

DEPARTMENT OF PUBLIC HEALTH  
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH ) Docket No. NH 15-S0232  
STATE OF ILLINOIS, )  
Complainant, )  
 )  
v. )  
 )  
UDI #11, L.L.C. )  
D/B/A JERSEYVILLE MANOR, )  
Respondent. )

NOTICE OF TYPE "B" VIOLATION(S); NOTICE OF PLACEMENT  
ON QUARTERLY LIST OF VIOLATORS;  
NOTICE OF OPPORTUNITY FOR HEARING

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.) (hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "B" VIOLATION(S)

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a Licensure Investigation conducted by the Department on April 17, 2015, at Jerseyville Manor, 1251 North State Street, Jerseyville, Illinois 62052. On June 1, 2015, the Department determined that such violations constitute one or more Type "B" violations of the Act and the Skilled Nursing and Intermediate Care Facilities Code, 77 Ill. Adm. Code 300 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in the Statement of Licensure Violations which is attached hereto and incorporated herein as Attachment A and made a part hereof.

A Type "B" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

**A Plan of Correction is required to be submitted by the facility within two weeks from the date the violation notice was sent. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice. Please email the Plan of Correction to the following email address: [DPH.LTCQA.POChearing@illinois.gov](mailto:DPH.LTCQA.POChearing@illinois.gov). If your facility does not have email capabilities then you can mail it to the attention of: Leona Juhl, IDPH, Long Term Care/QA, 525 West Jefferson, Springfield, IL 67261.**

NOTICE OF OPPORTUNITY FOR A HEARING

Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of "B" Violation(s); Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices. **Please email**

the hearing request to the following email address: DPH.LTCQA.POChearing@illinois.gov. If your facility does not have email capabilities then you can mail it to the attention of: Leona Juhl, IDPH, Long Term Care/QA, 525 West Jefferson, Springfield, IL 67261.

FAILURE TO REQUEST A HEARING WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

*Debra D. Bryars*<sup>19</sup>

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Debra D. Bryars  
Designee of the Director  
Illinois Department of Public Health

Dated this 2<sup>nd</sup> day of June, 2015.

DEPARTMENT OF PUBLIC HEALTH  
STATE OF ILLINOIS

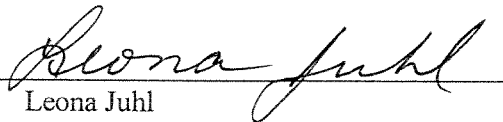
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PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "B" Violation(s); Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent: Michael Bibo  
Licensee Info: UDI #11, L.L.C.  
Address: 285 South Farnham Street  
Galesburg, IL 61401

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the  
2<sup>nd</sup> day of June 2015.

  
\_\_\_\_\_  
Leona Juhl  
Long Term Care/QA  
Illinois Department of Public Health

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6013312</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/17/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JERSEYVILLE MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1251 NORTH STATE STREET JERSEYVILLE, IL 62052</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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S 000	<p>Initial Comments</p> <p>Licensure Post Visit to Survey dated 2/24/2015, Complaint #1540852/IL75057.</p> <p>Jerseyville Manor is in compliance with their Plan of Correction for 300.610a), 300.1210a), 300.1210b)3), 300.1210d)6), 300.3240a).</p> <p>Jerseyville Manor failed to follow their plan of correction for 300.1210b)1) for the survey of 2/24/2015.</p>	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>This Requirement is NOT MET as evidence by:</p> <p>Based on observation, record review and</p>	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

