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: \_ C B. WING IL6011712 03/07/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1520 EL CAMINO DRIVE **PEKIN MANOR** PEKIN, IL. 61554 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint# 1921509/IL110001 Statement of Licensure Violations \$9999 Final Observations S9999 300.1210b) 300.1210d)2) 300.3220f) 300.3240a) 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 care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 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: 2) All treatments and procedures shall be administered as ordered by the physician. Section 300.3220 Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician. All new Attachment A physician orders shall be reviewed by the facility's **Statement of Licensure Violations** director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act

Ittinois Department of Public Health

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

Electronically Signed

TITLE

(X6) DATE

03/29/19

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		IL6011712	B. WING		03	C /07/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE			
PEKIN M	ANOR	1520 EL 0 PEKIN, IL	CAMINO DRIV 61554	TE .			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG			(X5) COMPLETE DATE	
S9999	Continued From page 1		S9999				
	Section 300.3240 A a) An owner, licens agent of a facility st resident.	Abuse and Neglect ee, administrator, employee or nall not abuse or neglect a					
	These requirements by:	s were not met as evidenced					
	failed to drain a che residents (R1) revie devices/supplies in failure resulted in R	and record review, the facility est tube for one of three ewed for assistive the sample of four. This 1 developing shortness of dmitted to the hospital for					
	Findings include:						
	3/3/19 documents the Acute on chronic repleural effusion, pospleural effusions: Le not been draining fox-ray shows possible nursing facility was a (two) days as they redocumentation on 3	epartment (ED) record dated ne following assessment: "1. spiratory failure: Secondary to sible pneumonia. 2. Bilateral eft (chest tube) catheter has or several days now. Chest e loculation on the left. Skilled unable to drain the right for 2 an out of bottles." ED /3/19 at 10:03pm documents ubic centimeters) of fluid."					
	9:01pm documents interval developmen effusion, 2. Left biba	report dated 3/3/19 at "1. Findings suggesting It of a large right pleural Isilar infiltrate with mild Istasls in right midlung field."					
	the following: "Drain	ers dated 1/14/19 document (chest tube) daily until output bic centimeters); if less than			85		

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 IL6011712 B. WING 03/07/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1520 EL CAMINO DRIVE **PEKIN MANOR PEKIN, IL 61554** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION! CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY \$9999 Continued From page 2 S9999 100cc, then change to draining every three days; if (then) less than 100cc, then change to draining every five days. Drain right chest tube daily and record output." R1's Treatment Administration Record documents R1's chest tubes were last drained 3/1/19. R1's Progress Notes dated 3/2/19 at 4:13pm document "unable to drain right chest tube at this time due to supplies." On 3/03/2019 at 5:39pm, R1's Progress Notes document R1 "complained of shortness of breath, oxygen saturation was 83% (per cent) on (six) liters of oxygen per nasal cannula, lung sounds diminished right upper and lower lobe with wheezing noted. 911 called to be transported to (local hospital)." On 3/6/19 at 10: 15am, V2, Director of Nursing (DON) stated the drainage system (bottles) to drain R1's chest tube were not available on Saturday (3/2/19) or Sunday (3/3/19). V2 stated V9, (who orders supplies), was told the supply was getting low on Wednesday (2/27/19) and to order more, but she did not. V2 stated we again told V9 to order them on Friday (3/1/19) and have them delivered in 24 hours, but they did not arrive in 24 hours because they (medical equipment provider) do not do 24 hour deliveries on weekends. On 3/7/19 at 12:05pm, V5, Primary Care Physician, stated the failure to drain the chest tube "certainly could have exacerbated" R1's condition, and "if they would have drained the chest tube on time, it would not have happened." (B)