

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004766	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2020
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NAME OF PROVIDER OR SUPPLIER PARC JOLIET	STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH HAMMES JOLIET, IL 60435
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S 000	<p>Initial Comments</p> <p>Complaint Investigation</p> <p>2072656/IL121768 2072818/IL121944 2073136/IL122281 2075095/IL124344 2075824/IL125125</p>	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1210b) 300.1210d)2) 300.3240a)</p> <p>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.</p> <p>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</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>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 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 as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to provide physician ordered medications for pain management as prescribed. This applies to 1 of 3 residents (R3) reviewed for pain medications in a sample of 16. This failure has resulted in R3 experiencing exacerbations of pain.</p> <p>Findings include:</p> <p>R3's Admission Records document R3 admitted to the facility on 2/27/20 with diagnoses to include progressive Chronic Regional Pain Syndrome (CRPS).</p> <p>On 7/23/20 at 10:10 am R3 was observed in his room with the door closed to his room. R3's room was dark, the blinds were closed and R3 had a</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>towel covering the upper portion of his head. R3 stated he was experiencing pain at a "7" but had just taken some pain medications. R3 stated his pain has not been controlled well since admission to the facility because the facility has not been consistently providing his physician ordered pain medications.</p> <p>R3's April and May 2020 Medication Administration Record (MAR) documents R3 is to receive Clonazepam 1 milligram (mg) at 7 PM. These MAR's document R3 as not receiving 18 doses of Clonazepam between April 18 - May 5, 2020 with entries documented in the eMAR Progress Notes (Electronic MAR Notes) as the medication was not available to administer.</p> <p>R3's April 2020 MAR documents R3 is to receive Morphine Sulfate 20 mg every 6 hours. This MAR documents R3 as not receiving 26 doses of Morphine Sulfate between April 2 - 14, 2020 with entries documented in the eMAR Progress Notes as the medication was not available to administer.</p> <p>R3's June 2020 MAR documents R3 is to receive Hydrocodone-Acetaminophen 7.5-325/15 milliliters (ml), give 30 ml three times daily. This MAR documents R3 as not receiving 9 doses of Hydrocodone-Acetaminophen June 6-9, 2020 with entries documented in the Progress Notes as the medication was not available to administer.</p> <p>R3's June 2020 MAR documents R3 is to receive Diazepam 10 mg three times a day. This MAR documents R3 as not receiving 6 doses of Diazepam June 6 - 8, 2020 with entries documented in the eMAR Progress Notes as the medication was not available to administer.</p> <p>R3's July 2020 MAR documents R3 is to receive</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Hydrocodone-Acetaminophen 7.5-325/15 milliliters (ml), give 30 ml three times daily. This MAR documents R3 as not receiving 5 doses of Hydrocodone-Acetaminophen July 19 - 21, 2020 with entries documented in the eMAR Progress Notes as the medication was not available to administer.</p> <p>On 7/29/20 at 3:08 PM V13 (Nurse) stated R3's pain medications were sometimes not available. V13 stated when the medication was not administered R3 would state he would have an increase in his generalized pain and headaches. V13 stated when R3's medications were not available it would be documented on the eMAR.</p> <p>On 7/31/20 at 12:08 PM V12 (Pain Physician) stated it is very important R3's medication regimen is provided as ordered due to progressive Chronic Regional Pain Syndrome (CRPS) with nerve root issues. R3 receives a combination of Clonazepam, Morphine, Hydrocodone-Acetaminophen, and Diazepam to manage his pain caused by the CRPS. V12 stated without a consistent pain medication regimen R3's symptoms worsen causing exacerbations of pain. V12 stated he has continued to see V12 regularly with the last visit on 7/8/20. V12 stated since his admission to the facility R3's pain is not as well controlled as it had been prior to admission. V12 stated the facility should be providing the appropriate medication regimen as prescribed to manage R3's pain and prevent exacerbations of uncontrolled pain.</p> <p>R3's Pain Consultation completed by V12 (Pain Physician) dated 7/8/20 documents treating R3 for greater than 11 years. V12 documents R3 with development of a Complex Regional Pain Syndrome (CRPS) that has progressively spread</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>over time to all extremities with an associated chronic neuropathic pain syndrome and cervical, thoracic and lumbosacral symptoms. V12 documents his overall impression for the visit on 7/8/20 as R3 currently has an exacerbation of the midthoracic radicular symptoms due to poor pain management.</p> <p>The facility policy Pain Assessment dated 11/14 documents to administer pain medication in accordance with the physician order.</p> <p style="text-align: center;">(B)</p>	S9999		
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