PRINTED: 08/02/2017

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: _____ B. WING IL6010466 06/16/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1250 WEST CARL SANDBURG DRIVE ROSEWOOD CARE CENTER OF GALESBURG GALESBURG, IL 61401 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) \$ 000 Initial Comments S 000 **Annual Certification Survey** \$9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1010h) 300.1210b) 300.1210d)5) 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not Attachment A limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five Statement of Lisconsule Violations percent or more within a period of 30 days. The facility shall obtain and record the physician's plan

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

injury or change in condition at the time of

of care for the care or treatment of such accident,

TITLE

(X6) DATE

07/11/17

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a depth of 0.3cm."

surrounding connective tissues were removed at

2. The "Change of Condition Reporting" policy dated 02/2013 states "(Facility) will notify the

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stated "I should have been called when (R20) vomited the first time. That is a definite change for her, and I deserve to be part of the wheel of making decisions in regards to her care. By the time they (facility staff) got her to the hospital, she was septic. She deserved to receive treatment as soon as possible, not when the doctor's office is

open." Z1 also stated "I spoke with the Administrator and she told me that they don't 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: __ **B. WING** IL6010466 06/16/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1250 WEST CARL SANDBURG DRIVE **ROSEWOOD CARE CENTER OF GALESBURG** GALESBURG, IL 61401 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 PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 5 normally call the doctor in the middle of the night unless it is serious. I don't understand how this wasn't considered serious, I almost lost (R20)." On 06/14/17 at 3:10 P.M. E6 (Registered Nurse) stated "No. I did not notify the doctor of R20's status change." E6 also stated "Vomiting is not normal for this resident; the resident remained sick all night and into the day." E6 confirmed no assessments or vital signs were documented until the next day. E6 stated "It does look like we didn't do a timely assessment or notify the family and physician of a change in condition." On 06/15/17 at 8:45 A.M. E1 (Administrator) stated "I was in the building the night (R20) was sick; I told the nurse if she felt it was serious she should notify the doctor. I am not a nurse." On 06/14/17 E5 (Licensed Practical Nurse) stated "I got in verbal report that (R20) was puking bile, and the stomach flu had been going around so I was going to monitor the situation. Then, after the first time I observed R20's vomit I immediately called Z1 (R20's family) and Z3 (R20's physician), because the emesis was coffee ground in nature." On 06/15/17 at 8:30 A.M. Z2 (Physician Assistant for Z3) stated "We (Z2 and Z3) would expect to be notified of any significant change in a resident's condition. If it is not during office hours, there is a paging system to reach the person on call." (A)

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