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>interview, the facility failed to ensure that all controlled substances were accurately accounted for and administered as ordered per facility policy for 6 of 10 residents (R2, R4, R7, R8, R9 &amp; R10) reviewed for pharmaceutical services in the sample of 10.</p> <p>Findings include:</p> <p>1. On 04/15/15 at 11:30 AM, E4, Licensed Practical Nurse (LPN), conducted a narcotic count for R9. No discrepancies noted, however the Narcotics Count Sheet was only signed by one nurse. E4 had not signed the sheet as being complete and accurate.</p> <p>R9's current Physician's Order Sheet (POS) documented on 03/27/15 an order for Tylenol-Codeine #3 (Schedule III Narcotic) 300-30 milligram (mg), 1 tab three times per day, 1 Tablet by mouth every 6 hours as needed for severe pain.</p> <p>On 03/27/15, the Controlled Substances Record (CSR) documented doses of Tylenol-Codeine #3 given at 5:00 AM, 5:00 PM and 8:00 PM. The 5:00 PM and 8:00 PM doses are only 3 hours apart. R9's Medication Administration Record (MAR), documented the second dose given between 12:30 PM and 3:30 PM.</p> <p>On 04/01/15, R9's medication was documented on the CSR as given at 5:00 AM, 4:00 PM and 8:00 PM. The 8:00 PM dose was given only 4 hours after the last dose.</p> <p>On 04/03/15, R9's CSR documented 4 doses given, at 5:00 AM, 12:00 PM, 4:00 PM and 8:00 PM. Only 4 hours elapsed between the 12:00 PM and the 4:00 PM doses, and only 4 hours</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>between the 4:00 PM and 8:00 PM dose. Only 3 doses were documented as given on the MAR.</p> <p>On 04/09/15, R9's CSR documented only 2 doses given at 5:00 AM and 12:00 PM. On 04/09/15, the MAR documented 3 doses given.</p> <p>On 04/10/15, the CSR documented 4 doses given, 2 tablets instead of the ordered one at 5:00 AM, 3:00 PM and 9:00 PM. On 04/10/15, the MAR documented only 3 doses given.</p> <p>Two CSR's from 03/27/15 documented the 02/28/15 order as Acetaminophen/Cod #3 Tablet, take 1 Tablet by mouth twice daily, take 1 tablet by mouth every 6 hours as needed for severe pain. The CSR's do not reflect the current physician's order.</p> <p>The facility policy and procedure titled, "Resident Documentation, Revised 12/03," documented under "Procedure: 1. All observations, medications given, services performed, etc. must be recorded in the resident's chart. Procedure: 7. In the event that medication cannot be given, it must be marked as 'Not Administered' on the eMAR (electronic MAR) and the reason must be documented. 11. Documentation of meds given will be done in a consistent manner by the nurse documenting preparation and administration of the medicine on the eMAR. 12. Documentation on the eMAR will be done at the time of administration of the medication."</p> <p>The facility policy titled, "Controlled Drug Policy and Procedure, Revised 12/12," documented under "Objective: 1. To provide physical facilities and method of operation for the administration and control of narcotics, depressants and stimulant drugs, which will meet the requirements</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>of State and Federal narcotic enforcement agencies." Under, "The Narcotic Count and Inventory: 2. The controlled drug checklist must be signed by the nurse coming on duty and going off duty to verify that the count of all controlled drugs is correct."</p> <p>2. R4's POS documents an order of 3/27/15 for Hydrocodone-acetaminophen 5-325mg (milligrams) every 6 hours PRN (as needed).</p> <p>R4's Controlled Substances Record for Hydrocodone/acetaminophen documents on 4/4/15 two doses of Hydrocodone were given, one at 8AM and one at 4PM.</p> <p>R4's MAR documents only 1 dose of Hydrocodone was given at 7:59AM.</p> <p>On 4/17/15 at 10:30AM, E3, LPN, confirmed there was no documentation as to R4 receiving Hydrocodone on 4/4/15 at 4PM and stated E1, Administrator, was investigating the situation.</p> <p>3. R7's POS documents an order of 1/28/15 for Morphine Sulfate 5 mg (0.25 milliliters) every 4 hours PRN. R7's Controlled Substances Record for Morphine Sulfate PRN documents a dose given at 11AM.</p> <p>R7's MAR does not document Morphine Sulfate 5 mg as being given at 11AM.</p> <p>R7's POS shows an order of 4/1/15 for Tylenol with Codeine #4 one tab to be given every 4 hours PRN and an order 4/2/15 for Tylenol with Codeine #4 BID (twice a day).</p> <p>R7's Controlled Substances Record for Tylenol with Codeine documents it was given 3 times on</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>4/9/15. It is documented that 1 pill was given at 8AM, another pill was given but the time is written over and illegible as to what time it was given. The third pill was documented as given at 4PM.</p> <p>R7's MAR for 4/9/15 shows documentation for the BID Tylenol with Codeine as given as ordered. There is no documentation on the MAR showing any PRN Tylenol with Codeine given on 4/9/15.</p> <p>On 4/16/15 at 2:50PM, E6, LPN, stated she signed out 3 doses of Tylenol with Codeine for R7 on 4/9/15. E6 stated she did not know what time the PRN dose was given because someone wrote over the time documented. E6 stated it's not her writing on the time but it is her signature.</p> <p>On 4/16/15 at 3PM, E1, Administrator, stated she suspended E6 pending investigation of missing medication.</p> <p>4. R2's Controlled Substances Record, dated 3/30/2015, documented R2 was ordered "Alprazolam 0.25 mg tablet take 1 tablet by mouth twice daily." R2's Record documented that she was administered one tablet daily at 7:00 a.m. on 4/7/2015, 4/8/2015, 4/9/2015, 4/10/2015, 4/14/2015 and 4/15/2015 and one tablet daily at 8:00 a.m. on 4/11/2015, 4/12/2015 and 4/13/2015.</p> <p>R2's Resident Progress Note, dated 1/2/2015 at 2:30 p.m., documented R2's Alprazolam order as "Xanax (Alprazolam) 0.25mg decreased from BID (twice a day) to daily."</p> <p>E3, Care Plan Coordinator, stated, on 4/17/2015 at 10:10 a.m., that R2's Controlled Substance Record was labeled wrong and will be corrected.</p>	S9999		



