	Department of Public		1 g - 1 1 1 1 1 1 1								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
		IL6002539	B. WING	· 		444555					
						01/11/2022					
DOCTORS NURSING & REHAB CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 1201 HAWTHORN ROAD											
SALEM, IL 62881											
(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					
S 000	Initial Comments		S 000								
	Annual Licensure St	urvey	İ			ļ					
S9999	Final Observations		S9999								
	Statement of License	ure Violations:									
	300.610 a) 300.1210 a) 300.1210 b)										
	procedures governing facility. The written published by a R Committee consisting administrator, the admedical advisory composition of nursing and other spolicies shall comply. The written policies sittle facility and shall be second facility and shall be second facility.	nall have written policies and g all services provided by the policies and procedures shall esident Care Policy g of at least the visory physician or the mittee, and representatives services in the facility. The with the Act and this Part. hall be followed in operating the reviewed at least annually cumented by written, signed									
1 1 1 2 0 1 1	Nursing and Personal a) Comprehensing facility, with the particle the resident's guardial applicable, must deve comprehensive care p includes measurable of meet the resident's mea and psychosocial need esident's comprehensi	ve Resident Care Plan. A pation of the resident and n or representative, as		Attachment A Statement of Licensure Violations	8						

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30RATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

	Department of Public	: Health	m =		FORM	APPROVE		
STATEME	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		ESURVEY		
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		IL6002539	B. WING	· · · · · · · · · · · · · · · · · · ·	01/	11/2022		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	1	IIIAVEE		
DOCTORS NURSING & REHAB CENTER 1201 HAWTHORN ROAD SALEM, IL 62881								
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S9999	Continued From page	ige 1	S9999			-		
	practicable level of in provide for discharg restrictive setting bath needs. The assession the active participation resident's guardiant applicable. b) The facility so care and services to practicable physical, well-being of the reseach resident's complan. Adequate and care and personal care.	independent functioning, and ge planning to the least ased on the resident's care sment shall be developed with tion of the resident and the or representative, as shall provide the necessary attain or maintain the highest land the independent of the resident care properly supervised nursing care shall be provided to each e total nursing and personal						
	These requirements	are not met as evidenced by:						
	review, the facility fai management prograt wound care for 1 of 1 pain in the sample of R56 experiencing sig provided wound care of persistent pain, gri flushed face. Upon in	on, interview, and record alled to implement a pain am to promote comfort with 1 resident (R56) reviewed for f 38. This failure resulted in gnificant pain while being a sevidence by expressions rimacing, moaning, and interview, R56 describes the wound care as a 9 out of 10, eing the worst pain.						
	Findings Include:							
	January 2022 documer recent start date of 12 Scale 0-10. Give Pain per scale of S/S (sign	ve Physician Orders for nents an order with a most 2/7/21 which states, "Pain n PRN (as needed) meds ns and symptoms) pain." Orders located on the same						

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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 IL6002539 01/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1201 HAWTHORN ROAD **DOCTORS NURSING & REHAB CENTER SALEM, IL 62881** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 2 S9999 document documents an order with a start date of 12/9/21 which states, "Morphine Concentrate -Schedule II solution; 100 mg/5 mL (20 mg/mL); amt. (amount) 0.25 mL; DX. (diagnosis) pain. Every 2 hours PRN (as needed)." Review of R56's Plan of Care documents a "problem" start date of 12/7/21 for the area of "Pressure Ulcer." This problem area includes an "approach" for this area as, "Prevent or treat pain during dressing changes and debridement." R56's Plan of Care also includes a "problem" start date of 12/7/21 for the area of "Pain." The problem area documents the notation, "Resident has complaints of chronic pain R/T (related to) DX., pressure ulcer sacral region, unstageable. pain in right shoulder, bicipital tendinitis, right shoulder etc. (etcetera)." "Approaches" listed for this area include but are not limited to, "Monitor and record any complaints of pain: location. frequency, effect on function, intensity, alleviating factors, aggravating factors. Monitor and record any non-verbal signs of pain: (e.g. (example given) crying, guarding, moaning, restlessness. grimacing, diaphoresis, withdrawal, etc.." Review of R56's "Wound Evaluation & Management Summary", dated 1/5/22. documents the following wounds in which wound care services were observed being completed: 1.) "Stage 4 pressure wound coccyx full thickness." The wound is documenting as measuring 11.5 centimeters (cm) (length) x 15 cm (width) x 3 cm (depth), with 3 cm undermining at the 7 o'clock position. 2.) "Unstageable DTI (Deep Tissue Injury) of the left heel partial thickness." The wound is documented as measuring 5 cm (length) x 5 cm

3.) "Unstageable DTI of the right heel partial linois Department of Public Health

(width) x no measurable depth.

