rigid/clenched fists/knees pulled up/striking out; and unable to console or reassure."</p> <p>R38's general progress note dated 6/6/18 at 10:50pm documents R38 was admitted on hospice.</p> <p>R38's September 2018 Medication Review Report documents R38 takes "Tylenol Extra</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>Strength 1000mg by mouth three times a day for pain, Fentanyl 25mcg/hr 1 patch transdermally every 72 hours for pain, Morphine Sulfate (Concentrate) Solution 100mg/5ml 0.5ml by mouth every 2 hours as needed for pain, Naproxen 500mg by mouth two times a day for pain, Tylenol 650mg by mouth every 6 hours as needed for pain, Lidocaine Cream 5% apply to spine topically three times a day for pain, and Biofreeze Gel 4% (percent) apply to back topically three times a day for pain."</p> <p>R38's Medication Review Report for September 2018 documents "Fentanyl Patch 72 hour 25mcg/hr apply 1 patch transdermally every 72 hours for pain and remove per schedule."</p> <p>R38's September 2018 MAR documents R38's Fentanyl patch was due to be changed on September 18.</p> <p>R38's September 2018 MAR documents R38 had an increase in pain where R38 was taking more of R38's PRN Morphine Sulfate (Concentrate) Solution 100mg/5ml 0.5ml for complaints of pain documented as 3/10 on 9/18, pain 6/10 on 9/19, and pain 5/10 on 9/20.</p> <p>On 9/18/18 at 9:46am R38 complained of pain to V7 (hospice aid).</p> <p>R38's MAR documents R38's pain on 9/18 at 12pm was 6/10 and Tylenol Extra Strength 1000mg was administered.</p> <p>On 9/20/18 at 9:46am V8 LPN (Licensed Practical Nurse) verified R38's current Fentanyl patch on R38 was dated 9/15/18. At that same time, V8 asked R38 if R38 had pain and R38 stated "yes." R38's face was grimacing, body was</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>rigid, and R38 was crying. V8 stated "(R38's) patch should have been changed on 9/18 and it is not signed off on the MAR (Medication Administration Record) so that means it was not done. V8 also verified R38's fentanyl patch of 25mcg (micrograms) was not available in the facilities narcotics box but it could be obtained from the facility convenience box. Since (R38) is (cognitively) impaired we use a "faces scale" to determine pain."</p> <p>R38's 9/20/18 nurses notes documents R38's pain was 5/10 on PAINAD scale.</p> <p>On 9/20/18 at 1:00pm, V8 LPN stated "I am still waiting for the Fentanyl patch 25mcg to be verified by pharmacy so I can get out of the convenience box.</p> <p>On 9/20/18 at 11:33am, V2 DON- "(R38) came in on hospice and has a real bad cardiac issue so we treat her for that with chest pain."</p> <p>On 9/20/18 at 1:24 PM, V2 DON stated "(R38's) Fentanyl 25mcg/hr (3) was last delivered on 9/6/18 and the last Fentanyl was used on 9/15 and left a 0 balance, we are getting one from the c-box."</p> <p style="text-align: center;">( B )</p>	S9999		