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S9999	<p>Continued From page 5</p> <p>E3 then provided, on 4/17/2015 at 10:10 a.m., a copy of R2's Controlled Substance Record, dated 3/30/2015 and R2's medication package of Alprazolam with label documenting " directions changed refer to chart."</p> <p>5. R8's Controlled Substances Record, dated 3/20/2015, documented R8 was ordered "Tramadol HCL 50mg tab (tablet) take 1 tablet by mouth every 4-6 hrs (hours) as needed for breakthru (breakthrough) pain." R8's Controlled Substances Record documented R8 was administered one tablet of "Tramadol" on 4/12/2015 at 8:00p.m. It was also noted that the date "4/12" was originally documented as "4/11" but was lined out and "4/12" was written above the "4/11" entry.</p> <p>R8's MAR , dated 4/12/2015 and 4/11/2015, did not document that R8 was administered his 8:00 p.m. dose of "Tramadol" on either 4/11/2015 or 4/12/2015.</p> <p>R8's Medications Administration History, dated 3/19/2015 to 4/16/2015, documented "asses pain q (every) shift." It was also documented "Shift 1, 4/11/2015 moderate pain, Shift 2 no pain" and on "4/12/2015, Shift 1 no pain, Shift 2 no pain."</p> <p>6. R10's Controlled Substances Record, dated 3/30/2015, documented R10 was ordered "Tramadol HCL 50 mg tab take 1 tablet by mouth 3 times daily." R10's Medications Administration History, dated 4/1/2015 to 4/16/2015, documented the above order was discontinued on 4/7/2015 and changed to "Tramadol - Schedule IV tablet 50mg; amount to administer: 1 tab; oral every 6 hours may give an additional tablet if no relief in 30 minutes." R10's Controlled Substance Record, dated 3/30/2015, had not</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>been changed to document R10's new order.</p> <p>R10's Controlled Substances Record, dated 3/30/2015, also noted that R10 was administered one tablet of Tramadol HCL 50 mg on 4/12/2015 at 8:00 a.m. R10's Medication Administration History, dated 4/1/2015 to 4/16/2015, documented R10 was administered at 6:00 a.m. and not 8:00 a.m.</p> <p>R10's Administration History, dated 4/12/2015 at 6:00 a.m., documented "4/12/2015 06:21 am pain 0-10: 7, (E7, LPN)."</p> <p>E7 stated, on 4/16/2015 at 9:50 a.m., that she administered R10's 4/12/2015 8:00 a.m. dose of Tramadol HCL 50mg at 6:00a.m. and not 8:00a.m. E7 also stated that she documented the dose as given at 8:00a.m. on R10's Controlled Substance Record, dated 3/30/2015. and not 6:00 a.m.</p> <p style="text-align: center;">(B)</p>	S9999		