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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: IL6002539 B. WING 01/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1201 HAWTHORN ROAD **DOCTORS NURSING & REHAB CENTER SALEM, IL 62881** 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 REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 thickness." The wound is documented as measuring 6 cm (length) x 5 cm (width) x no measurable depth. An additional wound treatment was also observed to R56's right outer calf which is not listed on the "Wound Evaluation & Management Summary." On 1/06/22 at 11:07 AM, wound care was observed being provided by V3 (Assistant Director Of Nursing) with V8 (Certified Nurse Assistant) assisting. During care, R56 was observed as demonstrating extensive grimacing, repeatedly saying "ouch", and becoming flushed in the face while care was being provided. V3 and V8 both provided verbal reassurance to R56 by stating they were "sorry..... trying to be gentle.... and hurrying." Upon completion of care, V3 states R56 usually doesn't experience pain unless you're "messing with her." When asked if R56 ever receives pain medication prior to having R56's wound care, V3 acknowledges V3 should have checked about R56 having some pain medication prior to providing the care. On 1/06/22 at 11:34 AM, V16 (Licensed Practical Nurse) states V16 was working as R56's nurse that day. V16 reports R56 had not had any of R56's as needed pain medication that morning prior to wound care being provided. V16's interview is confirmed by review of R56's Medication Administration Record which documents an active order for "Morphine Concentrate - Scheduled II solution; 100 mg (milligrams)/ 5mL (milliliters) (20 mg/mL); Amount to Administer: 0.25 mL, May give every 2 hours as needed." This medication is not documented as being given at all on 1/6/22, and last given on 1/5/22 at 11:55 AM.

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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: IL6002539 B. WING 01/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1201 HAWTHORN ROAD **DOCTORS NURSING & REHAB CENTER SALEM, IL 62881** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 4 S9999 On 1/06/22 at 12:56 PM, R56 was observed lying in bed. R56 is alert and oriented to person, place, and time. R56 stated "yes" when asked if R56 recalls R56's wound care being completed this morning. R56 shakes R56's head ves when asked if R56 experiences pain when they are completing R56's wound care. R56 was asked to rate the pain R56 had during wound care on a scale of 1 to 10, with 10 being the worst pain. R56 is observed as becoming wide eyed and states "9!" R56 was asked to describe R56's pain level now, which R56 states is a 3. R56 states "yes" when asked if R56 would like to have R56's as needed pain medication prior to wound care in an effort to help with the pain R56 experiences. R56 acknowledges the pain medication is effective when given. On 1/07/22 at 10:35 AM, V15 (Physician) confirms V15 provides wound evaluation and care for R56. V15 states if R56 was experiencing pain during wound care, as needed pain medication orders in place should be implemented to promote comfort. Review of the facility policy titled, "Pain Prevention & Treatment", with an effective date of October 2017, states this policy is "To assess for, reduce the incidence of and the severity of pain to help the resident attain or maintain his or her highest practicable level of well-being and to prevent or manage pain to the extent possible. The facility will develop and implement a plan. using pharmacological and non-pharmacological interventions to manage pain and / or try to prevent the pain consistent with the resident's goals." This policy goes on to say, "Certain medical conditions may be painful such as pressure ulcers.....Review the resident's clinical

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record to identify conditions or situations that may

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED B. WING_ IL6002539 01/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1201 HAWTHORN ROAD DOCTORS NURSING & REHAB CENTER SALEM, IL 62881** (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 predispose the resident to pain, including:.....Skin / Wound Conditions: Pressure, venous, or arterial ulcers." (B)

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