PRINTED: 08/15/2017 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING IL6001028 06/22/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR** INTEGRITY HC OF GODFREY GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Compaint 1743678 / IL94831 Licensure Findings S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210 d) 1) 300.1210 d) 2) 300.1210 d) 5) 300.3240 a) 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 Attachment A

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

Section 300.1210 General Requirements for

and dated minutes of the meeting.

Nursing and Personal Care

TITLE

Statement of Licensure Violations

(X6) DATE 07/20/17

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: ___ C B. WING IL6001028 06/22/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR** INTEGRITY HC OF GODFREY GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 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: Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. All treatments and procedures shall be administered as ordered by the physician. A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection. and prevent new pressure sores from developing. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act) Based on interview and record review, the facility

failed to provide pain management for 2 of 4 residents (R3 and R4) reviewed for pain

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11:17 AM.

as needed for pain.

Hospital Discharge records, dated 4/26/17, documented the last dose of pain medication R4 received prior to his transfer to the facility was Morphine 30 mg at 9:02AM and Norco given at

The Resident Data Collection sheet documented R4 arrived at the facility on 4/26/17 at 6:00 PM.

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		(2) MULTIPLE CONSTRUCTION . BUILDING:		(X3) DATE SURVEY COMPLETED		
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\$9999	Continued From page 3		S9999					
	pain on admission v	nted "yes" with reference to with description written as ocumentation under not surgical wound to coccyx." igned by staff.						
	any pain medication facility until the next score his pain, R4 cadded that he was cadded that he was to	PM, R4 stated he did not get nafter being admitted to the day. When R4 was asked to described it as "horrible" and crying he was in so much pain. It all by the admitting nurse that						
	medication, would to came from a pharm R4 stated he lay in score his pain the n	ion, including his pain be in until the next day as it lacy in (Southern Illinois City). pain all night. When asked to ight of his admission, R4 been a "10" all night.						
	admission was date Registered Nurse (I "resident arrived by condition. DX (diagrangmene surgical of debridement. Open length, 9.5 cm in win vac (vacuum) place assessment of pain	Note written following at 4/27/17 at 2:17 AM by E8, RN), and documented, ambulance in stable moses) sepsis, r/t (related to) opening of the coccyx for area 35 cm (centimeter) in dth and 4.5 cm deep, wound d." There was no documented on the day R4 the day shift through to 6:00						
	(4:01 PM), written b (LPN), documented oriented x 3, he is a	Note, dated 4/27/17 at 16:01 y E9, License Practical Nurse "Resident is alert and ble to make his needs known" aints of) pain even after the						
	On 6/21/17 at 12:25	pm, E9 stated she gave R4						

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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	

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	TY HC OF GODFREY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 his 9:00 AM dose of Morphine 30 mg around 8:00 AM on 4/27/17 stating she had pulled it from the emergency box (E-box). E9 stated R4 scored his level of pain at that time as a "10." E9 stated she recalled R4 to have a "horrible wound that went from the top of his coccyx down through his buttocks into his scrotum" and that he had to have a colostomy due to the gangrene. On 6/21/17 at 2:00 PM, E2, Corporate Registered Nurse stated E8, Registered Nurse (RN) was the admitted nurse and worked second shift 4/26/17 until 6am on 4/27/17. E2 stated E8 is no longer employed by the facility. The April 2017 Medication Administration Records (MAR) confirm R4 received no pain medication from 6:00 PM 4/26/17 when he was admitted until 9:00 AM on 4/27/17 when E9 pulled Morphine from the E-box. R4's MAR also documented that R4's Morphine ordered every 12 hours was not documented as given for the evening dose of 4/27/17 by E8 either. There is no documentation of the effectiveness of the Morphine given R4 at 8am on 4/27/17 or any follow-up recorded in the progress notes on the status of R4's pain throughout the day on 4/27/17 while he waited on his medication to arrive. On 6/20/17 at 2:32pm, Z1, Pharmacy Manager, stated that the facility has an emergency box with controlled substance in it that is accessible for the nurses to use when the pain medication has not been delivered yet. Z1 confirmed that E9 took Morphine 30mg from the emergency box at 8am on 4/27/17 but stated no other pain medication was used from the box before that time even		\$9999			

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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	
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S9999	Continued From pa	ige 5	S9999			
	with a call to the physician until R4's medications arrived from the pharmacy.					
	Physician, stated R due to the extent ar describing it as "ma colostomy done who gangrene due to it occoyx, down include scrotum. Z2 stated from the E-box (emhim as this resident medication. Z2 stated appropriate for them pharmacy as a "STA through their pharmacy."					
	The Emergency Box contents list was reviewed and noted to contain Tramadol 50 mg, Hydrocodone 5/325 and Morphine in oral and liquid form.					
	Management" dated as "To facilitate resi resident comfort an provide an effective Under general guide will: promptly and as managing pain to the encouraging resider aggressively assess cognitively impaired and reducing depreoptimizing the residuactivities of daily livi and efficacy and side continues to docum	procedure entitled "Pain d 2015 documents its purpose dent independence, promote d preserve resident dignity" by pain management program. elines, the facility documents it ocurately assessing and regreatest extent possible, ints to self report pain, sing pain in non-verbal and residents, increasing comfort ssion and anxiety in residents, ents ability to perform ng and monitoring treatment le effects. The policy ent that pain will be assessed imely manner, especially if it is				

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On 6/21/17 at 11:55 AM, R3 was sitting quietly in a chair beside her bed. R3 recalled the night she arrived at the facility stating it was "terrible" that night as they did not have her pain medication available until the next day. R3 stated she has moderate pain in her left thigh area and rubbed it

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